

CFMS Response to Supporting the Right to Housing in Canada

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Open Letter to Prime Minister Justin Trudeau

On August 14, 2018, an open letter was sent to Prime Minister Trudeau on the Right to Housing.¹ It was written by: Leilani Farha, UN Special Rapporteur on the Right to Adequate Housing; Anita Khanna, Campaign 2000: End Child and Family Poverty in Canada; Alex Neve, Amnesty International Canada; Emily Paradis, Independent Researcher; Bruce Porter, Social Rights Advocacy Centre; and Tim Richter, Canadian Alliance to End Homelessness. Notably, the 171 signatories included the Canadian Medical Association (CMA) and many other physicians, national health advocacy organizations, and healthcare stakeholders.

The letter called on the Canadian government to incorporate the following eight recommendations into the National Housing Strategy legislation. The implementation of these recommendations is imperative for Canada to effectively reduce homelessness:

- Recognize “the right to housing as a fundamental human right”
- Implement “accountability mechanisms” for those affected by homelessness to “hold governments accountable”
- Ensure that “the Office of the Federal Housing Advocate and National Housing Council are independent [and] adequately resourced” to both make recommendations and take action
- Provide “an adjudication body ... to hold hearings into systemic issues affecting the progressive realization of the right to housing”
- Require “goals and timelines for the elimination of homelessness and access to adequate housing”
- Mandate “rights-based participation by, and accountability to,” all those affected by homelessness in all mechanisms of the national housing strategy
- Provide resources for community initiatives to promote the right to adequate housing
- Enable initiatives for developing housing strategies for Indigenous peoples “consistent with the Declaration on the Rights of Indigenous Peoples”

Relevance to Medical Students

Medical colleges have increasingly emphasized an understanding of health in the context of social determinants. Trainees at all levels of their training meet patients that are inadequately housed or homeless. A comprehensive understanding of the medical and non-medical challenges, needs and values of this underserved population has important implications for both the well-being of patients, and the future practices of medical trainees, irrespective of medical specialty.

While trainees may recognize the unique circumstances of patients experiencing homelessness, the ability to provide well-rounded, tailored care in the context of the complex network of social determinants involved in serving this patient population remains challenging. Health disparities experienced by homeless populations suggest that barriers to accessing appropriately tailored healthcare persist, and also exist on a systemic level.

The Royal College of Physicians and Surgeons prioritizes seven core competencies for medical training, including leadership, health advocacy, and collaboration alongside clinical scholarship. Given our limitations in providing effective long-term medical care to patients experiencing homelessness, trainees have a responsibility to support the right to adequate housing as a fundamental health determinant, and to advocate for the implementation of robust legislation with the aim of eliminating homelessness and promoting access to adequate housing.

Recommendations

The CFMS recommends that the Government of Canada incorporate the eight recommendations of the open letter into the national housing strategy. In addition, we ask the Government of Canada to:

- Re-evaluate available resources to ensure appropriate allocation of secure and affordable housing to fulfill the government's social obligations while taking full advantage of the economic benefits of housing provision.²
- Set forth timelines, task forces and ground-level teams to dedicate measures to ensure marginalized populations have their right to housing realized. Marginalized populations include, but are not limited to, Indigenous peoples, women, members of racialized communities, persons with disabilities, trans and gender-diverse people, older adults, children and young people, migrants, refugees, asylum-seekers and stateless persons.

As medical trainees, we believe it is our responsibility to:

- Request and engage in educational activities on the health of persons without secure housing.
- Engage in housing advocacy in our communities.
- Responsibly address gaps in knowledge within the medical community, while working to increase awareness and learning opportunities for our peers.

References

1. Legislating the Right to Housing. Open Letter on the Right to Housing to Prime Minister Trudeau. 2018 Aug 14. Available from: <http://nhs.socialrights.ca/wp-content/uploads/2018/08/Open-Letter-to-Prime-Minister-Trudeau.pdf>.
2. Gaetz, Stephen (2012): The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing? Toronto: Canadian Homelessness Research Network Press.