



West Coast LEAF

# BC Gender Equality Report Card 2021/2022

JANUARY 2023

“

*It's important to make  
visible peoples' realities.  
Educate the public.  
Give examples of reality  
so people can understand,  
and deal with [the issues].*

- COMMUNITY DIALOGUE PARTICIPANT

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# BC Gender Equality Report Card 2021/2022

January 2023

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Fund (West Coast LEAF), British Columbia

## ACKNOWLEDGEMENT OF THE PEOPLE AND LAND

The Report Card was developed on the traditional, unceded homelands of the **xʷməθkwəy̓əm** (Musqueam), **Skwxwú7mesh** (Squamish), and **Səlilwətaʔ**/Selilwitulh (Tseil-Waututh) Nations, and on Treaty 8 territory on the traditional lands of the Dane-zaa peoples of the Doig River First Nation, Blueberry River First Nation, and Halfway River First Nation.

West Coast LEAF recognizes our responsibility to work for the full realization of the rights of Indigenous peoples. In the context of historic and ongoing colonial violence and injustice, West Coast LEAF understands that fulfilling this responsibility requires a deep and continual commitment. We respectfully acknowledge that our office is located in Vancouver on traditional, ancestral, and unceded Coast Salish homelands, including the territories of the **xʷməθkwəy̓əm** (Musqueam), **Skwxwú7mesh** (Squamish), and **səlilwətaʔ**/Selilwitulh (Tseil-Waututh) Nations. We understand that many of us are uninvited to these territories. As an organization that includes many settlers, we take responsibility for learning and seeking long-term transformation in our relationships with Indigenous peoples and land.

## ACKNOWLEDGEMENT OF COMMUNITY DIALOGUE PARTICIPANTS AND COMMUNITY REVIEWERS

With enormous gratitude, we acknowledge the community dialogue participants and community reviewers who generously shared their insights to guide our research and analysis:

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## CONTRIBUTORS

### Writers

Humera Jabir and Kate M. Murray with  
Bety Tesfay

### Project Lead

Humera Jabir

### Community Engagement Lead

Sharnelle Jenkins-Thompson

### Research Volunteers

Eliza McCullum, María-Fernanda Juárez-  
Hernández, Rosie Hsueh

### Staff Contributors

Raji Mangat, Iman Baobeid, Alana Prochuk,  
Basya Laye, Cat Hart

### Copy Editor

Heidi Tiedemann Darroch

### Designer

Anita Sekharan

The links (URLs) referenced in this document were correct as of November 20, 2022.

The views expressed by community dialogue participants and community reviewers in this report are their own. Any errors, however, are West Coast LEAF's.

This report is for the purposes of education and discussion only. It is not intended to give you legal advice about your particular situation. Because each person's case is different, you may need to get help from a lawyer or advocate.

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Women and Gender  
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des genres Canada



HEALTH SCIENCES ASSOCIATION  
The union delivering modern health care

West Coast LEAF is also grateful to the Law Foundation of BC for its ongoing funding of our work.



# Executive Summary

**The 2021/2022 Gender Equality Report Card assesses the Government of British Columbia's track record on gender justice over the past two years by asking: What actions has the government taken? Where is government action overdue?**

The Report Card is a deep dive into economic security and access to healthcare. Barriers to economic security and access to healthcare took on heightened significance due to the ongoing impacts of COVID-19. These issues disproportionately impact people who experience intersecting oppressions based on gender, Indigeneity, race, (dis)ability, class, family status, and other aspects of their identity and experience.

To produce the Report Card, we worked with communities and advocates across BC to identify issues and to "grade" the BC government in 13 key areas related to economic security and access to healthcare. We are grateful to our three community partners and their members who engaged in dialogues with us ("community dialogue participants") to provide invaluable guidance throughout this project: the 2Spirit Collective at Urban Native Youth Association (UNYA), the Trans Luncheon Club at PACE Society, and the Society for Narcotic and Opioid Wellness (SNOW).

## AT A GLANCE

### BC Gender Equality Report Card 2021/2022

#### Economic Security

- C** Access to Fair Work
- D** Financial Supports
- D** Housing and Homelessness
- B** Child Care
- C** Public Transportation
- C** Social Services

#### Healthcare

- C** Accessibility of Healthcare
- D-** Racism and Gender-Based Discrimination in Healthcare
- C-** Mental Health Care
- D-** Care for People Who Use Substances
- C-** Trans and Two-Spirit Affirming Care
- D** Reproductive Justice, Sexual Health and Menstrual Care
- D** Expansive and Wholistic Care

This Report Card summarizes some key actions taken by the BC government from January 2021 to November 2022. The actions we profile are those that relate most directly to the concerns expressed by community dialogue participants as well as community partners who reviewed and contributed to this report. We encourage communities to use this Report Card in creative ways, as a tool for education, advocacy, and accountability on human rights and gender justice issues in BC.

## Economic Security

This Report Card grades BC's actions and inactions on economic security by focusing on six key issues: access to fair work, financial supports, housing and homelessness, child care, public transportation, and access to social services.

### **C** Access to Fair Work

While BC has taken some positive action to advance gender equality in work by legislating paid sick leave, making unionization easier, and increasing the minimum wage for liquor servers to the general minimum wage, many women and people who are marginalized based on gender continue to face barriers to accessing fair work. BC has not taken robust action to protect migrant and racialized workers, gig workers, and sex workers. As costs of living rise, fair pay for workers is lagging and there has been no progress on moving forward with a living wage for all workers. BC's actions to support employment and education opportunities are insufficient to meet the scale of the need expressed by community dialogue participants.

### **D** Financial Supports

Although BC has made some investments to increase financial support, they were minimal compared to greatly increased costs of living.

Community dialogue participants highlighted that the pace of BC's investments was too slow, lacking the urgency needed to tackle poverty in BC. Additionally, BC has yet to remove the spousal cap on disability assistance, a restrictive and harmful policy. The province also needs to remove administrative barriers to accessing financial support – a recommendation called for by advocates and experts such as the Basic Income Panel.

### **D** Housing and Homelessness

Despite some important housing investments and actions, BC failed to act in proportion to the urgency and magnitude of the province's multiple housing crises. While targeted investments in supportive, "complex care," and/or SRO housing for those facing homelessness sound like progress, community dialogue participants emphasized that the conditions in many of these units are so abysmal, these investments should hardly count as "action." Investments in transition and second stage housing for women and survivors of gender-based intimate partner violence have also fallen far behind during this period of escalated violence and need. And, despite heightened stigma, displacement, criminalization, and violence experienced by unsheltered people in public spaces across BC, the province has failed to add social condition as a prohibited ground of discrimination to BC's Human Rights Code.

### **B** Child Care

With federal funding support, BC made historic investments in child care – including major fee reductions, doubling \$10aDay child care spaces, and delivering wage enhancements for Early Childhood Educators. These actions are a momentous "win," reflecting the community-led Roadmap to \$10aDay Childcare put forward by child care advocates across BC. Continued

investments are needed to meet long-term child care targets, to fairly compensate child care professionals, and to achieve inclusive access to culturally safe programs that meet the diverse needs of all children and families in BC.

## **C** Public Transportation

While some action has been taken to improve access to transportation, these actions are still insufficient to meet transit needs and gaps across BC. Women and people who are marginalized based on gender in Northern BC face unique transportation needs and challenges. Additional resources are needed to support safe transportation in these rural and remote communities. BC's decision to make transit free for children 12 and under is impactful but excludes all youth. More action is also needed to ensure transit is accessible and affordable for families and people experiencing poverty.

## **C** Social Services

BC has made some investments in social services, including new funding for Community Living BC, a pandemic recovery fund for non-profit organizations, and funding for settlement organizations. However, continued investments are required, especially for sex workers, trans, and Two-Spirit people. BC must ensure that targeted services are available so that no one is left behind.

## Healthcare

We grade BC's actions and inactions on healthcare in seven areas: accessibility of healthcare; racism and gender-based discrimination; mental health care; care for people who use substances; trans and Two-Spirit affirming care; reproductive justice, sexual health, and menstrual care; and expansive and wholistic care.

## **C** Accessibility of Healthcare

BC made some important investments in key areas of public healthcare. However, primary care and staffing shortages remain at crisis levels – drastically reducing healthcare access throughout BC. More transformative changes are needed to make up for the decades of underfunding that have eroded BC's public healthcare systems. These changes include the expansion of community health centers and global funding models alongside other equity-focused, upstream, integrative, and evidence-based approaches.

## **D-** Racism and Gender-Based Discrimination in Healthcare

BC's initial and/or partial actions in this area are overshadowed by a series of more substantive inactions and even harmful actions that fail to uphold fundamental human rights to healthcare. Actions to date "have not meaningfully disrupted the status quo"<sup>1</sup> of pervasive racism and gender-based discrimination in BC's healthcare systems.

## **C-** Mental Health Care

BC announced significant investments in mental health services. But our community partners shared that these promised improvements have not yet made a difference. People who are most impacted by systemic health inequalities still face the highest barriers to accessing mental health



care. BC has also failed to address significant human rights harms caused by multiple coercive and punitive practices that persist within mental health and prison systems.

### **D-** Care for People Who Use Substances

BC announced significant investments to address the ongoing drug toxicity crisis. However, government responses to this crisis have, in the words of one community reviewer, “not been led by people who use drugs and... have not incorporated their experiences and perspectives in comprehensive or meaningful ways.”<sup>2</sup> Responses rooted in stigma and paternalism continue to block progress on harm reduction and safe supply. Youth have inadequate access to harm reduction and have been excluded from decriminalization policies. The intersectional and gendered aspects of the drug crisis, including the experiences of Indigenous women and people marginalized based on gender, have not been adequately acknowledged or addressed.

### **C-** Trans and Two-Spirit Affirming Care

While BC has taken limited steps to address the stigma that many trans and Two-Spirit people experience when accessing healthcare, more must be done to educate all health care workers about providing care to trans and Two-Spirit people. Barriers to accessing gender-affirming care continue to be a serious concern. Recent changes that remove the requirement of physician consent to change one’s gender designation are a step forward but have at the same time created administrative barriers that have harmed trans and Two-Spirit people’s access to some healthcare services.

### **D** Reproductive Justice, Sexual Health and Menstrual Care

Across BC, access to reproductive, sexual health, and menstrual healthcare remains deeply unequal. Many women and people who are marginalized based on gender face serious barriers to accessing an abortion in BC. BC’s silence with respect to reports of the forcible sterilization of Indigenous people is concerning. BC is reviewing period poverty but has taken minimal action to ensure menstrual care is free for all who need it. Further, the lack of provincial health coverage for egg/sperm freezing, assistance in becoming pregnant, and prescription contraception deepens inequities in access to reproductive healthcare.

### **D** Expansive and Wholistic Care

BC has not taken action to ensure that meaningful, sustainable, and accessible wholistic health and wellness services are available to Indigenous people across BC. Community dialogue participants and reviewers resoundingly reported insufficient action to address long-standing health inequities which impact the ability of people to access a continuum of quality care.

# Introduction

## About this Report Card

**The 2021/2022 Gender Equality Report Card assesses the Government of British Columbia’s track record on gender justice over the past two years in the areas of economic security and access to healthcare.**

Past editions of the Gender Equality Report Card have assessed BC’s performance across six areas: access to justice; economic security; freedom from violence; healthcare; justice for those who are criminalized; and the rights of parents, children, and youth. In December 2020, we published a special edition focused on the impacts of COVID-19 in BC, which revealed that economic security and healthcare are key areas of concern during the challenging circumstances of the COVID-19 pandemic.<sup>3</sup> For this reason, this Report Card is a deep dive into economic security and healthcare. Economic insecurity and inadequate access to healthcare continue to disproportionately impact people who experience intersecting oppressions based on gender, Indigeneity, race, ability, class, family status, and other aspects of their identity and experience.

To produce this Report Card, we worked with a range of communities and advocates to identify key issues and to assign the BC government

a “grade” in 13 key areas related to economic security and healthcare.

We hope this Report Card can be used to hold the BC government accountable for upholding the rights of all women, trans people of all genders, Two-Spirit, non-binary, and gender non-conforming people, and all people who are marginalized based on gender expression and identity. We encourage communities to use this Report Card in creative ways, as a tool for education and advocacy on human rights and gender justice issues in BC.

## Report Card Grading Scale

This Report Card summarizes key actions taken by the BC government from December 2020 to November 2022. While governments often announce and re-announce many initiatives each year, the actions we profile are those that relate most directly to concerns expressed by community dialogue participants and community partners who contributed to this project.

In each section, we use the terms “Action,” “Promised Action,” “Inaction,” and “Harmful Action” to describe our findings. The term “Promised Action” refers to BC’s commitments or funding allocations where it is too early to tell whether the action will deliver meaningful change.

Higher grades indicate that there has been considerable meaningful action in response to each issue in 2021–2022 – not that peoples’ needs are being met or their human rights fully respected. The grades we ultimately assigned in each area of this Report Card reflect our best efforts to compile the many diverse and nuanced perspectives contributed by dialogue participants and community reviewers.

## BC's level of action to reduce gendered injustice in 2021-2022

We used the following scale to assign grades in each area:

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- A** Transformative action taken
- B** Some major action taken
- C** Some modest action taken
- D** Minimal action taken
- F** No action taken and/or harmful action taken

### Our Process: Centering Communities' Expertise

**The insights shared throughout this report are rooted in the rich lived and living knowledge of community members and organizations who are experts in navigating – and transforming – BC's complex landscape of economic security and healthcare systems.**

We are grateful to the community partner organizations and their members who joined us in the Report Card learning process and whose guidance was invaluable throughout this project:

**The 2Spirit Collective at Urban Native Youth Association (UNYA)** provides direct supports for Indigenous youth “who identify as 2-spirit or LGBTQ+ and for those who are questioning their sexual or gender identities.”<sup>4</sup>

The **Trans Luncheon Club at PACE Society** is a community space “for transgender, two-spirit, non-binary, and gender diverse folk who have lived or living experience in sex work.”<sup>5</sup>

### **Society for Narcotic Opioid Wellness (SNOW)**

is a peer support group in the Dawson Creek area for community members with lived or living experience with drug use.

### **Community Dialogues**

At the outset of this project, West Coast LEAF and these community-based partner organizations co-developed a memorandum of understanding reflecting mutually agreeable research processes, time and resource commitments, and outcomes. During the spring of 2022, members of our research team attended three sessions with each community group. At the first session, we shared information about the Report Card project and invited community members to participate. At the second of these sessions, we worked with dialogue participants to identify key issues and concerns across the 13 areas of economic security and healthcare that are addressed in this Report Card.

Guided by dialogue participants' insights, we reviewed reports, statistics, and other sources to find further information about how these gendered human rights issues were playing out

across BC in 2021–2022. We often found that the experiences shared by participants alerted us to themes that seemed to be missing from BC government announcements and mainstream media stories.

In the fall of 2022, we returned for a third session with each community dialogue group to review the issues and government actions we had uncovered. Each dialogue participant was invited to assign a grade that reflected their assessment of the provincial government’s progress on gender justice over the past two years.

### **Community Reviewers**

We invited feedback on a draft of this report and sought input on grading from 26 organizations and 35 individuals with expertise in the key issues identified throughout (referred to in this report as “community reviewers”).

Throughout this process, we prioritized ongoing informed consent and offered all community dialogue participants and community reviewers the option to be identified (or not) as they wished.

## **Language and Terms**

### **British Columbia (BC)**

This Report Card uses “BC” to refer to the Government of British Columbia and the lands that are colonially known as the Province of British Columbia.

### **People who are marginalized based on gender**

We use the phrase “people who are marginalized based on gender” to indicate all people who face gender discrimination, not only women. This includes Two-Spirit, lesbian, gay, bisexual, trans people of all genders (not only women), queer, intersex, non-binary, and gender non-conforming people.

West Coast LEAF is committed to an inclusive vision of feminism that defends the right to be free from discrimination based on gender identity, gender expression, and sex characteristics.

### **2S-LGBTQ+**

At times, this Report Card uses 2S-LGBTQ+ to refer to Two-Spirit, lesbian, gay, bisexual, trans people of all genders (not only women), queer, intersex, non-binary, and gender non-conforming people. When referencing other sources, we adopt the terms used by the authors of those sources to accurately convey their choice of representation.

# BC's International Human Rights Law Obligations

Past editions of our Gender Equality Report Card have assessed BC's adherence to human rights standards with reference to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Our most recent Gender Equality Report Cards have also relied on the Yogyakarta Principles, which are international principles outlining human rights as they relate to sexual orientation and gender identity, to include a more expansive understanding of gender equality. This report refers to CEDAW, the Yogyakarta Principles, and several other core international human rights sources that shape BC's human rights obligations.

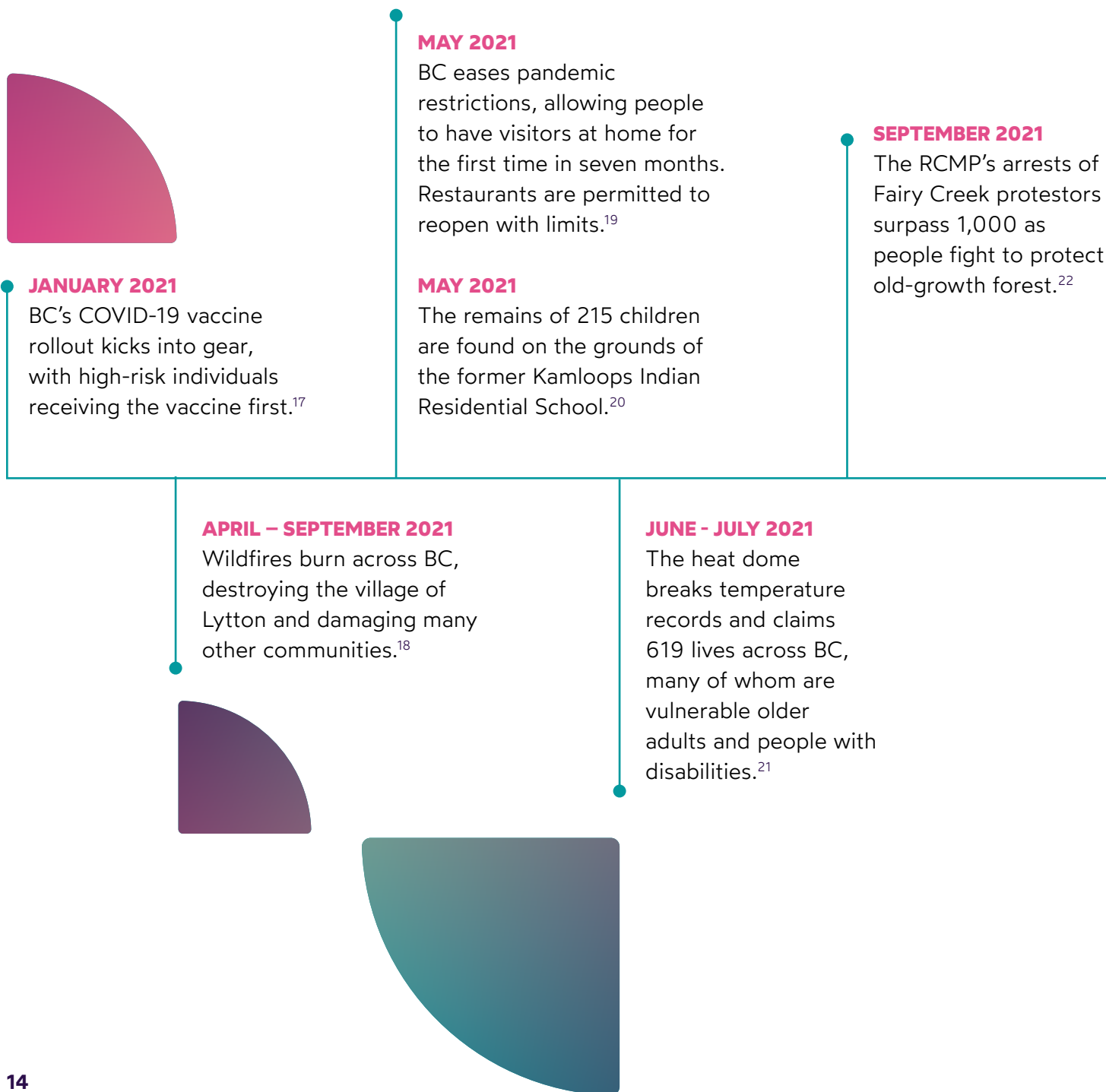
While the federal government has the authority to negotiate, sign, and ratify international treaties, many treaties ratified by Canada address issues that fall under provincial jurisdiction.<sup>6</sup> BC has a responsibility to implement and ensure compliance with international treaties that relate to matters under provincial jurisdiction.<sup>7</sup>

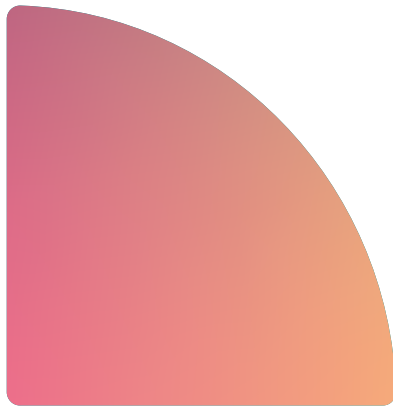
**This Report Card references the following international sources of human rights with respect to BC's obligations to eliminate discrimination and promote justice for women, trans, Two-Spirit, and non-binary people, and all people who are marginalized based on gender:**

- **Convention on the Elimination of All Forms of Discrimination against Women (Ratified by Canada in 1981)**  
The Convention on the Elimination of All Forms of Discrimination against Women enshrines important protections for women and girls in international human rights law. CEDAW recognizes that it is not enough to guarantee that women and men are treated the same. Rather, state signatories must take appropriate action to eliminate discrimination against women and support substantive equality.
- **Yogyakarta Principles**  
Compiled in 2006 by a group of experts, the Yogyakarta Principles are a set of principles on the application of international human rights law in relation to sexual orientation and gender identity. The original 29 principles were elaborated on in 2017 with the addition of principles relating to gender expression and sex characteristics ("YP+10").<sup>8</sup> While the Yogyakarta Principles have not been formally adopted by Canada, the principles are rooted in sources of international law that are binding on Canada and BC.<sup>9</sup>
- **United Nations Declaration on the Rights of Indigenous People (UNDRIP) (Supported by Canada in 2016, implemented by Canada in 2021, and implemented by BC in 2019)<sup>10</sup>**  
In 2019, BC became the first jurisdiction in Canada to implement UNDRIP by passing the Declaration on the Rights of Indigenous Peoples Act, SBC 2019, C. 44.<sup>11</sup> This legislation requires that the province take all necessary measures to ensure that BC's laws are consistent with UNDRIP. In 2022, the BC government released its Declaration Act Action Plan which outlines what actions it plans to take to meet this obligation.<sup>12</sup>
- **Universal Declaration of Human Rights (Supported by Canada in 1948)**
- **International Convention on the Elimination of All Forms of Racial Discrimination (Ratified by Canada in 1970)<sup>13</sup>**
- **International Covenant on Economic, Social and Cultural Rights (Ratified by Canada in 1976)<sup>14</sup>**
- **International Covenant on Civil and Political Rights (ICCPR) (Ratified by Canada in 1976)<sup>15</sup>**
- **Convention on the Rights of Persons with Disabilities (Ratified by Canada in 2010)<sup>16</sup>**

# BC in 2021–2022

The 2021–2022 period has been characterized by ongoing economic and social challenges related to the COVID-19 pandemic, among other global issues. Communities across BC have faced devastating floods and forest fires; skyrocketing inflation; a crisis of affordability in food, housing, and commodities; and a devastating opioid and toxic drug supply crisis, as well as persisting challenges in accessing healthcare. Below are some of the key events that shaped BC during this turbulent period:



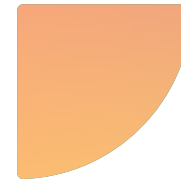


**DECEMBER 2021**

BC Coroners Service reports that more than 2,200 people were lost to the toxic drug supply in 2021, making 2021 one of the deadliest years on record.<sup>25</sup>

**DECEMBER 2021 –  
JANUARY 2022**

The Omicron variant spreads and the number of hospitalizations increases, putting a strain on BC’s healthcare system.<sup>26</sup>



**OCTOBER 4, 2022**

Sisters in Spirit Vigils are held to honour Missing and Murdered Indigenous Women, Girls, and Two-Spirit people. The families of Tatyanna Harrison, Chelsea Poorman, Noelle O’Soup, and Ramona Wilson call for systemic change in the way the justice system treats cases of missing and murdered Indigenous women, girls, and Two-Spirit people and interacts with their families.<sup>30</sup>

**OCTOBER 12, 2022**

BC Coroners Service finds that the death toll for people experiencing homelessness increased 75% in 2021.<sup>31</sup>

**NOVEMBER 2021**

Flooding caused by heavy rain prompts a state of emergency in BC. Almost 15,000 people have to evacuate their homes.<sup>23</sup>

**NOVEMBER 2021**

The RCMP raids and arrests Wet’suwet’en land defenders opposing Coastal GasLink’s drilling under a sacred waterway.<sup>24</sup>

**SEPTEMBER 2022**

BC Coroners Service reports that nearly 1,500 people were lost due to the toxic drug supply in the first 8 months of 2022.<sup>27</sup>

**SEPTEMBER 2022**

High inflation drives up costs of living. The price of food soars, rising 11.4% compared to the year prior – an increase not seen since 1981.<sup>28</sup> Gas prices in Metro Vancouver hit record highs.<sup>29</sup>









# Economic Security



Access to Fair Work

Financial Supports

Housing and Homelessness

Childcare

Public Transportation

Social Services



## **As we describe throughout this report, women and people who are marginalized based on gender experience disproportionately high rates of poverty and precarious, low-wage work.**

This is especially true for those who are also impacted by racism, ableism, and/or colonial displacement and violence. Low-wage workers – together with people who rely on social assistance – “are among those most exposed to the current affordability crisis and risks attached to a potential recession ahead.”<sup>32</sup>

People who experience poverty experience significant stigma, criminalization, and discrimination “in virtually all aspects of economic, social, political and cultural life”<sup>33</sup> – including while applying for housing or employment, working, and accessing services. In community dialogues, participants commonly shared how their economic security was threatened by discrimination based on intersecting dynamics related to gender, racialization, Indigeneity, (dis)ability, and/or social condition (poverty and class). Those who rely on public spaces for income generation (e.g., through vending, panhandling, the street-level sale of drugs, and street-based sex work) and unhoused people sheltering in public spaces are especially vulnerable to violence, displacement, and criminalization by municipal authorities and police.<sup>34</sup>

Community dialogue participants repeatedly called for stronger government action to tackle gendered and racialized economic inequalities. Recent economic analyses – including the government’s own fiscal update – indicate that BC could be making more robust investments in economic security for all people in BC.<sup>35</sup>

# Access to Fair Work

C

SOME MODEST ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

**While BC has taken some positive action to advance gender equality in work by legislating paid sick leave, making unionization easier, and increasing the minimum wage for liquor servers to the general minimum wage, many women and people who are marginalized based on gender continue to face barriers to accessing fair work.**

BC has not taken robust action to protect migrant and racialized workers, gig workers, and sex workers. As costs of living rise, fair pay for workers is lagging, and there has been no progress on moving forward with a living wage for all workers. BC's actions to support employment and education opportunities are insufficient to meet the scale of the need expressed by community dialogue participants.

## Protection and Enforcement of Workers' Rights

The COVID-19 pandemic has exacerbated employment precarity for trans and non-binary people because of loss of employment and increasingly limited options for safe and well-compensated employment.<sup>36</sup> Women are also over-represented in low-paid, temporary, and part-time work.<sup>37</sup> Statistics about employment do not capture the experiences of many women and people who are marginalized based on gender who are not recognized as employees, such as sex workers whose work is criminalized and excluded from research about wages and employment rates.<sup>38</sup>

Gendered precarity in employment existed long before COVID-19. Returning to "normal" and simply "recovering" from the pandemic will not address the systemic devaluation of work done by women and people who are marginalized based on gender. To that end, workers' advocates in BC are building a vision for a just recovery from the pandemic that secures

protections and fair treatment for non-unionized workers and workers in precarious employment across BC, including job protection legislation, pay equity legislation, and the decriminalization of sex work, as well as ending discrimination, gender-based violence, and harassment in the workplace.<sup>39</sup>



## **ACTION** **Progress on paid sick leave**

Following public calls by community and workers' organizations, BC amended the Employment Standards Act (ESA) to provide five paid sick days per year to employees who have worked 90 consecutive days.<sup>40</sup> However, community organizations, advocates, doctors, health experts, and economists had called on BC to provide 10 paid sick days per year as the minimum standard for all workers.<sup>41</sup>

Adequate access to paid sick leave is an important gender equality issue. Women, and especially racialized women, risk greater exposure to illness because they work on the frontlines in careers such as nursing, long-term care, support work, education, cleaning, and food and beverage processing.<sup>42</sup> As caregiving and domestic labour responsibilities are also disproportionately borne by women, their need for paid sick days is also greater.<sup>43</sup> Further, workers who are not able to be classified as employees, such as sex workers, and other workers who are misclassified as independent contractors cannot access employer-paid days.<sup>44</sup>

While five days is a step forward, as the BC Federation of Labour has noted, a paid sick leave program that offers only a handful of days will not do as much to close equity gaps as a program that offers ample sick days and ensures they are available to all.<sup>45</sup>

## **YOGYAKARTA PRINCIPLE 12**

### **The Right to Work**

Everyone has the right to decent and productive work, to just and favourable conditions of work and to protection against unemployment, without discrimination on the basis of sexual orientation or gender identity.

## **CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN**

### **Article 11**

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure...

(c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;

(d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work...

(f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.



## **ACTION**

### **Legislative change to implement single-step union certification**

In April 2022, BC amended the Labour Relations Code (LRC) to change the process for collective bargaining to remove barriers to workers' ability to join a union. Workers can now unionize without a vote as long as 55% or more of the employees in a workplace sign union membership cards.<sup>46</sup> Prior to this change, the LRC required a two-step process for unionization that required workers to vote to unionize in all cases.<sup>47</sup> This amendment is a significant win for workers in BC as it makes unionization easier and makes it harder for employers to interfere in the process by running anti-union campaigns during an extended certification process.<sup>48</sup>

Improving access to unions has important implications for gender equality. By removing barriers to unionizing, vulnerable and precarious workers may be able to engage in collective action to improve work conditions, job security, pay, and benefits.<sup>49</sup> Unionization also promotes pay equity by making pay rates transparent and enabling unionized workers to bargain for classification systems that reduce pay discrimination and promote equal pay for work of equal value.

Since COVID-19, more precarious workers have made efforts to unionize, including in sectors such as retail, accommodation, and food services.<sup>50</sup> Despite this positive step, unionized workers can still face challenges, such as employers stalling the negotiation of collective agreements.<sup>51</sup> Workers whose work is criminalized, such as sex workers, experience a further barrier in that they are not able to unionize or work in collectives.

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*Discrimination is the culture of work.*

- COMMUNITY DIALOGUE PARTICIPANT



## **INACTION**

### **Discrimination and harassment pervasive in workplaces**

BC's Human Rights Code prohibits discrimination on the grounds of Indigenous identity, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or on the grounds of age, or criminal conviction status, where those grounds are unrelated to employment or to intended employment.<sup>52</sup>

Nonetheless, community dialogue participants expressed that discrimination is the norm in workplaces, including the denial of accommodation for health, mental health, and disability needs. Trans participants shared that they have been discriminated against when applying for jobs – especially roles that are seen as men's or women's work. Community dialogue participants who use substances also shared experiences of being discriminated against when trying to find work, particularly in small communities where even a rumour of having a criminal record or a substance use history could ruin employment chances. Indigenous dialogue

participants also described being discriminated against by employers who made judgments about where their family came from and labeled them as unqualified.

Community dialogue participants called for more education of employers and employees about workers' rights and protections related to discrimination and harassment. More action is needed to address the barriers that workers face in filing complaints and seeking protections due to limited resources, insufficient information, and the fear of losing their job.



### **INACTION**

#### **No progress on rights and protections for gig workers**

In 2020, BC set a mandate to create a precarious work strategy, to develop employment standards targeted at precarious and gig economy work, and to investigate the feasibility of a government-based collective benefit fund as well as access to a voluntary pooled-capital pension plan for workers who do not otherwise have coverage.<sup>53</sup> In October 2022, BC announced it would hold roundtables with app-based gig workers.<sup>54</sup> But progress on changing employment laws and standards to reflect the reality of gig work remains uncertain.

Gig work – and all kinds of precarious work – reflects broader socio-economic patterns of gender inequality. Discrimination and harassment on platforms can also significantly impact income security for people with intersecting forms of marginalization.<sup>55</sup> In North America, nearly half of app-based gig workers are women.<sup>56</sup> Many gig workers have reported feeling unsafe in the workplace and experiencing unwanted advances and sexual assaults.<sup>57</sup> Protections are needed to address gender marginalization for those who work on platforms that are “a new form of workplace”<sup>58</sup> in the gig economy.



### **INACTION**

#### **Police reform to end harassment and surveillance of sex workers**

BC has not taken action to stop the enforcement of all sex-work related offences in order to prioritize sex workers' occupational health and safety over policing and criminalization.<sup>59</sup> Despite the unequivocal view of community dialogue participants that “sex work is work,” participants shared that sex workers still continue to face violence and transphobia from police in their work. Police harassment and surveillance of sex workers is not only a source of harm in and of itself; it also creates barriers to occupational health and safety.<sup>60</sup> Because of this surveillance, sex workers are limited in their ability to screen clients, screen for weapons and intoxication, check “bad date” reports, work together, work indoors, or set clear boundaries with clients. Consequently, they may be forced to work in secluded areas to avoid police.<sup>61</sup>



### **INACTION**

#### **Failure to address poor housing conditions of migrant workers**

BC has not taken action to protect migrant agricultural workers with respect to employer-provided housing. BC must develop proper guidelines, standards, and enforcement mechanisms to ensure migrant workers are provided with high quality accommodations, including access to air conditioning for summer seasonal workers, random inspections of accommodations, and fines for employers who are not abiding by the guidelines.<sup>62</sup> The province must ensure access to civil society organizations and migrant worker organizations, including distributing information to workers on arrival and/or requiring employers to distribute information to workers on arrival.<sup>63</sup>



## INACTION

### Inadequate resourcing of the Employment Standards Branch

The Employment Standards Branch (ESB) of the Ministry of Labour is under-resourced and is failing to carry out its responsibility to uphold rights and protections in the Employment Standards Act (ESA). In February 2022, the BC Employment Standards Coalition published “Justice Denied: The Systemic Failure to Enforce BC Employment Standards,” documenting major shortcomings at the ESB, such as complaints left unresolved for years, investigations not conducted thoroughly, inadequate staffing, and a lack of proactive investigations.

Enforcing employment standards is critical to addressing economic inequality.<sup>64</sup> Since 2017, important progress has been made to support women workers and workers who are marginalized because of gender, such as parental leave, pregnancy leave, and leave for those facing domestic or sexual violence, but these rights must be enforced to be meaningful.<sup>65</sup> BC has not adequately staffed or funded the ESB so it can address backlogged complaints, growth in the volume of complaints, or reinstatement of proactive enforcement and investigations into problem industries, which include retail, hospitality, restaurant/food services, homecare, long-term care, and child care.<sup>66</sup>



## HARMFUL ACTION

### Exclusion of sitters and home care workers from employment protections

In October 2021, BC made regulatory amendments that change the definition of a “sitter” in the ESA and add a new definition for “home care worker.”<sup>67</sup> These workers are excluded from the rights and protections in the ESA if they work for an employer for 15 hours or less per week in any four-week period.<sup>68</sup>

Additionally, BC has not removed exclusions in the ESA for other types of care workers such as live-in home support workers, night attendants, and residential care workers.<sup>69</sup> Women and girls, many of whom are racialized, migrant workers, and recent (im)migrants are disproportionately represented in care work.<sup>70</sup> The Migrants Workers Center has said these exclusions are discriminatory on the basis of sex and race and fail to protect caregivers who work a number of different shifts for different employers in a given week but full-time in total.<sup>71</sup>

## Fair Pay and Benefits

BC has appeared to make a strong economic recovery from the pandemic period, with a historically low unemployment rate and reports of labour shortages.<sup>72</sup> However, this figure hides the reality of low wages in many industries. 63% of job postings are in industries where the wages offered are below what job seekers would be willing to accept to fill those jobs.<sup>73</sup>

For workers, the need for fair pay has been intensified by the steep increase in inflation and the costs of living in 2021–2022. Food insecurity

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*Low paying wages are not enough to survive and enjoy life.*

- COMMUNITY DIALOGUE PARTICIPANT

has become a national crisis, with seven million people in Canada going hungry between March 2020 and 2022, and 23% of people in Canada eating less than they need to because they cannot afford groceries.<sup>74</sup> These skyrocketing costs have the greatest impacts on the lowest paid workers, who are disproportionately women and people of marginalized genders, people with disabilities, and people who are racialized.

In community dialogues, participants called for more information about their rights to fair compensation. Many felt unable to ask for fair pay or the benefits to which they were entitled for fear of being fired. Community dialogue participants also spoke of the need to increase wages to a living wage.



**ACTION**  
**Equality in the minimum wage for liquor servers**

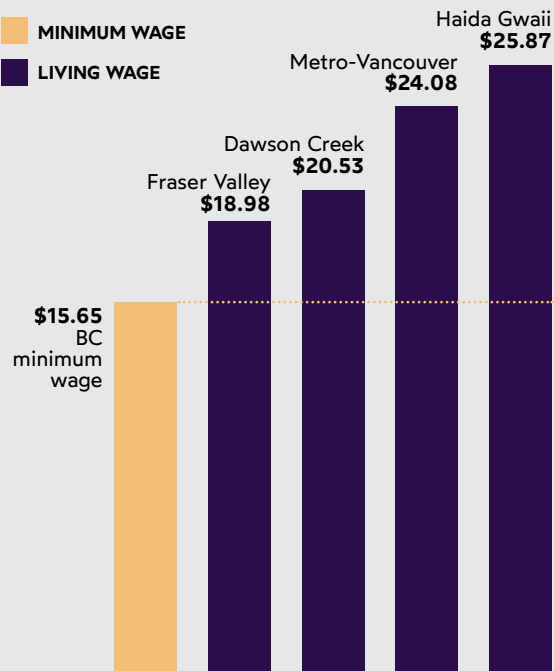
In June 2021, BC increased the minimum wage for liquor servers up to the general minimum wage, bringing their wage into parity with other workers.<sup>75</sup> This long overdue change has significant gendered implications, as 80% of food and beverage servers in BC are women.<sup>76</sup> The previous exclusion of these workers increased servers' reliance on tips which, for many women and people who are marginalized based on gender, meant navigating harassment by customers or risking losing necessary income.<sup>77</sup>



**ACTION**  
**Increase to minimum wage**

As of June 1, 2022, BC increased the minimum wage from \$15.20 to \$15.65 per hour. This increase is tied to BC's average annual inflation rate from January 1 to December 21, 2021.<sup>78</sup> While this is a welcome change, tying wages to inflation only sustains the purchasing power of low-wage workers as costs increase – it does not

**BC's minimum wage is still far less than a living wage.<sup>79</sup>**



provide a raise that increases workers' economic security.<sup>80</sup> Further, there is no legislative or regulatory mechanism to ensure that the minimum wage will increase with inflation in the future.



**INACTION**  
**Failure to make the minimum wage a living wage**

The latest minimum wage increase is still far less than a living wage. The living wage is calculated as the hourly rate that a family of four with two working parents must earn after taxes to meet their basic expenses including rent, child care, food, and transportation to avoid experiencing severe financial stress.<sup>81</sup> Living Wage for Families BC calculates living wages in 2022 to range from \$18.98 in the Fraser Valley to \$25.87 in Haida Gwaii. The 2022 living wage in Metro Vancouver is \$24.08. In Dawson Creek, it is \$20.53.<sup>82</sup> For



lone-caregivers, lone-parents, and non-normative family structures, the living wage may be higher than these figures. A living wage is critical to improving the economic security of women and people who are marginalized based on gender, who are disproportionately low-paid workers, single parents, and caregivers.



### INACTION

#### No progress to close Canada's second-worst gender pay gap

Pay discrimination is prohibited by the BC Human Rights Code, but BC has failed to take action to close the gender pay gap. BC has one of the largest gender pay gaps in Canada. On average, women in BC are paid 16.7% less than men annually. While discussions of pay inequity typically take white, cis-gender, and able-bodied women as the norm, the pay gap is worse for women and people who are marginalized based on gender who are also racialized, newcomers, migrants, dis/abled, older persons, or caregivers.<sup>83</sup>

In March 2022, BC announced that it would begin consultations on new pay transparency legislation. Pay transparency legislation can shed light on inequalities, but it alone does not close pay gaps, because it does not enforce equal pay for equal work. BC needs robust pay equity legislation to proactively tackle pay discrimination and the systemic undervaluing of work by women and people who are marginalized based on gender.



### HARMFUL ACTION

#### Unfair compensation for some agricultural workers

BC's general minimum wage does not apply to agricultural workers who harvest by hand. These workers, also known as hand-harvesters, are often paid at very low piece rates. BC has failed to implement recommendations from its

own Fair Wages Commission that would ensure these workers are paid no less than the minimum wage.<sup>84</sup> BC has also delayed increasing the rates these workers are paid until January 1, 2023.<sup>85</sup>

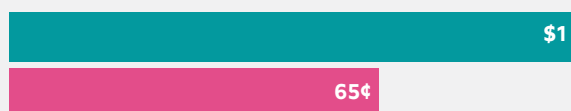
## Gendered differences in average full-time earnings in BC and Canada<sup>86</sup>

**IN BC**, for each dollar a man makes:  
Women make full-time average earnings of 86.5 cents.



**IN CANADA**, for every dollar a man makes:

**Indigenous women** make full-time average earnings of 65 cents



**Racialized women** make full-time average earnings of 67 cents



**Newcomer women** make full-time average earnings of 71 cents



Many hand-harvesters are women, and in the Fraser Valley, many are racialized and older women.<sup>87</sup> Farm workers are also excluded from labour protection related to hours of work, overtime pay, and statutory holidays.<sup>88</sup>

## Employment Programs, Education and Training Supports

BC's actions to support employment and education opportunities are insufficient to meet the need in communities. For many community dialogue participants, access to employment programs, education, and training supports were important to breaking cycles of poverty. But community dialogue participants shared their frustration with limited opportunities, a lack of programs that support people with diverse learning needs, and inadequate financial support. Community dialogue participants wanted to see a future with free tuition for youth, as well as more financial aid and grants to make education and training more accessible. Participants expressed frustration that many programs do not support different learning needs, such as challenges with literacy, or accommodations for health and mental health. Speaking to the challenges faced by people who use substances, participants shared that it was difficult to access training and education if they could not access support for health issues. Participants also told us there are fewer educational opportunities in remote communities, which prevented people from exploring new career paths.



### **ACTION** Investments in adult education

In Budget 2022, BC allocated an additional \$21 million over three years for the Graduated Adult Program, providing tuition-free adult literacy programs.<sup>89</sup>



### **ACTION** Support for skills training

In 2021–2022, BC has continued support for occupational training for people facing barriers to employment through its pre-existing Community Employer Partnerships program.<sup>90</sup>



### **PROMISED ACTION** Funding allocated for training

In Budget 2021, BC provided one-time funding of \$32 million for several training programs that were initiated through the StrongerBC Economic Recovery Plan.<sup>91</sup> This included funding for Indigenous communities and organizations to expand access to programs through the Indigenous Skill Training program.<sup>92</sup>



### **PROMISED ACTION** Funding allocated for youth employment

In Budget 2021, BC allocated funding for employment and training opportunities for about 5,000 youth.<sup>93</sup> This included \$7 million to expand the Canadian Tech Talent Accelerator program to support Indigenous, Black, people of colour, and under-represented youth with internships, among other programs.<sup>94</sup>

# Financial Supports

D

MINIMAL ACTION TO  
REDUCE GENDERED  
INJUSTICE IN 2021–2022

**Although BC made some investments to increase financial support, they were minimal compared to greatly increased costs of living.**

Community dialogue participants highlighted that the pace of BC's investments was too slow, lacking the urgency needed to tackle poverty in BC. Additionally, BC has yet to remove the spousal cap on disability assistance, a restrictive and harmful policy. The province also needs to remove administrative barriers to accessing financial support – a recommendation called for by advocates and experts such as the Basic Income Panel.

In 2019, BC launched its poverty reduction strategy, TogetherBC, which includes a plan to improve financial support services and social services.<sup>95</sup> This strategy was an important preliminary step that aligns with international legal principles found in the UN Declaration of Human Rights,<sup>96</sup> Yogyakarta Principles, and UNDRIP.<sup>97</sup> Since then, BC has made some progress, but there remain many areas where action is required.

In community dialogues, participants stressed that the current level of financial support in BC is inadequate – a reality well documented by advocates and in various reports commissioned by the province.<sup>98</sup> Communities continue to experience harm due to low income and disability assistance rates, increased living expenses, and barriers to services. Importantly, community dialogue participants highlighted that support should be empowering and not stigmatizing.



## ACTION

### Minimal increases to income and disability rates

In Budget 2021, BC increased the income and disability rates by \$175/month.<sup>99</sup> While this will help many marginalized people in BC, it is far less than the \$300/month recommended by advocates and the BC Basic Income Panel.<sup>100</sup> Further, there were no increases to income or disability assistance in Budget 2022, thus compounding the effects of inflation<sup>101</sup> and eroding earlier increases.<sup>102</sup> In October 2022, BC increased the maximum amount allowed for the Climate Action Tax Credit by \$164 per adult and \$41 per child.<sup>103</sup> In November 2022, BC announced a \$100 one-time cost-of-living credit and some time-limited credits for 2023.<sup>104</sup> However, community dialogue participants and advocates have been asking for an increase in income assistance rates tied to inflation, not temporary measures like one-time credits.

“  
*Income and disability assistance are nowhere near enough to cover the basic cost of living, let alone cover extra expenses.*

- COMMUNITY DIALOGUE PARTICIPANT

Failure to increase income assistance continues to be a problem because the rate is well below the poverty line.<sup>105</sup> Advocates have called for income assistance rate increases to be tied to the cost of living, like minimum wage increases.<sup>106</sup> One community reviewer explained:

The working restrictions in tandem with the low rates leave individuals and families on income assistance with few options to exit poverty. This is a major contributor to the child poverty rate in BC continuing to remain at 1 in 5, [according to the] Child Poverty Report Card.<sup>107</sup>

#### YOGYAKARTA PRINCIPLE 14

##### The Right to an Adequate Standard of Living

Everyone has the right to an adequate standard of living, including adequate food, safe drinking water, adequate sanitation and clothing, and to the continuous improvement of living conditions, without discrimination on the basis of sexual orientation or gender identity.

#### YOGYAKARTA PRINCIPLE 34

##### The Right to Protection from Poverty

Everyone has the right to protection from all forms of poverty and social exclusion associated with sexual orientation, gender identity, gender expression and sex characteristics. Poverty is incompatible with respect for the equal rights and dignity of all persons, and can be compounded by discrimination on the grounds of sexual orientation, gender identity, gender expression and sex characteristics.



## **ACTION**

### **Minimum shelter allowance reinstated**

Beginning May 2022, individuals on income or disability assistance can receive a minimum shelter allowance per month without showing documentary evidence of their shelter costs or arrangements.<sup>108</sup> This is important for people living in vehicles or informal and/or shared living situations, for whom shelter costs are difficult to document.



## **ACTION**

### **Minimal increases to financial supports for seniors**

In Budget 2021, BC broadened eligibility and increased rates for the seniors' supplement – available to low-income seniors – by \$50. However, at \$99.30/month, BC's seniors' supplement is the fourth lowest in the country.<sup>109</sup> The government also committed to increasing the comfort allowance for low-income seniors by \$20/month. The increase to the seniors' supplement is the first since 1987, and the last comfort allowance increase occurred in 2005.<sup>110</sup> The provincial seniors' advocate recommends that the seniors' supplement be indexed to inflation.<sup>111</sup> This is especially important given that senior women in BC have 40% less income than men.<sup>112</sup>

The provincial seniors' advocate has emphasized that increased investment is required for seniors to access necessary extended healthcare services, such as medication, optometry and dental visits.<sup>113</sup> For example, in 2020/21 Pharmacare covered only 32% of the cost of prescription medication for seniors.<sup>114</sup> Some community dialogue participants noted that senior women are overrepresented in the Downtown Eastside neighbourhood of Vancouver and that targeted support is required for this population.



## **INACTION**

### **Spousal cap on disability assistance**

BC continues to implement a spousal cap on disability assistance, which discounts a partner's income from the rate of disability assistance available.<sup>115</sup> This means that many individuals on disability assistance have to choose between moving in with their partner or keeping their income support.<sup>116</sup> Many negative impacts flow from this restrictive policy, such as deterring people from engaging in serious relationships, and encouraging financial dependence on spouses, which can force people to stay in abusive relationships.<sup>117</sup>



## **INACTION**

### **Administrative barriers to accessing disability assistance**

Barriers to applying for persons with disabilities (PWD) assistance persist, such as repeated requirements for signatures from various healthcare professionals. These barriers must be addressed.<sup>118</sup> Community reviewers noted that continuous requirements on applicants to "prove" their disability stigmatize people with disabilities and infringe on their dignity.



## **HARMFUL ACTION**

### **Elimination of supports for people with disabilities**

As of November 2021, BC eliminated a program it had initiated during COVID-19, which allowed people on disability assistance or income assistance to collect EI benefits.<sup>119</sup> Eliminating the program means that money received from EI is deducted from income and disability assistance payments.<sup>120</sup> Media reports suggest that some recipients were not adequately informed about this impactful change.<sup>121</sup>

# Housing and Homelessness

D

MINIMAL ACTION TO  
REDUCE GENDERED  
INJUSTICE IN 2021–2022

**Despite some important housing investments and actions, BC failed to act in proportion to the urgency and magnitude of the province’s multiple housing crises.**

While targeted investments in supportive, “complex care,” and/or SRO housing for those facing homelessness sound like progress, community dialogue participants emphasized that the conditions in many of these units are so abysmal, these investments should hardly count as “action.” Investments in transition and second stage housing for women and survivors of gender-based intimate partner violence have also fallen far behind during this period of escalated violence and need. And, despite heightened stigma, displacement, criminalization, and violence experienced by unsheltered people in public spaces across BC, the province has failed to add social condition as a prohibited ground of discrimination to BC’s Human Rights Code.

## Affordable Housing

The right to adequate housing is set out in multiple international legal instruments including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities. It is also enshrined in the Canadian National Housing Strategy Act.<sup>122</sup> This means that, across Canada, there must be an “affordable, adequate, and suitable home for every household.”<sup>123</sup>

Cities and communities throughout BC continue to experience crises of housing affordability. In our community dialogues, lack of affordable and safe housing was a recurring theme. “Housing is so expensive,” stated one participant. “I can’t afford it. I’m paying \$1450 per month, plus \$200 for utilities.” Participants commonly identified the need for more diverse housing options in BC: “They just build condos. We need units that are big enough for families.”

## YOGYAKARTA PRINCIPLE 15

### The Right to Adequate Housing

Everyone has the right to adequate housing, including protection from eviction, without discrimination on the basis of sexual orientation or gender identity.

## THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

### Article 11

1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions...

The latest census data reveals that in 2021, British Columbia had the highest rate of unaffordable housing in Canada, at 25 percent. This means a quarter of people in BC devote more than 30% of their income to shelter costs. Rates of unaffordability are highest for renters (versus owners) and highest in urban areas.<sup>124</sup>

Likewise, Canada Mortgage and Housing Corporation describes a significant shortage of rental units available to families in both Vancouver and Victoria. In Vancouver, for instance: “Only 1 in 1,000 units are affordable to renter households with the lowest 1/5 of incomes. Most of the lowest-priced units are small and unsuitable for families.”<sup>125</sup> Lack of affordable and suitable housing options means many families experience

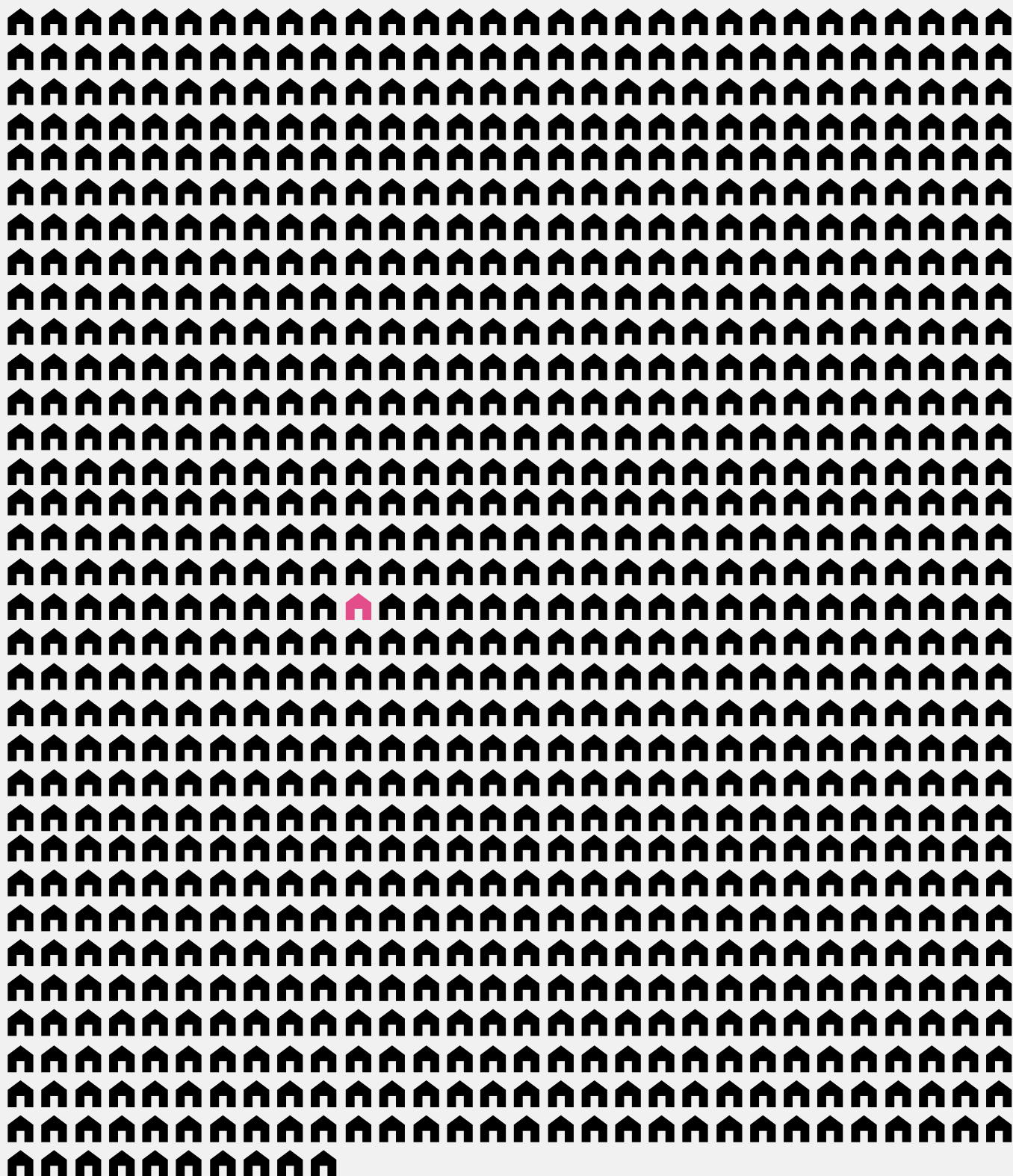
overcrowding in units that are too small for their needs. This is the case for 14 percent of Indigenous families living on reserve in BC.<sup>126</sup>

Both the Yogyakarta Principles and CEDAW set out the right to adequate housing and protection from eviction, as well as the right to be free of violence, without discrimination based on sexual orientation or gender. But recent community-based research highlights how lack of access to safe, appropriate, and affordable housing is a primary barrier to escaping gender-based violence and abuse, “as well as one of the commonly reported reasons women return to violence.”<sup>127</sup>

Multiple provincial and municipal measures (including progressive taxation and ending exclusionary zoning practices) are urgently needed to increase rental housing availability and re-balance historically low vacancy rates.<sup>128</sup> Further, economists highlight that BC’s government has the economic capacity to directly build large quantities of the rental housing that is needed – even in an expensive region like Metro Vancouver. BC could make the biggest strides on housing affordability by directly funding the construction of new non-profit and social housing in significant quantities – an action that would pay for itself over time.<sup>129</sup>

Tenants, advocates, and housing experts have also drawn attention to an ongoing “significant loophole” in BC’s rent controls: lack of vacancy control. While the government caps allowable annual rent increases for existing tenants, there is no limit on how much rent can be raised when a new tenant moves in. Without vacancy controls, tenants face what housing expert Marc Lee describes as a “moving penalty”: if a person is forced to move due to eviction, changes in family size, or safety reasons, their new rent will almost certainly be at a much higher rate.<sup>130</sup> In our community dialogues, participants recounted how this could cause significant financial strain.

In 2021, **only one in 1,000** Vancouver rental units were affordable to households earning under \$25,000<sup>131</sup>





Lack of vacancy controls, combined with insufficient rental housing, incentivizes landlords to evict existing tenants so they can increase the rent. It can also mean that survivors of gender-based violence are forced to stay in abusive and/or unsafe housing because they cannot afford to move. Housing advocates, tenants, and experts warned BC's Rental Housing Task Force in 2018 that the absence of vacancy controls not only contributes to insecurity and poverty for tenants, but it also means that public investments in rent subsidies are transferred to landlords as private profit.<sup>132</sup>

In our community dialogues, BC's reliance on extractive resource projects was also linked to housing concerns. In northern communities, an influx of wealthier workers can lead to competition for scarce housing – driving up prices and causing displacement.<sup>133</sup> As one participant stated: “Dawson is an oil town. If you are [a worker], it's fine. If you are a permanent resident, you are in danger.” The affordability-related migration of urban professionals to rural communities during the pandemic has also contributed to driving up housing prices in rural areas.<sup>134</sup>

Battered Women's Support Services' Road to Safety project documented how women leaving abusive relationships reported having fewer housing options in parts of interior and northern BC due to the ongoing construction of the Trans Mountain pipeline expansion and Coastal Gaslink fracked gas pipeline.<sup>135</sup> The BC Society of Transition Houses' (BCSTH) Getting Home project likewise found that in rural areas, women leaving violence were “forced to relocate to find affordable housing,” requiring them to “[leave] their community and supports.”<sup>136</sup>



## **ACTION** **Temporary COVID-19 rent freeze and cap on rent increases in 2023**

In late 2020 and through 2021, the government extended its freeze on annual rent increases – a measure introduced because of COVID-19. However, the rent freeze ended in 2021. Beginning in January 2022, landlords could once again raise rents on an annual basis.<sup>137</sup> Because of skyrocketing inflation throughout most of 2022 (without associated increases in wages), allowable rent increases in 2023 had the potential to be devastating for many tenants. In September 2022, the government announced it was capping allowable rent increases for 2023 at 2%.<sup>138</sup>



## **ACTION** **Efforts to increase existing supply of rental units**

Recent actions aim to make existing housing more available to renters in BC. In November 2022, BC announced amendments to the Strata Property Act to end strata restrictions on rentals and to remove discriminatory age restrictions (such as those that disallow children).<sup>139</sup> In July 2022, BC announced it was extending its Speculation and Vacancy Tax to additional communities facing acute housing shortages<sup>140</sup> – an action which will add empty units to BC's rental housing market. At the same time, this tax could be improved by removing loopholes and by increasing the tax rate. There is no reason why empty properties owned by “foreign owners” should be taxed at higher rates than empty properties owned by Canadians.<sup>141</sup>



## INACTION

### Progress on affordable housing is too slow

While the province made noteworthy investments in affordable housing in 2017–2020, its 2021–2022 efforts do not adequately address the scale of housing need across BC. The government’s 2018 Homes for BC<sup>142</sup> plan promised to spend \$6.2 billion on dedicated affordable housing over 10 years. As of March 2022, only one third of that amount has been committed,<sup>143</sup> and only 30% (34,000) of the plan’s promised 114,000 units are described as “underway.”<sup>144</sup> It is not clear how the remaining units – about 80,000 – will be delivered. Even among projects currently underway, analysis of 2021 data shows how a large share of projects were merely “initiated” but not yet under construction; it may take years before these units will be available to house individuals and families in need.<sup>145</sup> BC’s newly announced Housing Supply Act focuses on municipal policy but does not directly build affordable homes.<sup>146</sup>

In 2021–2022, BC’s strategy reflects a shift towards loan financing, instead of funding to build homes directly. BC’s largest housing investment in this two-year period occurred in 2021 as a \$2 billion increase in Housing Hub construction loan financing to generate affordable rental housing and homeownership options for middle income households.<sup>147</sup> However, it allocated only \$100 million to build 850 units through the Community Housing Fund for mixed-income public housing (similar to traditional social housing). Consequently, many non-profit organizations who are ready and willing to develop new units have been left waiting for funding. In 2021, for example, over 10,000 potential units of non-profit housing were left on the table when these projects were not approved due to funding constraints.<sup>148</sup>



## INACTION

### No Vacancy Control

While BC caps annual rent increases for existing tenants, the government has still not implemented vacancy control. Vacancy control ties rents to the unit (instead of to a tenancy) by placing restrictions on rent increases between tenants. Vacancy control existed in BC from 1974 to 1983.<sup>149</sup> Vacancy control is working in other parts of Canada. Manitoba applies vacancy controls to some types of units, where rents can only be raised between tenancies to the average rent being charged for similar units in the same building.<sup>150</sup> Tenant organizing in Vancouver’s Downtown Eastside successfully won municipal vacancy controls for SRO units. However, in August 2022, BC’s Supreme Court quashed these bylaws – placing responsibility for vacancy control squarely on the shoulders of the province.<sup>151</sup>

## Tenant Supports and Protections

Recent statistical data shows that 3.6% of BC renters – more than in any other province or territory – had been evicted in 2021.<sup>152</sup> Single parents (who are most commonly the birthing parent), those who identified as Indigenous or Black, and those paying unaffordable rents disproportionately face eviction.<sup>153</sup>

Participants in our community dialogues also described significant barriers related to discrimination and invasive practices on the part of housing providers. “Landlords,” stated one participant, enact “racism and gender-based discrimination.” The BCSTH Getting Home research project describes how landlords regularly discriminate against single mothers; (im)migrants and refugees; Indigenous people; and those receiving income assistance and/or living in poverty. On top of these intersecting forms of discrimination, study authors described:

“pervasive stigma against women who have experienced violence. We see this through NIMBY [Not in my backyard] campaigns against transition houses as well as landlords assuming that there will be damage to the property or that violence will be brought into the neighborhood.”<sup>154</sup>

In our community dialogues, sex workers and people who use substances described discrimination, surveillance, and harassment on the part of landlords and housing providers. These practices can force sex workers to accept risky clients to meet curfew, and/or work in unfamiliar, hidden, and dangerous settings.<sup>155</sup>

Dialogue sessions also reflected how restrictions on pets are a barrier: “Many places don’t allow pets. People depend on pets for mental health. It can be really hard to find a place to live.” Lack of pet-friendly housing options is also a key barrier to escaping intimate partner violence.<sup>156</sup>

Other barriers occur when the information required by landlords and housing providers is invasive or unsafe. Trans participants in our dialogues described how requirements to show ID enabled discrimination and harmful misgendering. Requirements to show proof of income can also create enormous barriers for those who work in exchange for cash – including babysitters, nannies, housekeepers, sex workers, and others in the service industry.<sup>157</sup>

Community dialogue participants described how this array of barriers forced them to endure extremely poor living conditions. Some had to rely on informal renting arrangements (e.g., renting a room in a shared unit) which restricted access to rent supports or tenant protections. In BC, shared accommodations (where a tenant shares bathroom or kitchen facilities with an owner) are not protected under the Residential Tenancy Act (RTA).<sup>158</sup> The Getting Home project documents how “even when women do not return to a violent partner, they may still have to trade their safety for housing by living in locations that are unsafe,

[in] inadequate conditions, or with strangers.”<sup>159</sup> Likewise, dialogue participants described experiences of overcrowding, poorly maintained rental units, and having to share housing in ways that felt precarious and/or had negative impacts on their health. But because there is no affordable housing: “You feel stuck in that situation.”



### **ACTION** **Increased protection from renoviction**

BC’s brief ban on evictions (implemented at the start of the pandemic) ended in August 2020. In July 2021, BC introduced some stronger protections within the RTA based on recommendations from its Rental Housing Task Force. One of these changes aimed to decrease “renovictions” where tenants are evicted when landlords make (often relatively minor) renovations or repairs to rented premises. As of July 2021, landlords must apply and demonstrate to the Rental Tenancy Branch (RTB) that the proposed renovations are required to maintain use of the building, they already have work permits, and there is no way to maintain the tenancy while repairs take place. Landlords must now give tenants four months’ notice of an impending renoviction.<sup>160</sup>



### **ACTION** **Changes to Residential Tenancy Board process**

BC’s July 2021 policy changes also make it easier for tenants to claim compensation if landlords do not follow through with the proposed rationale for a tenant’s eviction. It is now easier for tenants to request review of an RTB decision for reasons relating to an insufficient process, such as evidence not being available, or procedural or technical issues.<sup>161</sup> In May 2022, BC announced it would make audio recordings of all dispute resolution hearings in order to “promote

transparency.”<sup>162</sup> While this is a welcome and long-overdue move, the procedures for accessing the recordings effectively prevent parties (and even the RTB itself) from using these recordings to ensure fairness. As Samrah Mian of CLAS says, “what good is a recording if no one ever hears it?”<sup>163</sup>



## **INACTION**

### **Additional rent supports are helpful but remain inadequate**

In 2021, the BC Rent Bank (operated by the Vancity Community Foundation with funding from the province) was centralized and extended to previously-unserved communities on Vancouver Island, in the Interior, and in Northern BC.<sup>164</sup> The province also rebranded its Home Adaptations for Independence accessibility rebate program, which is now called BC Rebate for Accessible Home Adaptations (BC RAHA).<sup>165</sup> In 2022, through a federal-provincial partnership, BC added about 3,000 “Canada – British Columbia Housing Benefit” (CBCHB) rent supplements of \$600/month, alongside integrated wraparound supports to be delivered through the cross-government homelessness funding described below.<sup>166</sup>

Despite these investments, overall BC’s rental supplement programs remain inadequate to address the scale and nature of BC’s housing crisis. Expert members of BC’s Basic Income Panel noted that BC’s Rental Assistance Program (RAP)’s inadequate payments and restrictive eligibility criteria mean that “some in need... are left without services, and the benefits provided by RAP are insufficient to fully address needs.”<sup>167</sup> In her recent service assessment, BC’s Seniors’ Advocate found that the Province’s Shelter Aid For Elderly Renters (SAFER) supplement has “not kept pace” with rising housing costs, observing that: “In 2020, the rent ceiling used to calculate a SAFER subsidy for singles did not change, but the average rent for a one-bedroom apartment in B.C. increased by up to 6%.”<sup>168</sup> And, while the

government promised in 2017, 2019, and 2020 to deliver a \$400 renter’s rebate, it has never followed through.<sup>169</sup> Meanwhile, BC’s “unfair” Home Owner Grant remains in place.<sup>170</sup>



## **INACTION**

### **Failure to track evictions**

Unlike other jurisdictions such as Ontario, BC does not track evictions. The Vancouver Tenants’ Union has called for an eviction tracking system, noting “we can’t regulate something we don’t keep track of.”<sup>171</sup>



## **HARMFUL ACTION**

### **Additional rent increases**

July 2021 residential tenancy policy changes allow landlords to apply to the RTB for above guideline rent increases to complete some types of (health and safety, energy efficiency, systemic, or security-related) upgrades to the building. The above guideline increase can happen only once per 18 months. Tenants can dispute the extra increase at a hearing, and the increase is capped at 3% per year. However, it can be extended over three years, resulting in up to a 9% increase in rents over three years.<sup>172</sup> In other jurisdictions, like Ontario, extra rent increases can only be charged for the “useful life” of a given improvement. But in BC, additional rent increases are charged in perpetuity – meaning tenants may continue to pay for a given upgrade long after a landlord has paid it off.<sup>173</sup>

## Preventing and Responding to Homelessness

Women and people who face gender-based discrimination are more likely to be part of “invisible” homeless populations who stay with friends, family, in vehicles, or who remain in unsafe situations to avoid more dangerous options like shelters or living on the street. As a result, they are under-counted and under-served.<sup>174</sup>

Community dialogues, alongside other research and community-based accounts, demonstrate that BC’s existing stock of social, supportive and transitional housing, and its shelter spaces, are grossly insufficient. By 2021, the number of households on a waitlist for social and affordable housing in BC was 26,800.<sup>175</sup> Some of the larger households on this list, noted one community reviewer, “will remain on the waitlist for well over a decade.”<sup>176</sup>

The leading cause of homelessness among women is violence.<sup>177</sup> Two-Spirit and LGBTQ+ people also experience violence, poverty, and homelessness at disproportionately high rates.<sup>178</sup> During COVID-19 lockdowns in Canada, gender-based violence and abuse became more severe and more frequent – especially for those facing intersecting forms of marginalization, including poverty, ableism, racism and colonization.<sup>179</sup> Recent research with Indigenous women across BC has documented an escalation in intimate partner violence alongside decreased availability of transition house spaces and violence-related services.<sup>180</sup> Likewise, community dialogue participants described insufficient shelter spaces for women, and for people of all genders who are leaving abuse. In Vancouver, youth participants highlighted the need for youth centres and shelters.

In a single day in December 2021, 84 transition housing programs across BC supported and safely sheltered 753 women, children and youth.

“

*We need way more beds for youth on the streets.*

- COMMUNITY DIALOGUE PARTICIPANT

However, an additional 109 people were left waiting for services or had to be turned away. BC’s lack of affordable housing means that women are staying longer in second stage transition housing, further reducing available spaces in this already under-resourced sector.<sup>181</sup> Trans participants in our dialogues faced additional gendered barriers to accessing shelters – for instance, being denied entry at women’s shelters *and* at shelters for men. In 2021, a Vancouver shelter for sex workers reported it had constantly operated at capacity, turning away women and gender diverse people more than 1000 times during its first year of operation.<sup>182</sup>

Community dialogue participants who had experience accessing shelters and homelessness-related services described the daily precarity, stress, and dehumanization they experienced within BC’s shelter system – a patchwork of organizations offering temporary beds with varying rules and conditions.<sup>183</sup> Many shelters are only open in the evening and overnight, leaving people with no safe place to be during the day.

In January 2022, a BC Supreme Court judge ruled that people camped at CRAB park in Vancouver had a constitutional right to shelter in the park

because, even if enough shelter spaces did exist (an unlikely assertion), many of these spaces were not adequate, safe, or accessible. As the court heard, many shelter spaces do not have secure locks (or even doors); they may not allow pets, permit couples to stay together, provide secure places to store belongings, or be accessible or safe for people of all ages and genders.<sup>184</sup>

“

*At the shelter, I have to wake up at 6am, and you can't enter until the afternoon. People are shuffled from place to place.*

- COMMUNITY DIALOGUE  
PARTICIPANT

The experiences of Indigenous women in Vancouver's Downtown Eastside highlight the devastating impacts of multiple forms of colonial and gendered violence: "For Indigenous women experiencing homelessness, the two primary concerns are safety and child welfare... Women often have to make the impossible decision between staying in an abusive relationship, or

becoming homeless and having their children apprehended."<sup>185</sup> The National Inquiry on Missing and Murdered Indigenous Women and Girls (National Inquiry) Call for Justice 4.7 calls upon:

... all governments to support the establishment and long-term sustainable funding of Indigenous led low-barrier shelters, safe spaces, transition homes, second-stage housing, and services for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. All governments must ensure that shelters, transitional housing, second-stage housing, and services are appropriate to cultural needs, and available wherever Indigenous women, girls, and 2SLGBTQQIA people reside.<sup>186</sup>

Further, communities at risk of homelessness have, for more than a decade, drawn attention to unsafe, discriminatory, and coercive conditions in SROs and social and supported housing – calling for access to housing that is self-contained (where residents have their own bathroom and kitchen facilities), dignified, self-determined, and safe for people of all genders.<sup>187</sup> However, our community dialogues indicated ongoing systemic safety and human rights issues in these spaces. SRO housing units often consist of a 10x10 foot room with no self-contained washroom or kitchen facilities – exacerbating safety concerns for women, people of marginalized genders, people with disabilities and others who disproportionately face sexualized violence in these shared spaces.<sup>188</sup>

Community-led research and media reports have documented pervasive unhealthy conditions relating to poor maintenance, bedbugs, lack of protection from violence, and discriminatory management practices. The Downtown Eastside Women's Centre's Red Women Rising report has also documented sexual exploitation on the part of building managers who have enormous power over tenants. While the most egregious conditions have been associated with privately-run SROs, safety and maintenance issues are also present in provincially funded non-profit supportive housing.<sup>189</sup>

Many public non-profit supportive housing buildings also have restrictive rules related to substances, curfews, room checks, guests, or sign-in / sign-out procedures.<sup>190</sup> Residents can experience surveillance by staff and police, and in some cases, are required to participate in psychiatric treatment to maintain their housing.<sup>191</sup> Such policies reflect colonial, racist, and heteropatriarchal strategies of control, in addition to contravening tenants' rights.<sup>192</sup> However, despite community advocacy calling for protections, the rights of tenants in supportive housing buildings are not protected under the RTA.<sup>193</sup>

In community dialogues, participants described feeling trapped between homelessness and the terrible conditions present in many SROs. Some were fearful about the prospect of being evicted and subsequently "blacklisted" by BC Housing. On the other hand, we heard that: "People are afraid to accept the units being offered because you can get stuck in poor housing. Once you accept a unit, you are not considered eligible for better housing. There is a five to ten year wait list!"

BC's lack of affordable, accessible, and suitable housing has meant that many unhoused residents are forced to shelter in public spaces. For some, living together in encampments is a safer and more dignified alternative. In one community report, a transgender woman with a chronic

illness described enduring physical, verbal, and sexual abuse in shelters, in SROs, and on the streets. "At the tent city," she explained, "I feel safe and have a sense of security."<sup>194</sup> At the same time, women's organizations in the Downtown Eastside have highlighted high rates of sexual assault and gender-based violence within encampments.<sup>195</sup> The former UN Special Rapporteur on the right to adequate housing has stressed that homeless residents of encampments must be recognized as "rights-holders," and has issued a protocol for governments to fulfill their commitments to realizing the rights to housing of these residents.<sup>196</sup> However, such rights are frequently violated when government and policing authorities respond by violently evicting people from encampments and other public spaces, instead of delivering the housing they need.<sup>197</sup>



## **ACTION** **Prioritization of housing for people experiencing homelessness**

While recent budgets have fallen short on housing investments overall, they have included some important efforts on housing for people experiencing homelessness. In 2021, as part of its continued response to COVID-19, BC Housing spent about \$214 million to purchase properties — primarily housing and shelter spaces for people experiencing homelessness. This included just over \$111 million to purchase five hotels in Vancouver and Victoria to provide units for people without any housing and living in encampments.<sup>198</sup> Budgets 2021 and 2022 have also included funding to continue supporting the 3000 people housed in temporary or leased shelter spaces at hotels, motels, and community centres around the province, with the stated aim of providing permanent housing over time.<sup>199</sup>

In its 2022 Budget, the province also announced \$164 million over three years to expand what it calls "complex-care" housing. This new model of

supportive housing is described as offering more intensive medical care and supports for people with traumatic and acquired brain injuries or who experience mental health and/or substance use-related barriers to accessing housing.<sup>200</sup> At the same time, advocates have voiced concern about the lack of detail available about this new housing model, and the possibility that it will reproduce predominant paternalistic approaches towards people with mental health issues and/or who use substances.<sup>201</sup> Despite a noteworthy scale of investment in the past two years, these housing investments are “unnecessarily low” in the face of the massive number of people – about 23,400 in 2020<sup>202</sup> – who experience homelessness across BC.



### PROMISED ACTION

**An integrated approach to homelessness, but significant inadequacies remain**

BC’s 2022 investments in complex care housing, maintaining shelter spaces, and the new CBCHB supported rent supplement (described above) are part of the government’s forthcoming “cross-government” strategy to address homelessness by “shifting from a reactive to proactive approach” to both “prevent homelessness and respond quickly” if homelessness does occur.<sup>203</sup>

Importantly, this strategy includes measures to support youth aging out of government care who, due to continuing colonial violence targeting Indigenous families, are disproportionately Indigenous. These new measures include enabling youth to stay in foster homes until age 21 (instead of “aging out” at age 19); income supports; a rent supplement; and access to wraparound supports to age 27.<sup>204</sup> These changes reflect important recommendations from the government’s Basic Income panel.<sup>205</sup>

Additional elements of this strategy include a new Preventing and Reducing Homelessness

Integrated Data Project,<sup>206</sup> funding for “community integration specialists,” and funding for research on supports for women experiencing homelessness.<sup>207</sup> However, as one community-based needs assessment participant recently noted: “The women living in our parking lot and washing their hair in our public bathroom sink would be quick to tell you that we don’t need more research or best practices. We need more housing!”<sup>208</sup> It is too early to tell whether the government’s shifted approach will deliver meaningful changes for those facing homelessness in BC.



### INACTION

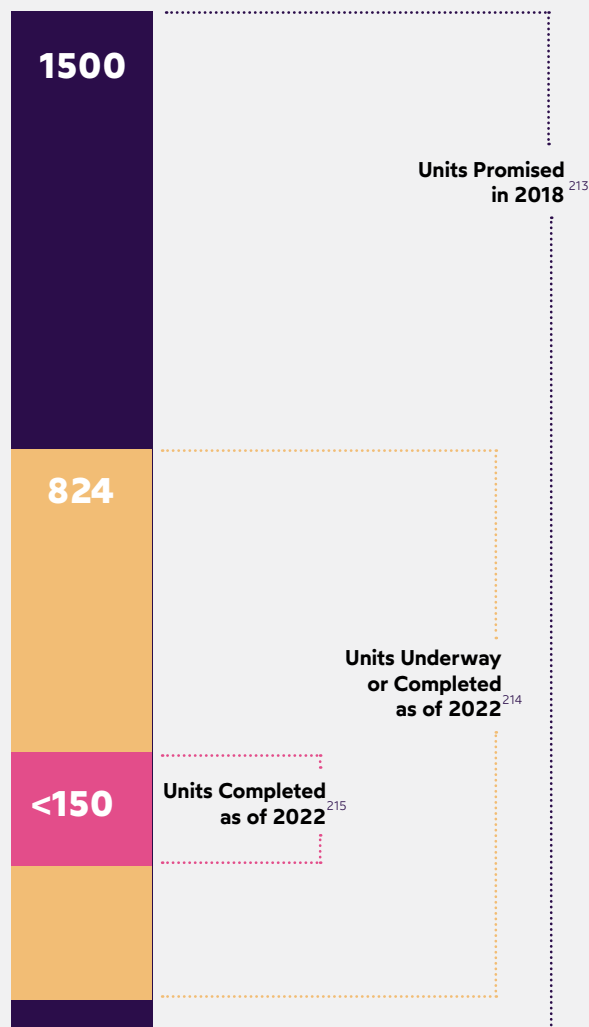
**Slow progress on safe housing for women and children leaving violence**

In 2021–2022, BC continued to deliver transition houses, second stage housing, and long-term housing for women (including trans, non-binary and Two-Spirit people) and children leaving violence through its Women’s Transition Housing Fund.<sup>209</sup> However, progress remains too slow. These funds, launched in 2018, are all accounted for with existing projects, and no additional funding has been added.<sup>210</sup> As of March 2022, delivery of units from this funding stream seemed to be lagging further behind other types of units, with only about half (794) of the promised 1500 units described as “underway”<sup>211</sup> and fewer than 10 percent of units complete<sup>212</sup>. More investment and support are required to deliver housing in this crucial sector.

A March 2022 Auditor General’s report states that BC Housing had successfully leased additional safe spaces for women and children leaving violence during the pandemic – but with some notable exceptions. The report found that BC Housing did not have sufficient processes in place to ensure that hotel and motel operators fulfilled their agreements. As a result, there were some cases in which rooms designated as safe



**While 1500 transition house units were promised in 2018, very few are complete.**



spaces for women and children were rented out to other people. The report also found that BC Housing failed to address the staffing needs of transition housing providers (despite known shortages), that it needed to better understand whether the additional leased units were accessible to all women, and that it should collect more information about those who were turned away due to insufficient space.<sup>216</sup>



## **INACTION**

**Inadequate action on systemic health, safety, and human rights issues in SROs, shelters, and social and supported housing**

As dialogue participants recounted, conditions in SROs, shelters, and social and supported housing spaces routinely fail to uphold the autonomy, wellbeing, and human rights of residents. In too many cases, these housing spaces also remain fundamentally unsafe – especially for Indigenous and non-Indigenous women, people of marginalized genders, sex workers, and people with disabilities, who experience disproportionately high rates of sexualized violence.

Following a tragic series of resident deaths in one temporary supportive housing building, BC’s Housing Minister initiated an independent review in March 2022.<sup>217</sup> The government also acknowledges that its new complex-care housing model should be voluntary, culturally appropriate, and include peer-led services.<sup>218</sup> However, BC’s efforts to date do not adequately reflect the transformative, resident-led changes required to address widespread, gendered, safety and human rights issues across BC’s SRO, supportive housing, and shelter systems.



## **INACTION**

**Failure to add “social condition” to BC’s Human Rights Code**

Human rights advocates, including BC’s Human Rights Commissioner, have repeatedly called for the inclusion of “social condition” as a ground upon which discrimination is prohibited in BC’s Human Rights Code.<sup>219</sup> Social condition means “inclusion in a socially identifiable group that suffers social or economic disadvantages based on poverty, source of income, occupation, housing status, and education level.”<sup>220</sup> The

addition of “social condition” to the Human Rights Code would extend human rights protections to people sheltering in public spaces and encampments, and residing in other informal and/or shared settings, as well as in transitional or supportive housing models where residents are not granted the basic tenancy protections of the Residential Tenancy Act.<sup>221</sup>

In August 2022, hundreds of unsheltered residents were forcibly evicted from East Hastings Street – during a heat wave – by Vancouver authorities and police following an order from Vancouver’s fire chief.<sup>222</sup> While the province’s 2022 Budget allocated \$4 million for services at encampments of people experiencing homelessness,<sup>223</sup> the province did not provide sufficient housing or services or protect the housing rights of those being displaced.

The Hastings Street eviction was criticized by BC’s Human Rights Commissioner as contrary to human rights law.<sup>224</sup> Women-serving organizations also highlighted how police-supported decampments exacerbate the violence and vulnerability already experienced by women, especially Indigenous women, in the Downtown Eastside.<sup>225</sup> The BC government’s ongoing failure to add “social condition” to the Human Rights Code enables continued stigmatization and criminalization of poverty and homelessness in BC.



### **HARMFUL ACTION** **Eviction of unhoused people sheltering in encampments**

In March and April 2021, residents of Camp HOPES tent city in Strathcona Park were evicted after the BC government signed a Memorandum of Understanding (MOU) with the City of Vancouver and the Vancouver Parks Board to jointly end and prevent encampments of unhoused people in Vancouver’s parks.<sup>226</sup> While government representatives offered housing units

to those sheltering at the park, the practices used to evict camp residents did not adhere to the national protocols for homeless encampments in Canada.

A survey of over 90 residents of Camp HOPES found that the dignity of camp residents and the distinct rights of Indigenous peoples were not being respected by government officials. Camp residents were not meaningfully engaged, let alone supported to lead decision-making. Police were present, and those being evicted were not given adequate time or information to meaningfully consider their options. Instead, many residents felt coerced and rushed to accept housing that they had never seen, that may not suit their family members, and without knowing about associated programs or policies that would restrict their tenancy rights (e.g., “no visitor” policies).<sup>227</sup>

# Child Care

**B**

**SOME MAJOR ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022**

**With federal funding support, BC made historic investments in child care – including major fee reductions, doubling \$10aDay child care spaces, and delivering wage enhancements for Early Childhood Educators.**

These actions are a momentous “win,” reflecting the community-led Roadmap to \$10aDay<sup>228</sup> put forward by child care advocates across BC. Continued investments are needed to meet long-term child care targets, fairly compensate child care professionals, and achieve inclusive access to culturally safe programs that meet the diverse needs of all children and families in BC.

## **CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN**

Article 11-2(c)

In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures... To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child-care facilities....

The government’s recent child care investments have come at a crucial time for people in BC. One year into the pandemic, a national study confirmed that long-term problems with Canada’s fragmented and under-funded child care sector had been worsened by COVID-19.<sup>229</sup>

Universal high-quality, inclusive, and affordable public child care is crucial to ensure that parents of young children, especially the birthing parent, have equitable access to work and education. Investment in public childcare also generates good jobs and improves pay and working conditions in a grossly under-valued and feminized profession.<sup>230</sup>

In our community dialogues, participants emphasized the need for more child care spaces that are accessible (e.g., close to work) and “actually affordable.” Participants also called for increased supports to ensure inclusion and equitable child care access.

Dialogues also reflected the need to ensure that stigma and discrimination do not pose barriers to child care. No parent should be afraid to access child care because of bias or discrimination towards people of marginalized genders, non-traditional families, or sex workers.

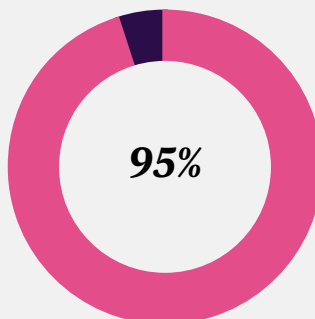


### ACTION

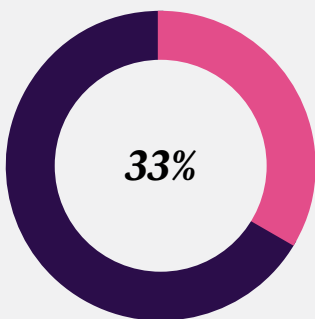
#### Historic investments in child care affordability and access

In 2022, BC has used federal funding through the Canada-wide Early Learning and Child Care Agreement<sup>231</sup> to make historic investments in child care. In 2021, BC promised to significantly cut child care fees for families, and in September 2022, child care advocates affirmed the government had “delivered on that promise.”<sup>232</sup> In addition to ongoing support for lower parent fees through the Child Care Fee Reduction Initiative (CCFRI), BC also provides an Affordable Child Care Benefit to families with annual incomes up to \$111,000, and is eliminating fees for most families with children under age three and incomes below \$45,000. The government is also expanding the number of \$10aDay spaces to 12,500 throughout BC by the end of 2022.<sup>233</sup> It promises universal \$10aday child care and 30,000 new licensed spaces by 2026.<sup>234</sup>

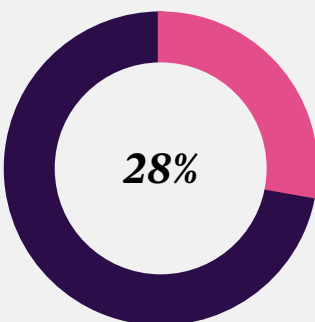
## Child care is a highly feminized, and undervalued profession.<sup>235</sup>



More than **95%** of child care workers are women.



Close to **one-third** of child care workers are immigrants or non-permanent residents.



**28%** of childcare workers are racialized, versus 21% of all other workers.



In 2019, on average, child care workers were making **\$19.97/hr.**

Their average hourly earnings were 28% lower than those of all other workers, which was **\$27.91/hr** in 2019.

“

*Child care educators should have more training and support to effectively care for children with special needs related to conditions such as ADHD, oppositional / defiant disorder, autism, dyslexia, learning challenges, depression, and anxiety.*

- COMMUNITY DIALOGUE  
PARTICIPANT



## **ACTION**

**Prioritizing Indigenous-led child care and public non-profit delivery**

Importantly, the Canada-BC Early Learning and Child Care Agreement affirms BC's commitment to collaboratively support and invest in Indigenous-led child care services.<sup>236</sup> In addition to prioritizing Indigenous-led services, funding for new child care spaces has also emphasized public partnerships (e.g., with school districts and local governments), non-profit organizations, licensing efforts, support for young parents, and support for children with additional needs.<sup>237</sup>



## **PROMISED ACTION**

**More action is required to expand the public supply of childcare spaces**

Advocates have cautioned that the first round of publicly funded fee reductions (CCFRI) introduced in 2018 have been absorbed by subsequent parent fee increases. While this is partly due to inflation and other cost pressures, fees in for-profit programs have increased significantly relative to non-profit programs. While receiving the CCFRI between 2018 and 2021, non-profit providers kept fees at levels below the 2018 median fees for all centres, but for-profit child care providers increased their fees by between 30-51 percent above the 2018 all-centre median.<sup>238</sup>

To ensure that public child care investments benefit families, deliver fair wages to educators, and fund high-quality inclusive and culturally safe programs, advocates are calling for increased investment in public child care infrastructure, stronger accountability mechanisms and – most importantly – increasing the number of \$10aDay child care programs, “where fees are already capped and publicly funded programs can ... increase quality and equitable access.”<sup>239</sup> As a

step in this direction, the BC government could deliver on its 2020 election promise of universal access to on-site school-aged childcare if it strengthened school district mandates to develop such programs in every BC school.<sup>240</sup>



### **PROMISED ACTION**

#### **Further resources are needed to achieve inclusion in child care**

BC has expressed a commitment to inclusive and culturally safe child care through its revised 2019 Early Learning Framework and associated online learning modules for early learning and child care professionals.<sup>241</sup> However, further resources are required to ensure the framework can be fully and meaningfully implemented by child care providers across BC.

The 2021 Canada-BC Child Care Agreement has also expanded the Supported Child Development (SCD) and Aboriginal Supported Child Development (ASCD) programs which provide support to facilitate inclusion of children with disabilities in child care programs. However, these programs are over-subscribed, with children waiting up to a year for the service. Further, not all who could benefit qualify. At least one in ten children require enhanced supports to participate in child care, and demand for supports is expected to grow as the number of childcare spaces increase.<sup>242</sup>



### **PROMISED ACTION**

#### **Fair wages for early childhood educators (ECE)**

BC's child care efforts have also included wage enhancements for ECE professionals, other professional supports, and more post-secondary ECE spaces.<sup>243</sup> However, child care advocates are warning that the critical shortage of qualified early childhood educators remains a major obstacle to meeting BC's and Canada's child care commitments. BC has promised to develop a wage grid so that ECE wages reflect the value of this critical early care and learning work, but it has not yet delivered on this promise.<sup>244</sup> More action is needed to deliver on wages, access to benefits and professional development, and improved working conditions<sup>245</sup> within this feminized and underpaid sector of the workforce.

# Public Transportation

C

SOME MODEST ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

**While some action has been taken to improve access to transportation, these actions are still insufficient to meet transit needs and gaps across BC. Women and people who are marginalized based on gender in Northern BC face unique transportation needs and challenges.**

Additional resources are needed to support safe transportation in these rural and remote communities. BC's decision to make transit free for children 12 and under is impactful but excludes all youth. More action is also needed to ensure transit is accessible and affordable for families and people experiencing poverty.

## CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

### Article 9 - Accessibility

To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas....

BC's transportation policies have significant implications for the economic security of women and people who are marginalized based on gender. Poor transportation infrastructure is a barrier to accessing work and education and to carrying out unpaid care work and responsibilities.

Without access to convenient transit, the time required to travel to work reduces the earning potential of women and people who are marginalized based on gender and limits the reach of employment opportunities.<sup>246</sup>

In urban areas, there is a need to extend existing transit options as an important poverty reduction measure and to ensure that transit is inclusive.<sup>247</sup> Access to community food hubs, resources, and services are tied to the need for affordable, accessible, safe transit options.<sup>248</sup> Community dialogue participants emphasized the importance of safe bike lanes, more after hours and weekend buses, and better inter-provincial travel options. Community dialogue participants also called for reduced transit costs, better financial support for transit, and more access to free or subsidized bus passes.

The challenges faced by women and people who are marginalized based on gender in rural and remote areas of BC are distinct from urban areas. Community dialogue participants shared that there are insufficient transit options in Northern BC with limited schedules, limited geographic coverage, costs, and barriers to access. Many communities, including many Indigenous communities, are not on major highways, leaving them with very few transportation options.<sup>249</sup> These barriers impact access to employment; education; healthcare, including access to abortions; social services; and safety for people fleeing violence.<sup>250</sup>

Community dialogue participants also expressed the need for a safety lens on transportation. Indigenous people, people with disabilities, women, and people who are marginalized based on gender experience safety concerns while on transit and while getting to transit. Their safety is also impacted by a lack of transit.<sup>251</sup> Community dialogue participants shared that people who use substances are made unsafe when they are removed from transit for being intoxicated. The lack of safe public

transportation is also connected to the deaths and disappearances of Indigenous women and people who are marginalized based on gender.<sup>252</sup> When the transportation system is inaccessible, unaffordable, and unreliable, people find other ways to travel, which may often put them at risk.

**We call upon all governments to ensure that adequate plans and funding are put into place for safe and affordable transit and transportation services and infrastructure for Indigenous women, girls, and 2SLGBTQQIA people living in remote or rural communities.**

- CALLS FOR JUSTICE NO. 4.8<sup>253</sup>



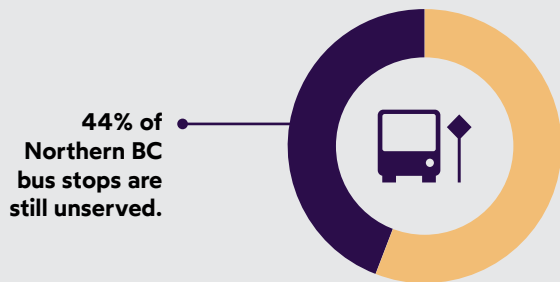
#### **ACTION**

#### **Extended funding for northern BC transit services**

In 2021, BC extended funding for BC Bus North (which was launched after Greyhound shut down its services in BC).<sup>254</sup> While this is an important transit option, the service must be expanded. BC Bus North only serves 35 of the 62 stops left behind by Greyhound and runs less often.<sup>255</sup> In 2022, BC committed \$2.8 million in new funding for community shuttle bus services to several



## BC Bus North serves only 35 of 62 stops that were once served by Greyhound.



remote communities and Indigenous communities in northern BC.<sup>256</sup> The community shuttle service began in 2017 but has still not received long-term funding from the province.<sup>257</sup> In 2021, BC's Auditor General recommended that the province provide sustainable solutions for transportation in Northern BC based on broad engagement with northern communities.<sup>258</sup>



### **ACTION** Increased cell service on Highway 16

In 2021, BC along with the federal government committed to provide cell coverage along the entire length of Highway 16 from Prince Rupert to Prince George.<sup>259</sup> This commitment comes after decades of advocacy and many recommendations to enhance safety for Indigenous women and people who are marginalized based on gender along Highway 16.<sup>260</sup>



### **ACTION** Investment in Lower Mainland transit improvements

In May 2022, BC announced it would contribute \$2.4 billion to advance key transit and infrastructure priorities, including the Surrey-

Langley Skytrain.<sup>261</sup> Transit improvements between suburbs are needed. Community dialogue participants shared that bus service to the suburbs is inadequate and can be costly, with many transfers.



### **ACTION** Free transit for kids 12 and under

In September 2021, BC made public transit free for all children 12 and under which could lead to annual savings of up to \$687 per year for a family purchasing a TransLink monthly pass for a year.<sup>262</sup> While a step forward, this action falls short of community needs. The #AllOn Board campaign in Metro Vancouver has called for transit to be made free for all children and youth from 0-18 years of age.<sup>263</sup>



### **INACTION** Transit affordability for people experiencing poverty

The #AllOn Board campaign in Metro Vancouver has called on the province to shift to sliding scale passes/fares based on income to ensure that those experiencing poverty are able to continuously access transit.<sup>264</sup>



### **INACTION** Still no unified, province-wide, public bus service

BC has not developed a unified inter-community transportation network, leaving a patchwork of fragmented transit services. The available transit options in Northern BC still suffer from gaps in available routes and an extremely limited schedule, which can lead to lengthy and costly trips.<sup>265</sup> The campaign Let's Ride! Make Public Transit BC Wide has called on BC to develop a publicly owned and unified inter-community bus network.<sup>266</sup>

# Social Services



**SOME MODEST ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022**

**BC has made some investments in social services, including new funding for Community Living BC, a recovery fund for non-profit organizations, and funding for settlement organizations. However, continued investments are required, especially for sex workers, trans and Two-Spirit people. BC must ensure that targeted services are available so that no one is left behind.**

The availability of easily accessible, low-barrier social services is a concern throughout British Columbia. Community dialogue participants highlighted gaps in services for populations such as sex workers, refugees, people who are marginalized based on gender, and people with Fetal Alcohol Spectrum Disorders (FASD). Concerns were raised about the specific barriers that trans people face when it comes to accessing services in BC. In community dialogues, participants described how they have to “knock on every door to get help, and to find the right place.” Dialogue participants also highlighted the requirement to constantly “prove” and “justify their care needs.”



**ACTION**  
**Support for adults with developmental disabilities, ASD, and FASD**

In Budget 2021, BC committed to providing \$367 million in new funding to Community Living BC (CLBC) over three years.<sup>267</sup> CLBC is a Crown corporation that supports adults with developmental disabilities.<sup>268</sup> Community reviewers have asked that this funding is provided to “disability-led and directed organizations.”<sup>269</sup>





## **ACTION**

### **Recovery fund for non-profit organizations**

Budget 2022 included \$30 million in support directed at non-profit organizations adversely impacted by COVID-19.<sup>270</sup> In its budget analysis, the Canadian Centre for Policy Alternatives describes this support as a “pocket of hope.”<sup>271</sup>



## **ACTION**

### **Accessibility requirements extended to public sector organizations**

In April 2022, BC extended the application of the Accessible British Columbia Act (ABCA) to cover additional public sector organizations.<sup>272</sup> This is an improvement, but the amendments fall short of incorporating advocates’ critiques. In June 2021 the Disability Alliance BC critiqued the ABCA for “its narrowed definition of impairment, its lack of timelines, its limited application, its failure to refer to human rights and BC’s Human Rights Code, its failure to include interactive communication within its list of standards, and its weak enforcement process.”<sup>273</sup>



## **PROMISED ACTION**

### **Funding for settlement support organizations**

In May 2022, BC committed to providing \$15 million over two years to settlement organizations supporting newcomers to Canada.<sup>274</sup>

## **UNITED NATIONS DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES**

### **Article 21**

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

## **YOGYAKARTA PRINCIPLE 13**

The right to social security and to other social protection measures

Everyone has the right to social security and other social protection measures, without discrimination on the basis of sexual orientation or gender identity.

“

*Many of these actions seem great, but end up falling short... like the ABCA.*

- COMMUNITY DIALOGUE PARTICIPANT



#### **PROMISED ACTION**

#### **Funding to advance reconciliation in social services**

In July 2022, the government committed to directing \$8.4 million to advance reconciliation in BC’s social services sector.<sup>275</sup> The British Columbia Association of Aboriginal Friendship Centres will oversee this investment, which is intended to support “the development of a reconciliation framework for the community social services sector over five years.”<sup>276</sup>



#### **PROMISED ACTION**

#### **Commitment to reducing digital inequality**

Budget 2022 includes a commitment to reduce digital inequality in BC by investing \$289 million over five years to improve connectivity for rural, remote, and Indigenous communities.<sup>277</sup> This is

important because, while services are increasingly being offered online, only 60 percent of rural communities and 62 percent of Indigenous communities in BC have access to recommended internet speeds.<sup>278</sup> Reliable, high-quality internet can improve service access – reducing travel time and costs, and in some cases enhancing privacy. It is also a key factor in enabling people experiencing gender-based violence to access crucial supports and services.<sup>279</sup>

However, the promise of improved internet service is not, in itself, sufficient to address multi-faceted digital inequities across BC. More action is needed to address the prohibitive costs of digital technology; needs for digital literacy supports; and supports for those who experience health, (dis)ability, learning, literacy and/or language-related barriers to using digital technology.<sup>280</sup>

Additionally, because digital services are not universally affordable or accessible, the government should also retain and enhance offline service options. This is especially important when online services are not culturally appropriate, or cannot be safely accessed (e.g., in cases of technology-facilitated abuse).<sup>281</sup>



#### **PROMISED ACTION**

#### **Commitment to review the analysis on Indigenous income supports**

An analysis of income support for Indigenous Peoples in BC has identified barriers to poverty reduction for this population, including colonization, anti-Indigenous racism, complex systems, and insufficiency of benefits.<sup>282</sup> The report recommends action be taken to specifically address stigma and bias in government services, including increasing the availability of culturally safe and in-person services.<sup>283</sup> The Minister of Social Development and Poverty

“

*Doctors, nurses, social workers, and people in positions of power think they know best. [But] I want to talk to someone like me.*

- COMMUNITY DIALOGUE PARTICIPANT

Reduction has promised to review the report's recommendations.<sup>284</sup> However, the need for significant, concrete action remains.



## **INACTION**

**Continued lack of services for many marginalized groups**

In community dialogues, participants emphasized ongoing gaps in services across BC – particularly services for sex workers, trans people, refugees, and people with disabilities. Because of transphobia, trans people can lack access to family-based and community-based social and financial supports.<sup>285</sup> Anti-trans and anti-sex work stigma and criminalization continue to make many programs and services unsafe.<sup>286</sup> In community dialogues, participants shared that services for trans people were either nonexistent or vastly underfunded and difficult to locate.<sup>287</sup>

Participants called for more adequate, barrier-free services and effective community-led outreach to meet the needs of vulnerable and under-served groups. In accordance with the principle of “nothing about us without us,” these services should be designed and led by impacted communities.<sup>288</sup>





# Healthcare



Accessibility of Healthcare

Racism and Gender-based  
Discrimination in Healthcare

Mental Health Care

Care for People Who  
Use Substances

Trans and Two-Spirit  
Affirming Care

Reproductive Justice, Sexual  
Health, and Menstrual Care

Expansive and Wholistic Care



**Long-term underfunding and political neglect of BC’s public healthcare system has produced interrelated crises in access to primary care, acute care, procedures, and mental health supports. At the same, preventable deaths due to toxic drugs have skyrocketed.**

BC’s healthcare crises have reached tipping points during 2021–2022 amidst the ongoing pressures of the COVID-19 pandemic. They are also being exploited by corporations seeking to profit from healthcare<sup>289</sup> – including mental health care and long-term care. Community dialogues highlight how these systemic pressures, alongside pervasive stigma and discrimination, amplify inequities and undermine human rights to healthcare. Dialogue participants also shared inspiring models for community-led, upstream, and peer-based care that could be better supported by BC’s government.



# Accessibility of Healthcare

C

SOME MODEST ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

**BC made some important investments in key areas of public healthcare. However, primary care and staffing shortages remain at crisis levels – drastically reducing healthcare access throughout BC.**

More transformative changes are needed to make up for the decades of underfunding that have eroded BC’s public healthcare systems. These changes include the expansion of community health centers and global funding models alongside other equity-focused, upstream, integrative, and evidence-based approaches.

## CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Article 25 - Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive....

## Primary Care

Many participants in our community dialogues had struggled to access the health services they needed because they lacked access to primary care. “I have no family doctor,” one participant explained. “I’ve tried three clinics and they all had no space.” During the first year of the pandemic, about half (49%) of people in BC had difficulty in accessing healthcare services, especially appointments with specialists and with family doctors.<sup>290</sup>

“

*When you're geographically isolated, you can't access services.*

- COMMUNITY DIALOGUE PARTICIPANT

Barriers to primary care access are even greater for people who face intersecting forms of oppression. In our community dialogues, trans people described being unable to find health practitioners that could provide effective, respectful care. In northern BC, participants in our dialogues described how their community simply “did not have services,” especially services that were open after hours. Lack of transportation was commonly described as a barrier.

These accounts reflect intersecting structural, social, and geographic barriers to care across BC. Two-Spirit, Queer, Trans, Black, Indigenous, Multi-Racial, and People of Colour in rural BC have described having to choose between seeing service-providers with little knowledge of their health concerns, being put on lengthy waitlists to see a knowledgeable practitioner, or spending significant time and money to travel to a city for appropriate healthcare.<sup>291</sup> As we describe further below, the impacts of ongoing colonialism and racism also mean that Indigenous people in BC have less access than non-Indigenous people to primary and preventative healthcare services such as diagnostic testing and cancer screening.

This contributes to higher rates of hospitalization, chronic illness, and adverse health conditions experienced by Indigenous communities in BC.<sup>292</sup>

The best way to deliver primary care is through ongoing practitioner-patient relationships, so healthcare providers can get to know a patient's needs, and health issues can be identified as early as possible. Ongoing care can be especially important for people with chronic health conditions which are often linked to social determinants of health (including racism, colonialism, and poverty) and disproportionately impact Indigenous people, especially Indigenous women,<sup>293</sup> among other marginalized groups in BC.

Lack of access to ongoing care is also a major issue for people in BC who are criminalized: “Prisoners... experience delays in treatment upon being incarcerated and/or when they are released.”<sup>294</sup> This can mean being abruptly cut off from required medication, clinical observation, and other health supports.

While ongoing and preventative care is a crucial determinant of health, BC's outdated fee-for-service model – in place throughout 2021 and 2022 – did not adequately cover the costs of providing such care. As a result, many of BC's trained family doctors have closed their practices to work in hospitals, specialist, or private healthcare settings.<sup>295</sup>

Healthcare corporations are increasingly active in BC's primary care sector, further exacerbating inequities. In 2022, numerous media stories detailed how some corporate clinics informed patients they had to pay annual fees of up to \$4,600 to continue seeing their family doctor and receive the kind of comprehensive care that should be provided publicly.<sup>296</sup> Unmet healthcare needs have also created a market for virtual private healthcare apps and services which often do not promote high-quality relationship-based and wholistic care. Such apps also enable

monetization of people's private healthcare information.<sup>297</sup>

For our community dialogue participants, not having a family doctor created barriers to accessing necessary services and supports, ranging from hormone treatments and medication to housing and transportation. In BC, a patient must be re-referred to a specialist if six months have passed since their last appointment. Thus, despite the importance of ongoing care from specialists such as gynecologists, lack of access to family doctors can also create recurring barriers to specialist care.<sup>298</sup>

Community dialogue participants also described how, without access to primary care, they had to visit the Emergency Room for care that could be better provided in a community-based setting. For one participant, this occurred in the case of a sexual assault – a situation in which it is vital for survivors to receive trauma-informed, wrap-around, person-centred, and culturally appropriate care to prevent re-traumatization and further psychological harm.<sup>299</sup> The government reports that “every week in B.C., there are an estimated 1,000 physical or sexual assaults against women. Indigenous women and girls, people of colour, 2S-LGBTQ+ people and people with disabilities are disproportionately targeted.”<sup>300</sup>



**ACTION**  
**Investments in public, team-based, primary care**

In 2021–2022, BC continued to implement its Primary Care Strategy<sup>301</sup> by investing in regional Primary Care Networks (which link doctors with multi-disciplinary healthcare providers) and Urgent Primary Care Centres (UPCCs), including First Nations UPCCs. UPCCs provide walk-in style and after-hours primary care access to doctors and nurse practitioners. While this model aims to take a team-based approach and to facilitate

ongoing patient care,<sup>302</sup> its effectiveness remains limited by province-wide staffing shortages.



**ACTION**  
**Increasing access to virtual primary care as an option**

During the pandemic, BC amended its payment schedule so that doctors and specialists could conduct virtual or telephone-based appointments.<sup>303</sup> To address lack of access to primary care in the north, BC launched a Northern Virtual Primary and Community Care Clinic in 2021.<sup>304</sup> Virtual and/or telephone-based care can be especially important for those facing geographic and/or stigma-related barriers to care. However, better access to in-person healthcare remains crucial.



**ACTION**  
**Investment in sexual assault services and training**

Budget 2022 included funding of \$22 million over three years for delivery of services to survivors of sexual assault, restoring funding that was cut in 2002.<sup>305</sup> This funding will support about 50 service centres that provide “crisis response, counselling, preventative medication, forensic exams, mechanisms to report to the police, and child protection services.”<sup>306</sup> Investments in 2022 also funded training for health care workers to support survivors of sexual assault.<sup>307</sup> These initiatives appear to recognize that the best model for responding to sexual assault is through community-based crisis response teams and integrated sexual assault clinics.<sup>308</sup>



## **ACTION**

### **A new funding model for family doctors**

In August 2022, BC’s Ministry of Health announced \$118 million in interim “stabilization funding” to family physicians in BC.<sup>309</sup> In October 2022, it also announced a new tentative agreement and \$708 million in spending to support a new payment model for family doctors, to take effect in February 2023. The new model is intended to promote ongoing, “full-service” primary care, by considering factors like administrative costs, the complexity of patients’ health issues, and how much time is spent with each patient.<sup>310</sup> Observers are hopeful the new model will attract and retain more family doctors.<sup>311</sup> At the same time, a limited focus on physician pay is not sufficient to address the multifaceted barriers to primary care faced by many people in BC. More transformative models – such as CHCs supported by global funding – are needed to rebuild a robust, equitable system of public primary healthcare in BC.



## **ACTION**

### **Review of for-profit fees in primary care**

In February 2022, BC’s Minister of Health asked the Medical Services Commission to review whether Telus Health’s “LifePlus” service fees threaten equitable access to healthcare by “allowing queue jumping for patients who pay a fee, which is prohibited by Canadian laws.”<sup>312</sup> Based on its review, the Commission can address illegal fees on a case-by-case basis.<sup>313</sup> On December 1, 2022. The Commission applied to the BC Supreme Court for an injunction against Telus Health’s LifePlus program, for alleged contraventions of the Medicare Protection Act.<sup>314</sup>



## **INACTION**

### **Slow progress on Community Health Centres**

The government’s primary care strategy also promises support for Community Health Centres (CHCs), but this has progressed far too slowly. Unlike walk-in style UPCCs, CHCs intend to deliver ongoing care by doctors alongside an interdisciplinary team that provides wraparound health and social supports.

CHCs are not-for-profit organizations accountable to their local communities. They actively address social determinants of health – including colonialism, poverty, racism, gender-based discrimination, and ableism – and “tailor their programming to best meet the needs of their communities - whether that’s focusing on mental health, cultural programming, or food security.”<sup>315</sup> CHC staff often include Cultural Health Brokers who work to reduce the well-documented barriers to healthcare faced by BC’s (im)migrant and racialized ethnocultural communities.<sup>316</sup> As the BC Health Coalition notes, “there is a growing body of evidence that CHCs do better than other models in providing preventative care, supporting people with chronic conditions, reducing reliance on hospital emergency services, and improving care and support for a broad range of vulnerable populations.”<sup>317</sup>

BC had previously committed to establish at least one CHC per year in each of the province’s five health authorities.<sup>318</sup> However, the government has fallen behind on this commitment, having opened only three new CHCs (two in the Greater Victoria area and one on Bowen Island) in 2021–2022.<sup>319</sup> The BC Health Coalition is calling on BC’s government to recommit to its prior plan.<sup>320</sup>

## Acute Care

Chronic underfunding of primary care, hospitals, long-term care, and other vital social supports such as affordable housing<sup>321</sup> has meant that BC's acute care system is buckling under the ongoing pressures of COVID-19. Overcrowding and staffing crises in hospitals have culminated in unsustainable wait times, pressure on emergency responders, declining quality of patient care, and even ER closures that further reduce access to healthcare in remote communities.<sup>322</sup> In our dialogues, participants described "extreme wait times" and a "lack of basic supports such as pain and anxiety medication" as well as extended delays between check-ins from nurses. Those in the north also described issues with 911 and emergency response times of 30 minutes or more. During the summer of 2022, similar concerns (with tragic outcomes) have been documented in communities around BC.<sup>323</sup>

A March 2022 survey of BC hospital, long-term care, and other healthcare facilities workers found that three-quarters (75%) have experienced pandemic-related burnout, and more than one in three (34%) are likely to leave the health care sector in the next two years.<sup>324</sup> Ongoing hospital staff crises have meant that BC is increasingly forced to hire nursing staff through private, for-profit agencies at much higher rates.<sup>325</sup>



### **ACTION** **Healthcare staff recruitment, training, and retention**

In response to ongoing healthcare workforce crises in both primary and acute care, the government has announced a Health Human Resources Strategy alongside various recruitment, training, and retention efforts throughout 2021 and 2022. This has included training and hiring up to 3,000 healthcare workers, creating new post-secondary training seats in allied health professions, recruiting and training nurses,

supporting a new medical school at Simon Fraser University, and streamlining accreditation for nurses and doctors educated internationally.<sup>326</sup>

In September 2022, the government reached a tentative agreement with more than 60,000 workers in a range of healthcare roles, promising inflation-sensitive wage increases, better working conditions, and equity-focused measures to "strengthen... progress towards reconciliation and culturally safe health care delivery."<sup>327</sup>



### **ACTION** **Bringing privatized healthcare workers back to the public workforce**

In 2021 and throughout 2022, the government delivered on its earlier promise to end the contracting-out of hospital cleaners and dietary workers who are "mostly women and highly racialized."<sup>328</sup> Reversing the 20-year-old privatization of these services will improve public healthcare and bring stable employment and higher wages for workers.<sup>329</sup>



### **ACTION** **Hospital infrastructure investments**

BC's 2021 Budget included \$7.8 billion over three years in capital investments to build and/or upgrade critical health infrastructure including health facilities, medical and diagnostic equipment, and technology systems.<sup>330</sup> Health advocates hope this may ease hospital overcrowding and add public imaging and surgery capacity.<sup>331</sup>

## Surgeries and Procedures

Community dialogue participants also described long wait times for specialist appointments and medical procedures. Throughout 2021–2022, the reallocation of healthcare resources (staffing and facilities) to provide COVID-19 care has resulted in “continuous waves of cancelled surgeries” and reduced access to timely diagnostic imaging.<sup>332</sup> Participants described how lack of access to such procedures resulted in deteriorating health and mental health: “My lack of mobility has negative impacts.” “I feel older than my age because of stress and health issues.” Likewise, across Canada, of those who had difficulty accessing medical care during the pandemic, four in five (80%) reported negative impacts. These impacts were even more pronounced for people with disabilities and people living with chronic conditions.<sup>333</sup>

Long wait times for surgical procedures and diagnostic imaging have created a market for private clinics offering these services. Many such clinics overtly practice extra-billing – charging patient fees for services already covered under Medicare – even though this is prohibited by law.<sup>334</sup>

Dialogue participants highlighted how inadequate health services meant that grassroots community groups had to step in and fill the gaps – often without sufficient funding or support. Participants described having to rely on peers for assistance with wound care, overdose prevention, service navigation, and to advocate for their care needs in the face of an overburdened and discriminatory system.



### **ACTION** Ongoing legal efforts to fight healthcare privatization

In July 2022, the BC Court of Appeal upheld the landmark 2020 BC Supreme Court ruling against

Cambie Surgeries, one of Canada’s largest for-profit clinics. This recent ruling affirms that extra billing and duplicative private insurance threaten equitable access to healthcare, which is a key principle of the BC Medicare Protection Act.<sup>335</sup>



### **ACTION** Addressing procedure backlogs

In 2021–2022, the government allocated significant funds to address long standing wait time problems and to catch-up on surgeries and medical imaging delayed by COVID-19. In May 2022, the government announced that it had exceeded its pre-pandemic volume of surgeries.”<sup>336</sup>



### **HARMFUL ACTION** Private surgeries at public cost

While increased access to surgeries and imaging is important, a recent report revealed that in the past six years, BC has awarded \$393 million in public health contracts to private, for-profit medical businesses “while not holding them accountable for billing practices that are prohibited under the Canada Health Act and BC Medicare Protection Act.”<sup>337</sup> Although outsourcing may increase immediate healthcare capacity, reliance on private healthcare services is more costly, has poorer outcomes for patients, draws staff and funding from the public system, and actually fails to improve wait times in the longer term. Instead, BC could improve public sector capacity through evidence-based approaches like centralized referrals, improving access to long-term and home care, better information management, non-operative therapy, and interdisciplinary team-based models of triage and care.<sup>338</sup>

# Racism and Gender-based Discrimination in Healthcare



## MINIMAL ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

**BC’s initial and/or partial actions in this area are overshadowed by a series of more substantive inactions and even harmful actions that fail to uphold fundamental human rights to healthcare. Actions to date “have not meaningfully disrupted the status quo”<sup>339</sup> of pervasive racism and gender-based discrimination in BC’s healthcare systems.**

As described throughout this document, community dialogue participants recounted how they regularly encounter stigma and discrimination in accessing healthcare based on their Indigeneity and/or racialization, gender expression, and actual or perceived use of substances. Across various healthcare settings, participants faced disrespectful treatment, inaccurate and stigmatizing assumptions rooted in stereotypes, inappropriate health advice, policing of their gender and/or sexuality, victim-blaming, and dismissal of their health concerns. At least one participant was directly refused care because of being trans.

A striking theme that emerged during dialogues was the recurring experience of having to justify healthcare needs or prove that one was worthy of care. One participant stated: “Often I get ignored or told I’m being irrational.”

Recent studies amplify dialogue participants’ accounts of pervasive stigma, bias, and discrimination. Notably, an independent review of Indigenous-specific racism and discrimination in BC’s health care system found “widespread systemic racism against Indigenous peoples” resulting in “a range of negative impacts, harm, and even death.” Consistent with the experiences of our dialogue participants, the review’s In Plain Sight report documents “extensive profiling of Indigenous patients based on stereotypes about addictions.”<sup>340</sup> The same report highlights how Indigenous women and girls are disproportionately impacted because their roles as matriarchs and caregivers mean they interact

more extensively with the health care system, especially for intimate reproductive care issues.<sup>341</sup>

Recent research by the Health Equity Collaborative (HEC) also documents significant gender-based stigma and discrimination – especially a striking lack of knowledge among health care providers of intersecting issues faced by Two-Spirit, Queer, Trans, Black, Indigenous, Multi-Racial, and People of Colour in BC. The report notes that “while advanced medical guidelines exist, these are subject to physician discretion, which is often guided by moral, religious or other personal views.”<sup>342</sup> Because of bias, healthcare providers often brought up unrelated concerns and questions, while discounting people’s input and leaving their primary health concerns unaddressed.<sup>343</sup> This experience was also common among our community dialogue participants.

### **INTERNATIONAL CONVENTION ON THE ELIMINATION OF ALL FORMS OF RACIAL DISCRIMINATION**

#### **Article 5(e)(iv):**

In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights...

The right to public health, medical care, social security and social services....

“  
*When going to get help, the normal is having to show we need help.*

- COMMUNITY DIALOGUE PARTICIPANT

The HEC also describes how participants often had to choose between facing “racism in white mainstream LGBTQ+ service provision and Homophobia/Transphobia in BIMPOC (Black, Indigenous, Multi-racial, and POC) service provision.”<sup>344</sup> Such experiences cause further health harms when they cause people to avoid seeking healthcare and instead suffer in silence.<sup>345</sup>

Community dialogue participants also highlighted the harms experienced by people who are denied coverage under MSP. This includes people impacted by BC’s mandatory three-month wait period<sup>346</sup> for health coverage for newly-arrived (im)migrants. For example, one participant struggled to access healthcare as a trans person and refugee. The participant, who is living in poverty with a disability, explained how lack of MSP coverage produced significant additional financial stress: “I had a health emergency and called an ambulance. It was my gallbladder. I had been in BC for two months and didn’t yet have a health number. So, they’re charging me \$900.”





## **ACTION**

### **Medicare for people with maintained status**

Starting in May 2022, people with maintained status (who are awaiting decisions about work or study permits) can once again apply for healthcare coverage under BC’s Medical Services Plan (MSP).<sup>347</sup> This change reverses the regressive 2017 cuts to MSP coverage which exacerbated health risks and precarity for this vulnerable population.<sup>348</sup> This change is an important community “win.” However, because access isn’t granted automatically or retroactively, significant gaps and inequities remain.<sup>349</sup>



## **INACTION**

### **Failure to uphold the human right to healthcare for uninsured people**

In 2020, BC began providing COVID-19 related healthcare for individuals without MSP coverage.<sup>350</sup> However, other forms of healthcare are not covered, leading to worsening health, financial hardship, and stress for both patients and healthcare workers. As advocates and healthcare workers emphasize, healthcare access is a human right. BC should provide health services to all people irrespective of immigration or citizenship status.<sup>351</sup>



## **INACTION**

### **Slow progress on stopping anti-Indigenous racism in healthcare**

In 2021–2022, BC committed to fully implementing the In Plain Sight report’s recommendations and has taken some action in response.<sup>352</sup> However, one year after the report’s release, progress had been made on only ten of the report’s 24 recommendations, with several actions described as “nascent” or “early.”<sup>353</sup> A one year review found that BC had not adequately

implemented tools or obligations set out under its Declaration on the Rights of Indigenous Peoples Act and that there was little movement on recommendations calling for Indigenous sovereignty and realignment of the Province’s relationship with Indigenous governments. Meanwhile, “Indigenous Peoples have continued to be disproportionately harmed and oppressed, and they continue to die as a result of the impacts of racism and the twin public health emergencies.”<sup>354</sup>



## **INACTION**

### **Lack of leadership in ensuring medical education addresses the health of Two-Spirit, trans, and non-binary people**

Provincially-funded Trans Care BC provides several resources, support tools, online training, and webinars to educate primary care professionals about trauma informed, gender-affirming care.<sup>355</sup> However, this training is optional and one-off. System-wide mandatory education, training, and protocols are needed to ensure that health care professionals provide safe and competent care to people who face gender-based discrimination. The Health Equity Collaborative emphasizes that providers must be educated about the intersection of sex and gender diversity with the barriers faced by Indigenous, Black, and racialized people.<sup>356</sup>



## **HARMFUL ACTION**

### **Continuation of BC’s mandatory three month wait for Medicare**

The government has failed to eliminate BC’s mandatory three-month health coverage wait period for newly-arrived (im)migrants. This harmful, racist policy has been discontinued by all but one other Canadian province.<sup>357</sup> A recent study demonstrates how this policy violates human rights and “has a disproportionate and

debilitating impact on racialized (im)migrant women” who were made to feel stigmatized, distrusted, and undeserving of care. Negative outcomes included financial precarity, and delays or unmet health needs – especially related to sexual and reproductive healthcare and children’s health.<sup>358</sup>



### **HARMFUL ACTION**

### **Continuation of BC’s International Student Health Fee**

Since January 2020, BC has charged a health fee to students with international study permits, regardless of whether they are already eligible for MSP coverage.<sup>359</sup> This violates the Canada Health Act’s principle of universality<sup>360</sup> and disproportionately impacts families with children who must pay separately for each child.<sup>361</sup>

# Mental Health Care



SOME MODEST ACTION  
TO REDUCE GENDERED  
INJUSTICE IN 2021-2022

**BC announced significant investments in mental health services. But our community partners shared that these promised improvements have not yet made a difference. People who are most impacted by systemic health inequalities still face the highest barriers to accessing mental health care. BC has also failed to address significant human rights harms caused by multiple coercive and punitive practices that persist within mental health and prison systems.**

COVID-19 has had negative, population-wide impacts on mental health. However, even prior to the pandemic, communities and health advocates had raised concerns that BC's current public health care system covers very few mental health supports. The limited coverage that does exist tends to be crisis-oriented, coercive, and individualistic (instead of being structural and systemic).<sup>362</sup>

Community-based contributors to our research described a dramatic insufficiency of mental health supports across BC – both in urban areas and in the North. They also highlighted significant disparities in the quality and accessibility of available services. Private mental health care is prohibitively expensive, while free services tend to be lower quality with long waitlists. As one community reviewer noted, there is little information or transparency about how BC's patchwork of voluntary mental health supports function together, as a system. This prevents assessment of the system's capacity to meet people's needs and is a barrier to accountability.<sup>363</sup>

Predominant approaches to mental health fail to recognize the structural and social determinants of health, which include colonialism, poverty and unemployment, stress and trauma, discrimination, and other forms of systemic marginalization based on race, gender, and disability.<sup>364</sup>

## **INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS**

### **Article 12**

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Community dialogue participants described how the few services that were available tended to be “cookie cutter” – designed with white, cis-gender, straight, and middle-class people in mind. Such services were often not culturally safe or inclusive of diverse genders and sexualities. Health researchers at the Centre for Gender and Sexual Health Equity have likewise observed how “both community members and service providers have described difficulty locating 2S-LGBTQ+ – affirming mental health supports.”<sup>365</sup> The experiences of Black refugees also highlight how systemic Eurocentrism means most mental health services in Canada fail to acknowledge the daily traumas associated with migration, racism, and multiple other forms of discrimination.<sup>366</sup>

Social determinants of poor health, alongside the inadequacy of community-based supports, also put people with mental health disabilities at increased risk of criminalization, incarceration, and police violence – especially Indigenous people and people of colour. In a recent submission, Prisoners’ Legal Services states that “many of our clients have significant mental health needs, and there are not enough community-based services to help them stay out of prison.”<sup>367</sup> In May 2022, the overrepresentation of Indigenous women in Canadian and BC jails hit record levels, mostly because of poverty-related survival crimes.<sup>368</sup> Incarceration itself also worsens

destabilizing conditions (like unemployment, homelessness, and loss of community ties) that harm mental health.<sup>369</sup> However, prisoners with serious mental health needs are regularly released into the community on parole or bail without a therapeutic care plan.<sup>370</sup>

In 2021–2022, the pandemic has also corresponded to a rise in discrimination and hate directed towards people experiencing mental health issues, often in combination with visible homelessness, poverty, and/or substance use.<sup>371</sup> In our community dialogues, participants shared how mental health-related stigma often intersected with gender and race- based discrimination, impeding their access to mental health care. One community dialogue participant recounted: “When I tried to get help with my mental health... a psychiatrist told me, as a Two-Spirit person... that my intergenerational trauma doesn’t exist.” Dialogue participants described how they often had to justify their needs for healthcare.

One community dialogue participant described how, upon reaching the point of crisis, they had been hospitalized in a psychiatric ward where “they treat you like a prisoner, in jail.” BC’s Mental Health Act (MHA) authorizes coercive health care, granting “extraordinary state power with little oversight or accountability,” including powers of “detention, forced administration of psychiatric treatment without consent, and the use of disciplinary powers like seclusion and restraints.”<sup>372</sup>

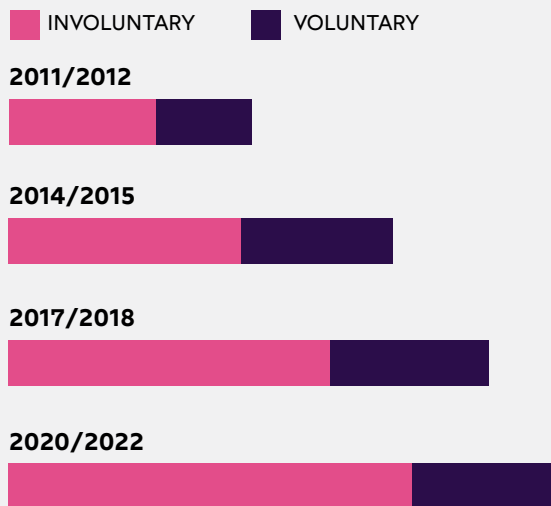
The MHA has been widely recognized as failing to safeguard the rights of the people it purports to protect.<sup>373</sup> Legal and community-based organizations and BC’s Ombudsperson have documented violations and systemic non-compliance with basic legal human rights obligations reflected in the MHA.<sup>374</sup> BC’s Mental Health Review found a decrease in access to its review processes.<sup>375</sup> BC’s Representative for Children and Youth has called for reforms to

protect children and youth,<sup>376</sup> and BC’s Special Committee on Reforming the Police Act also recommended major reforms to the MHA.<sup>377</sup> Further, the MHA was “recently singled out for criticism” by the United Nations Special Rapporteur on the Rights of Persons with Disabilities following an inspection of Canada.<sup>378</sup>

Involuntary admissions under the MHA have grown steadily throughout the past decade. Currently, there are substantially more involuntary than voluntary mental health admissions.<sup>379</sup> A January 2021 report by BC’s Representative for Children and Youth found that increases in involuntary detention of children and youth grew at an even more “alarming” rate of 162%.<sup>380</sup> Earlier data obtained by Health Justice indicates that this increase is also gendered; it “disproportionately reflects the experiences of girls and young women.”<sup>381</sup>

“  
*In many of our communities, seeking emergency or non-emergency mental health care for a loved one can result in trauma or death.*”  
 - COMMUNITY REVIEWER

## Involuntary detention under the MHA has grown.<sup>382</sup>



By 2021, **over six in ten** people in psychiatric units were admitted involuntarily.



Other observers have drawn attention to the chilling connection between mental health wellness checks, involuntary admissions, and police-involved deaths.<sup>383</sup>

In addition to police violence, Health Justice describes how there are many other ways in which the MHA falls short of protections guaranteed by the Charter of Rights and Freedoms, international human rights laws and evidence-based practice: it authorizes “discipline” with few restrictions and no review; it does not govern the use of restraints and solitary confinement; it provides no rights to counsel, to visitors, to same sex clothing removal, or to communication beyond the facility; and it

overrides the right for family or designated advocates to be involved in care decision-making.<sup>384</sup> Health Justice notes:

Girls, women, non-binary people, Two-Spirit people, and others with marginalized genders may experience disproportionate challenges and harms while detained under the Mental Health Act in hospitals and other facilities, such as facing the risk of sexual violence, having aspects of their gender pathologized, or being separated from newborn infants.<sup>385</sup>



### **PROMISED ACTION** **Investments in Mental Health Services**

Budget 2021 allocated \$500 million to mental health services, proclaiming this as “the largest mental health investment in B.C. history.”<sup>386</sup> However, as observers have noted, “the bar here is very low.”<sup>387</sup> Most of this investment is earmarked to address the toxic drug crisis, alongside investments in youth supports (in schools and through new community Foundry centres), expanded services for adults, and services for Indigenous peoples to be delivered by the First Nations Health Authority.<sup>388</sup> In November 2022, BC announced expansion of the Peer Assisted Care Team (PACT) model which aims to decrease police involvement in emergency responses to mental health crises.<sup>389</sup> While this shift is needed, advocates have expressed concern that police remain involved in the PACT program.<sup>390</sup> Further, government framing of mental health services in terms of “crime and safety” narratives risks condoning stigmatization and violence directed at people who experience mental health issues.

“

*Where are the mental health services?!*

- COMMUNITY DIALOGUE PARTICIPANT

As of February 2022, the BC government had committed only about half of the \$2 billion in mental health investments called for by the Canadian Mental Health Association’s BC Division in 2017.<sup>391</sup> Mental health announcements in 2021–2022 reflect some attention to inclusive services, such as “trauma-informed counselling services for people who identify as a part of the women’s community... including people who identify as transgender, cisgender, non-binary and Two-Spirit,”<sup>392</sup> and investments in culturally safe wellness supports for Indigenous parents.<sup>393</sup> But while our community dialogue participants applauded these recent investments, they had yet to actually see improved access to mental health care in their communities.

The experiences of community dialogue participants highlight how significantly increased investment, transparency, and accessibility is needed to achieve equitable access to mental health care across BC.



### **PROMISED ACTION** **Bill 23 Independent Advice**

In June 2022, the government passed Bill 23, which amends the MHA to provide for an independent rights advice service for people in BC detained under the MHA. The introduction of a rights advisor was recommended by BC’s

Ombudsperson in his 2019 report: Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act.<sup>394</sup>

While the introduction of independent human rights advice is a positive step, Health Justice has echoed the BC Ombudsperson's concerns that Bill 23's wording suggests it "may be more akin to an info and referral service, not a substantial advocacy service."<sup>395</sup> More details are needed to determine whether BC's new rights advice services will be adequately independent, assured for all people who are detained (instead of only being available 'by request'), and accessible to those who are not comfortable accessing the service online.<sup>396</sup>



### **INACTION**

#### **Ongoing failure to comply with BC's Mental Health Act**

In July 2022, BC's Ombudsperson released a systemic review of BC's implementation of recommendations from the 2019 Committed to Change report. Progress on compliance has been, in the words of Health Justice, "alarmingly slow" – meaning that people who are detained continue to be denied basic legal rights.<sup>397</sup> In the three years since the original report was released, only about a third of its recommendations have been implemented. In 2022, health authorities' internal audits indicated that only 41% of legally required forms are being completed – an improvement of barely 14%. Completion rates for some types of forms have even decreased.<sup>398</sup>



### **HARMFUL ACTION**

#### **Opposing legal challenges to the Mental Health Act**

Since 2016, BC has engaged in a legal campaign aimed at preventing the Council of Canadians with Disabilities from challenging BC's laws authorizing involuntary psychiatric treatment and

detention. Rather than responding to the rights-violations raised in the case, BC has instead spent five years fighting to keep the case out of court. In a June 2022 decision, the Supreme Court of Canada rejected the government's appeal, confirming the case could proceed, and even ordered the government to pay for the legal costs of the delay.<sup>399</sup>



### **HARMFUL ACTION**

#### **Continued use of solitary confinement for prisoners with high mental health needs**

The Mandela Rules specifically "prohibit solitary confinement for prisoners with mental disabilities when their condition would be exacerbated by its use, and for anyone for more than 15 days."<sup>400</sup> However, BC Correctional Services continues to use this unjust practice. In its 2021 submission to BC's government, Prisoners' Legal Services noted: "Our clients with the highest mental health needs in prison often end up in solitary confinement," including in "inhumane" conditions, and "isolated to a degree that the United Nations considers torture."<sup>401</sup> Advocates have called for BC to instead increase access to therapeutic mental health care both within prisons and upon prisoners' release.<sup>402</sup>

# Care for People Who Use Substances

**D-**

MINIMAL ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

**BC announced significant investments to address the ongoing drug toxicity crisis. However, government responses to the toxic drug crisis, in the words of one community reviewer, have “not been led by people who use drugs and... have not incorporated their experiences and perspectives in comprehensive or meaningful ways.”<sup>403</sup>**

Responses rooted in stigma and paternalism continue to block progress on harm reduction and safe supply. Youth have inadequate access to harm reduction and have been excluded from decriminalization. Neither have intersectional and gendered aspects of the drug crisis, including the experiences of Indigenous women and people who are marginalized based on gender, been adequately acknowledged or addressed.

In 2021 and 2022, the toxic drug and overdose crisis continued to escalate in BC and across Canada. In August 2022, BC’s Coroners Service announced that more than 10,000 lives had been lost to illicit drugs since the opioid crisis was first declared a public emergency in 2016. In the first half of 2022, the number of lives lost was the highest ever recorded in a six-month period – averaging more than six people per day.<sup>404</sup>

Women and Two-Spirit, trans, and non-binary people who use drugs are disproportionately impacted by social violence and are underserved by harm reduction services.<sup>405</sup> Further, colonial violence has meant that “despite making up approximately 3.3% of BC’s population, Indigenous Peoples accounted for 12% of overdose deaths in 2018 and 16% in early 2020, with Indigenous women 8.7 times more likely to have a fatal overdose than non-Indigenous women.”<sup>406</sup>

In a recent submission to BC’s Office of the Human Rights Commissioner, Health Justice has documented how public discourse routinely reflects dehumanization and hate towards





people who use drugs. People who use drugs are often framed in terms of moral failing and as a safety threat to the public. These beliefs are “deeply entrenched in [the] racist history of drug policy that criminalized and prohibited drug use because of connections to racialized communities that were perceived to be a threat to White communities.”<sup>407</sup> Participants in our community dialogues commonly described experiencing substance-related stigma and discrimination in accessing a variety of services, including healthcare. The massive harms caused by stigmatization were also highlighted in a recent BC Coroners Service review.<sup>408</sup>

Predominant responses of governments and authorities continue to reflect stigmatizing, paternalistic, and deeply harmful attitudes – including the idea that people who use drugs need to be “saved” and/or forced into treatment.<sup>409</sup> BC’s child welfare system – more accurately described as a colonial “family policing system”<sup>410</sup> – undermines the health, safety, and wellbeing of mothers and birthing parents who use substances. Caregiver substance use is often seen as a “child protection” concern and becomes a basis for reporting parents to authorities<sup>411</sup> and removing children from their families.

“

*We are six years into the opioid crisis, and we are where we started.*

- COMMUNITY DIALOGUE PARTICIPANT

**Removal of a child is associated with increased risk of overdose.**<sup>412</sup>



**55%**

Child removal increased the odds of overdose by **55%**.

However, such interventions are often based on stigma instead of evidence<sup>413</sup> and disproportionately target parents who are Indigenous, Black, and/or who live in poverty – leading to a “gross overrepresentation” of their children in government care.<sup>414</sup> Stigma and fear of institutional scrutiny (especially loss of child custody) can force parents to use substances alone, placing them at increased risk of overdose and death.<sup>415</sup> One recent study found that women whose children had been apprehended by authorities experienced significantly higher odds of unintended overdoses than women whose children had not been apprehended. Because of ongoing colonial violence, these odds were even higher for Indigenous women who faced removal of a child.<sup>416</sup>

Substance-related stigma also means that people released from prison are often subjected to unrealistic bail conditions requiring abstinence. In a 2020 ruling, the Supreme Court of Canada found that such bail conditions perpetuate criminalizing “cycles of incarceration” – especially for people who are Indigenous, live in poverty, or

## INTERNATIONAL GUIDELINES ON HUMAN RIGHTS AND DRUG POLICY

Citing the International Covenant on Economic, Social and Cultural Rights

States have a legal obligation to provide... harm reduction services to progressively realise the right to health<sup>417</sup>

depend on substances.<sup>418</sup> Sex workers who use drugs face intersecting barriers to harm reduction and health supports because both sex work and drug use are criminalized. Researchers at the Centre for Gender and Sexual Health Equity found that “policing of harm reduction strategies is significantly linked to unmet needs for health services, exposure to physical and sexual workplace violence and non-fatal overdose.”<sup>419</sup> Such accounts demonstrate the need to redirect public resources away from punitive, police-heavy “war on drugs” approaches towards anti-racist and anti-colonial community-based approaches that prioritize health, wellbeing, and human rights.<sup>420</sup> For example, the Drug User Liberation Front’s Compassion Club Model – which distributes a tested, safe supply of cocaine, heroin, and methamphetamine to drug user groups<sup>421</sup> – was highlighted by several community-based contributors as an initiative that demonstrates the life-saving potential of community-based safe supply responses.

People who use drugs, advocates, researchers, and even health authorities have repeatedly called for all levels of government to deliver on well-known, evidence-based solutions to BC’s poisoned drug crisis: eliminate punitive and misguided policies related to substance use; decriminalize personal drug possession and necessity trafficking; increase access to harm reduction care, especially peer-led overdose

prevention and services for youth; and provide a safe supply of drugs, in addition to offering treatment-based care for those who want it.<sup>422</sup>



### ACTION

**BC’s decriminalization application was important but excluded many drug users**

In November 2021, BC became the first province to apply for (and receive) a three-year exemption from the federal government to remove criminal penalties for people who possess small quantities of illicit drugs for personal use. This is an important action. However, drug policy advocates note that BC’s application felt short of meeting the needs of all drug users – for instance, by failing to recommend decriminalization for people under 19, failing to include all substances, and failing to apply for thresholds sufficient to meet the needs of people who may need to possess higher quantities of drugs because of their circumstances (e.g., in rural and remote communities, people with disabilities, and many youth).<sup>423</sup> While BC applied for an exemption of up to 4.5 grams, Health Canada granted an exemption for up to 2.5 grams – a decision apparently based on advice from police.<sup>424</sup>



### PROMISED ACTION

**Investments in treatment are important but reflect an overly narrow and pathologizing response**

In 2021, BC’s \$500 million investment in mental health care included \$330 million to provide “a full spectrum of substance-use treatment and recovery services, including opioid treatment” and 195 new substance use treatment and recovery beds “to help more people get on a path to recovery.”<sup>425</sup> However, these investments also coincided with withdrawal of funding from Directions Youth Detox centre in Vancouver – a decision characterized by our community-based

contributors as a “huge loss.”<sup>426</sup> Despite promised investments, community dialogue participants stressed they are still waiting for government responses to be community-led. Advocates and experts with lived experience of drug use have critiqued the BC’s government’s tendency to predominantly address drug-related deaths in terms of “addiction” requiring “treatment” – often in the form of 12-step abstinence-focused programs. Such programs can depoliticize and individualize substance use, erasing structural dynamics of colonialism, racism, poverty, and gendered abuse.<sup>427</sup> Community dialogue participants characterized this status quo approach as systemic gaslighting: “the problem is you.”



## **INACTION**

**Inadequate access to harm reduction services**

In November 2022, BC reiterated its “enhance[d] ... response to the toxic drug crisis,” totaling \$430 million over three years.<sup>428</sup> In addition to treatment-focused initiatives, the response includes several harm reduction efforts, including expansion of overdose prevention and supervised consumption sites; Community Crisis Innovation Fund grants to peer-based harm reduction efforts in rural, remote, and Indigenous communities; increasing access to naloxone kits on a take-home basis and in community spaces; and upgrades to the free Lifeguard App, alongside other efforts.<sup>429</sup>

However, there continues to be inadequate access to harm reduction services in BC – especially for street-involved youth who are disproportionately 2S-LGBTQ+ and/or Indigenous.<sup>430</sup> This has left peer-led organizations to step up and fill the gap without sufficient resources, often while facing active obstruction from authorities. One community dialogue participant described a peer-run organization as their community’s “last stop for harm reduction in the North.”

Pivot Legal Society documents that “municipalities are constantly threatening to close drug user-led spaces through zoning bylaws and business license denials. Police are loitering outside of overdose prevention sites and seizing harm reduction supplies.”<sup>431</sup> Further, the College of Physicians and Surgeons and the College of Pharmacists have released professional practice guidelines that create barriers to opioid prescriptions.<sup>432</sup> In other cases, as one community dialogue participant described, doctors’ responses are rooted in stigma: “We ask doctors to write prescriptions for safe supply. They say ‘no, we are not drug dealers.’” Pivot Legal Society emphasizes that BC has failed to monitor these obstructions and ensure the health rights of people who use drugs: “when health authorities fail to establish or otherwise protect [Overdose Prevention Services] ... they breach their legal obligations.”<sup>433</sup>



## **INACTION**

**Select Standing Committee on Health’s examination of the drug toxicity and overdose crisis is “too little, too late”**

In April 2022, BC’s Legislative Assembly directed its Standing Committee on Health to examine the increasing toxicity of illicit drugs in BC, government responses to the crisis, and relevant publications on this issue.<sup>434</sup> But as a joint delegation from Pivot Legal Society and the BC Association of People on Opioid Maintenance observed, “the provincial government has asked for yet another report on the crisis, instead of acting on the clear and tangible demands of drug users and their allies.”<sup>435</sup> Released in November 2022, the Standing Committee’s report has been sharply criticized by an array of advocates for disregarding community input and continuing to recommend failed status quo policies rooted in prohibition and policing.<sup>436</sup>



## INACTION

### No meaningful action on safe supply

In August 2022, BC's Chief Coroner criticized the government for failing to urgently address the unregulated drug supply alongside other recommendations from her office's recent death review panel report.<sup>437</sup> In the report, the expert panel named "the current drug policy framework of prohibition [as] the primary driver of this illegal, unregulated... street supply." The panel called on the BC government to urgently "create a provincial framework for safer supply distribution."<sup>438</sup> However, BC's Minister of Mental Health and Addictions did not accept the report's recommendations in full.<sup>439</sup>

While an August 2022 government news release claims 12,000 people have accessed "safer supply," advocates and experts, many with lived experience, have clarified that 12,000 is "actually a count of people who have received prescriptions for withdrawal management substances and alternatives like hydromorphone."<sup>440</sup> Instead, fewer than 600 people in BC have access to what advocates and experts mean by "safe supply."<sup>441</sup> These are mostly federally funded pilot initiatives available only in the Lower Mainland or Victoria.<sup>442</sup>

BC Association of People on Opioid Maintenance members describe BC's prescription system as perpetuating a paternalistic and oppressive approach to drug use, with conditions that inhibit their ability to undertake everyday tasks such as working, parenting, attending school, and socializing. Those receiving opioid maintenance prescriptions "must attend a pharmacy multiple

times a day; undergo urine screening tests; be witnessed while consuming their prescription; and are prohibited, for the most part, from carrying their prescriptions off-site."<sup>443</sup>

Community reviewers, along with other experts and advocates, highlight how BC's prescription programs entail many barriers. They provide limited options and dosages for stimulant users and do not offer access to the same drugs available on the street. They require people to refrain from using other substances. They also exclude people without a diagnosed substance use disorder – despite the death review panel's finding that the majority of people dying from toxic drugs were not frequent users with a substance use diagnosis.<sup>444</sup> Public health expert and advocate Dr. Mark Tyndall notes that BC is "relying on the old-school approach of 'we want to stop people from doing drugs.'... But right now, people really need an alternative supply of drugs."<sup>445</sup>

# Trans and Two-Spirit Affirming Care



**SOME MODEST ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022**

**While BC has taken limited steps to address the stigma that many trans and Two-Spirit people experience when accessing healthcare, more must be done to educate all health care workers about providing care to trans and Two-Spirit people.**

Barriers to accessing gender-affirming care continue to be a serious concern. Recent changes that remove the requirement of physician consent to change one’s gender designation are a step forward but have at the same time created administrative barriers that have harmed trans and Two-Spirit people’s access to some healthcare services.

## Two-Spirit Affirming Care

Colonization, and specifically a colonial gender binary imposed on Indigenous communities, shapes Two-Spirit people’s experiences in accessing healthcare. The National Inquiry called on governments to recognize the importance of health and wellness services that are designed by Indigenous peoples and are grounded in the practices, worldviews, cultures, languages, and values of diverse Indigenous communities.<sup>446</sup> The National Inquiry also called on all governments to fund Indigenous-centered and community-based health and wellness services that are accessible to Indigenous people, including Two-Spirit people.<sup>447</sup> Despite these calls, BC has taken limited action to support Two-Spirit affirming care.



**ACTION**  
**TransCare BC training to address stigma in the healthcare profession**

In 2022, Trans Care BC launched an online course for Provincial Health Services Authority stakeholders on “Indigenous Gender Diversity” developed in collaboration with Two-Spirit

## UNITED NATIONS DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLE

### Article 24

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

community members.<sup>448</sup> While training that increases awareness of Two-Spirit people is a step forward, this is an optional course for practicing medical professions. Training that is consistently mandated for healthcare staff and across professional educational programs is needed to address Two-Spirit and Indigenous-specific healthcare needs.<sup>449</sup>

## Trans-Affirming Care

Trans and Two-Spirit people experience many barriers to accessing gender-affirming care. Community dialogue participants described the experience of accessing gender affirming care as overwhelmingly negative, with many doctors denying care, dismissing needs, and disrespecting patients. These experiences were especially acute in northern BC, where community dialogue participants encountered health professionals that did not know about the needs of people in transition.

These issues, along with BC's shortage of family doctors, makes it difficult to receive pre-hormone assessments and to receive hormone treatment, as well as to access referral pathways to get on surgical waitlists. Community dialogue participants expressed concerns about lengthy waitlists for surgeries, which have been exacerbated by COVID-19-related cancellations. Community dialogue participants shared their

## YOGYAKARTA PRINCIPLE 17

### The Right to the Highest Attainable Standard of Health

Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right.

States shall...

c) Ensure that healthcare facilities, goods and services are designed to improve the health status of, and respond to the needs of, all persons without discrimination on the basis of, and taking into account, sexual orientation and gender identity, and that medical records in this respect are treated with confidentiality;

d) Develop and implement programmes to address discrimination, prejudice and other social factors which undermine the health of persons because of their sexual orientation or gender identity...

g) Facilitate access by those seeking body modifications related to gender reassignment to competent, non-discriminatory treatment, care and support;

h) Ensure that all health service providers treat clients and their partners without discrimination on the basis of sexual orientation or gender identity, including with regard to recognition as next of kin...

concerns about the scope of coverage for gender-affirming care. They wanted BC to cover all aspects of gender-affirming care, including mental health services related to gender dysphoria, facial

feminization surgeries, hair removal procedures such as electrolysis, and tracheal shave procedures. Community dialogue participants stressed that gender-affirming surgeries are not cosmetic but are critical to health and well-being.



#### **ACTION**

### **Launch of Hormone Injection Supplies Toolkit**

In late March 2022, Trans Care BC and the BC Centre for Disease Control launched a hormone injection supplies toolkit. The toolkit's purpose is to support programs that offer harm reduction supplies to be inclusive of Two-Spirit and trans people by offering consistent hormone injection supplies as part of their services.<sup>450</sup>



#### **ACTION**

### **Removing medical consent from process to change gender-designation**

In January 2022, BC announced that people aged 12 and up no longer require consent from a physician or psychologist to change their gender designation on their birth registration and other provincial documents.<sup>451</sup> This follows a 2018 change, which allowed people to be identified by an X on their government documents.<sup>452</sup>

Despite the removal of medical consent for gender marker changes in BC, the process to change gender designation and names in BC continues to be administratively difficult and may be cost prohibitive for some people.<sup>453</sup> The requirement for medical confirmation also remains in place for applicants under 12.

Recent changes to official gender-designation have also worsened some administrative barriers to healthcare and social services. Because the BC Medical Services Plan uses gendered billing codes for some procedures, some people have been

denied coverage when their gender designation is not accepted by the billing system.<sup>454</sup> Provincial information systems that rely on gender designations must also be updated.



#### **INACTION**

### **Many gender affirming procedures still not covered by MSP**

MSP currently does not cover many important gender-affirming procedures, including facial procedures (such as reduction of the Adam's apple, nose feminization, facial bone reduction, face lifts, and rejuvenation of the eyelid), pectoral implants, hair removal, reconstruction or restoration, liposuction (even when required as part of chest masculinizing procedures) or lipofilling, and voice surgery.<sup>455</sup> BC is behind other jurisdictions with respect to providing the highest standards of gender-affirming care. In 2021, the Yukon government significantly expanded coverage for gender-affirming care to include facial feminization surgery, laser hair removal, voice training, chest contouring, body contouring, medical and travel costs, and vocal surgery, as well as mental wellness services.<sup>456</sup>



#### **INACTION**

### **Necessary costs associated with surgery not covered by MSP**

MSP does not cover many important travel-related costs of gender-affirming procedures, including transportation, accommodation, accompaniment, and travel insurance costs to attend surgical centers.<sup>457</sup> Supportive garments for breast reconstruction and chest surgery and post-surgery wound care supplies are also not covered, except for Indigenous patients who may obtain coverage for some gender-affirming garments through the First Nations Health Authority.<sup>458</sup>

# Reproductive Justice, Sexual Health and Menstrual Care

D

MINIMAL ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

**Across BC, access to reproductive, sexual health, and menstrual healthcare remains deeply unequal. Many women and people who are marginalized based on gender face serious barriers to accessing an abortion in BC. BC's silence with respect to reports on the forcible sterilization of Indigenous people is concerning.**

BC is reviewing period poverty but has taken minimal action to ensure menstrual care is free for all who need it. Further, the lack of provincial health coverage for egg/sperm freezing, assistance in becoming pregnant, and prescription contraception deepens inequities in access to reproductive healthcare.

Community dialogue participants shared the barriers they face accessing abortion services, care for pregnant teens, and specialists like gynecologists. Participants also shared that access to STI testing, menstrual care, contraception, and fertility treatments can be impacted by barriers in the healthcare system and cost. Community dialogue participants were in unison in the demand that menstrual care should be free for all who need it. Trans and Two-Spirit participants also shared their concern over not being able to build a family, particularly where access to fertility preservation was not accessible or affordable prior to transitioning.



## **ACTION**

**Task force and project funding to address period poverty**

In May 2022, BC launched a new task force supported by \$750,000 in funding to address period poverty and the stigma associated with menstruation.<sup>459</sup> In October 2022, BC also announced funding for community-based pilot projects to improve access to menstrual products.<sup>460</sup> Menstrual products are difficult for



## YOGYAKARTA PRINCIPLES

### Principle 24 - The Right to Found a Family

Everyone has the right to found a family, regardless of sexual orientation or gender identity. Families exist in diverse forms. No family may be subjected to discrimination on the basis of the sexual orientation or gender identity of any of its members.

States shall:

- a) Take all necessary legislative, administrative and other measures to ensure the right to found a family, including through access to adoption or assisted procreation (including donor insemination), without discrimination on the basis of sexual orientation or gender identity....

## INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS GENERAL COMMENT NO. 36 (2019)

### Article 6: right to life

8. .... States parties should also effectively protect the lives of women and girls against the mental and physical health risks associated with unsafe abortions....<sup>461</sup>

many people to access. Indigenous people and people living with disabilities experience a lack of access to menstrual care more than

others.<sup>462</sup> These actions offer BC a chance to follow the example of Scotland, which has made access to free period products a legal right.<sup>463</sup> The eradication of period poverty must also be gender-inclusive, with menstrual care being accessible to trans and Two-Spirit people who menstruate.



### ACTION

#### BC PharmaCare approval of new contraception drug

As of December 2021, BC PharmaCare added Nexplanon/etonogestrel, a long-acting contraceptive implant, as a Pharmacare covered drug.<sup>464</sup> This drug offers an alternative to birth control pills or intrauterine devices. Because Fair PharmaCare is based on income and deductibles, those who have not reached their deductible may still need to pay for this contraceptive option out of pocket, while others may have to pay part of the costs.<sup>465</sup> This may still make the drug inaccessible for many people.



### INACTION

#### Ongoing serious barriers to accessing an abortion

While there are no laws criminalizing abortion in Canada, there are ongoing barriers to accessing it, particularly for people who do not live in major urban centers. The lack of access has been reported as a worrying issue in Fraser Health (including Surrey, Burnaby, Langley), which represents some of the fastest growing populations in Canada but does not have a single center offering surgical abortions.<sup>466</sup> The financial costs and logistics of travelling to obtain an abortion impact those experiencing intersecting forms of marginalization to a greater degree. A community dialogue participant in northern BC shared that they were told to travel to obtain an abortion.

“

*I was told I had to go to Kamloops or Vancouver to access an abortion. I am on disability assistance and can't afford to travel.*

- COMMUNITY DIALOGUE PARTICIPANT



**INACTION**  
**Inequality in access to fertility preservation**

Fertility preservation costs are a barrier for many women and people who are marginalized based on gender who desire parenthood and who are disproportionately disadvantaged by societal inequities such as poverty.<sup>467</sup> Community dialogue participants shared that fertility preservation costs are an obstacle for people who are transitioning and would like biological children in the future. Egg freezing may cost upwards of \$10,000 and sperm freezing may cost upwards of \$1,000.<sup>468</sup> These costs make treatments inaccessible to many.



**INACTION**  
**Inequality in access to fertility treatments**

Infertility is classified as a “disease” by the World Health Organization, and one in six couples in Canada experiences infertility.<sup>469</sup> Yet, unlike other Canadian jurisdictions, BC has no coverage for in-vitro fertilization (IVF). Quebec and Ontario have programs that pay for one round of IVF, Nova Scotia and Manitoba offer a tax credit of up to 40% of treatment costs, New Brunswick and PEI offer grants, and Newfoundland and Labrador offer subsidies.<sup>470</sup> One round of IVF treatment can cost between \$10,000 and \$15,000, not including medications that can cost additional thousands of dollars.<sup>471</sup>



**INACTION**  
**Still no free universal access to contraception**

BC has not followed through on its 2020 election promise to provide universal coverage for prescription contraception.<sup>472</sup> Costs remain a significant barrier to people accessing contraception. An intrauterine device (IUD) can cost between \$75 and \$380, oral contraceptive pills can cost \$20 per month, and hormone injections can cost as much as \$180 per year.<sup>473</sup> These costs are barriers to reproductive freedom and limit access to healthcare options.

Community dialogue participants resoundingly wanted BC to make a range of contraceptive options to be free for all. Community dialogue participants also wanted action to address stigmatizing, abstinence-focused treatment from healthcare providers which meant they had to convince a doctor that they were “careful” and thus worthy of accessing contraception. Community dialogue participants also emphasized that contraception should be available to all people regardless of (im)migration status.

# Expansive and Wholistic Care

D

MINIMAL ACTION TO REDUCE GENDERED INJUSTICE IN 2021–2022

BC has not taken action to ensure that meaningful, sustainable, and accessible wholistic health and wellness services are available to Indigenous people across BC. Community dialogue participants and reviewers resoundingly reported insufficient action to address long-standing health inequities which impact the ability of people to access a continuum of quality care.

## Wholistic care

Wholistic healthcare has been identified as a critical component of well-being for Indigenous women, Two-Spirit people, and people who are marginalized based on gender. The National Inquiry’s Calls for Justice emphasized health and wellness – including the urgent need for trauma-informed, sustainable, permanent, no-barrier, preventative, accessible, wholistic, wraparound services for Indigenous women, girls, and 2SLGTBQQIA people.<sup>474</sup> Yet BC has taken limited action to advance wholistic care.

## Expansive care

The right to the highest attainable standard of physical and mental health is established by several international human rights instruments including the ICESCR, Convention on the Rights of Persons with Disabilities, and UNDRIP.<sup>475</sup>

## UNIVERSAL DECLARATION OF HUMAN RIGHTS, UDHR (1948)

### Article 25(1)

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services....

The achievement of the highest attainable standard of physical and mental health requires a continuity of healthcare and collaboration across the healthcare system. Community dialogue participants wanted a comprehensive healthcare system that supports patients in navigating health services, accessing preventative care like acupuncture and vitamins, and obtaining culturally competent services. Community dialogue participants also noted that a lack of coverage for important healthcare needs like dental care, eye care, access to prescriptions, physiotherapy, and mental health services negatively impacted their well-being. For many community dialogue participants, these essential healthcare services were financially out of reach.



### INACTION

#### Lack of access to dental care for uninsured persons

In 2018, Premier John Horgan stated he was open to expanding MSP to include dental coverage for low-income people in BC.<sup>476</sup> However, there has been no progress on including dental coverage within BC's healthcare system, leaving low-income people without necessary care, or forgoing other necessary expenses to access dental care. In 2022, BC provided \$2.8 million in new support over three years to not-for-profit dental clinics

which operate at a reduced rate or for free. However, reduced cost clinics are only located in a handful of BC communities.<sup>477</sup> Community dialogue participants in Northern BC shared that they are unable to travel to urban centers like Vancouver to access free care at clinics.



### INACTION

#### Ongoing financial barriers in home care

BC is one of the last provinces that continues to limit access to home care by charging a fee through co-payments, which is a significant financial barrier to staying at home.<sup>478</sup> The BC Health Coalition has called for BC to make home support more accessible by removing the current regulated daily rate co-payment and expanding the provision of publicly-funded home support.<sup>479</sup> More women than men are admitted to long-term care in Canada, since on average, women live longer than men. Senior women are more likely to live alone and less likely to have an unpaid caregiver who can provide them with support.<sup>480</sup> The lack of access to home care may also negatively impact people who are marginalized based on gender, as long-term care facilities may not always be safe and inclusive spaces.<sup>481</sup>

BC has made some funding commitments for home care. Budget 2021 included \$68 million over three years to increase the number of care aides and other community care providers.<sup>482</sup> Budget 2021 also included \$12 million to support people with moderate to highly complex needs to manage their health at home.



### INACTION

#### No bold reform of long-term care

The vulnerability experienced by seniors in long-term care during the COVID-19 pandemic, including poor conditions, neglect, and abuse, has shown that a transformative change is needed.

The BC Health Coalition has called for BC to develop a standardized and transparent funding model for long-term care.<sup>483</sup> Yet BC continues to invest in for-profit long-term care<sup>484</sup> – despite evidence that for-profit services spend about \$10,000 less per resident each year than not-for-profit providers.<sup>485</sup>



## **INACTION**

**Failure to adequately protect vulnerable people from extreme heat**

A coroner's report found that, during the heat dome that hit BC from June 25 to July 1, 2021, 619 people died because of extreme heat, with the vast majority dying indoors and in lower income neighborhoods. The report calls for a provincial alert response system, support for vulnerable populations, and longer-term prevention and risk-mitigation strategies.<sup>486</sup> But disability and human rights advocates have criticized the report and BC's failure to provide air conditioners and fans to vulnerable people – something that could be accomplished through existing healthcare programs.<sup>487</sup> As the Community Legal Assistance Society notes: "People's lack of awareness that a heat wave is coming is less of an issue than their lack of access to cooling devices, which are likely unaffordable to most low-income people, such as those receiving disability assistance."<sup>488</sup>

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