

**CREATIVE PLANNING
SESSION FOR THE CITY OF VANCOUVER**

July 6th 2001

**To provide, as soon as possible, safe,
accessible public washrooms,
open 24 hours, in the area
of
Hamilton - Heatley
Keefer - Powell**

List of Participants

Ron Carstairs, City of Vancouver

Earl Crowe, VANDU

Dave Diewert, CHC2

Phil Karlsson, City of Vancouver

Ann Livingston, VANDU

Sandy MacKeigan, City of Vancouver

Susan Parsons, Vancouver Police Carnegie Liaison Officer

Susann Richter, Vancouver/Richmond Health Board

Bob Ross, City of Vancouver

Jim Scott, Main & Hastings Public Washroom Manager

Julie Scott, Main & Hastings Public Washroom Manager

Mac Stairs, City of Vancouver

Wendy Timminga, Affordable Housing

Nettie Wild, Filmmaker/participant

Cathy, Rive Gauche Market

Chris, Operator, Park Washroom

AS A RESULT OF THIS SESSION . . .

VANDU to ask people who are using the alleys as toilets what they want, and if these solutions are adequate, and if they will use them.

What is needed to make short-term successful?

	No. of Dots
*a solution that does not require bureaucratic approval	***** (8)
*utilise what is in place now	***** (6)
*regular consistent:	**** (4)
- cleaning, sink & toilet	
- safety, supervision	
- respect all in community	
*locations	**** (4)
*act now	** (2)
*funding	** (2)
*safe for all mbr	* (1)
*use paid attendants on contract	* (1)
*reliable volunteers	* (1)
*24 hr accountability mbr, supervised/available	* (1)
*commitment from police to respond	* (1)
*locally supervised	* (1)
*different types of toilets, all have same signage	
*untippable	
*evaluations organised	
*availability of facility (can we get it here asap)	
*educate addicts to not use drugs in public washrooms	
*emergency button	
*just do it	
*convenient for users	
*toilet handwashing ability, emergency access from outside supervision	
*short term solution provides information for design of long term solution	
*short term jobs can make up for long terms needs which need more time anyway	
*need agreement on basic minimum requirements	

- *inexpensive
- *non-flammable facilities
- *start now
- *allowance of groups work/agreement to actually happen
- *supervision, lighting, handwashing, toiletpaper, hole
- *basic toilet
- *stats keeping and evaluation
- *use volunteers
- *we need washrooms every day 24/7
- *to post washrooms are available so people won't use alleys and lanes

Short term solutions that can be implemented asap:

**during the daytime:* maximise public access to current washroom sites in both public and private buildings, for instance, 8.00 am to 8.00 pm. *During the night time:* use a trailer of 4 - 6 portable washroom facilities on wheels, that moves around to a few selected locations throughout the night.

*trailers or honey wagons with or without wheels. Parked on private property, in high needs areas at high needs times. There is an 18' trailer with no wheels offering ladies and mens facilities, currently available for sale for \$8,000.

*rent existing toilets in vacant stores

*basic "port-a-john" portable toilets situated in a location that offers good street lighting, and are unlockable from both sides. Handi-wipes or chemical soap to be provided to clean hands. Start with supervised portables and continually improve facilities till we have proper toilets at Pigeon Park.

*extension of hours in services already in place, i.e., First United Church, W.I.S.H. Identify network of friendly places, allowing use of their washrooms.

Identify public buildings that would make their washrooms available, i.e., police station, Carnegie, Tinseltown, firehalls, public buildings. Supervision would be provided in order to gain permission.

Short term solutions that require a little more work and time to implement:

*looking for co-operative pubs and bars that would keep their washrooms open 24 hours for everyone, providing volunteers to supervise

*open existing facilities 24 hours a day at Carnegie and Victory Square, and provide volunteers to supervise

Longer term solutions:

- * all toilets should be appropriate for everyone
(i.e., seniors can be more mobile if they have access)
- * no time limits
- * wheel chair accessible
- * the one we design
- * area merchants to help fund
- * education + communication
- * trailer type toilet
- * bio-degradable toilets
- * welcoming space: reflected light vs direct light,
fresh air, safe privacy
- * black lights
- * good quality portables are only temporary because
they must have sink
- * separate toilets for addicts & John Q public
- * permanent unit that self cleans
- * design a structure to be erected over sewer
manholes in lane
- * getting homeless people places to live so they can
use their own
- * bathrooms installed away from suites put in parking lots
or curbside away from windows
- * find non-controversial location
- * supervised sites
- * increase use of existing sites & supplement with good quality portables

- * no black lights
- * creating respect
- * stainless steel facilities
- * sharps boxes
- * spend less on alley flushing & spend \$ on toilets
- * community involvement in supervision
- * every few blocks
- * mosaic mirrors (as in Frankfurt s.i.s.) functional and designed by the public
- * not barring people from facilities
- * employing locals
- * open safe injection site
- * supervision by VANDU
- * one washroom per block in every alley

No Recipient, No Subject

To:
From: Ann <annlive@direct.ca>
Subject:
Cc:
Bcc:
Attached:

1. Can I speak to the person who would have to clean excrement from door sills , alcoves, stairs and sidewalks out side your building?
2. How often are you having to clean up excrement
 - every day
 - every second day
 - once a week
 - once in 2 weeks
 - occasionally
3. Are you finding the excrement
 - in the morning or
 - in the day
4. Do you have a public washroom?
 - accessible in the day
 - accessible in the evening
 - it used to be open but is now locked _____ sincewhen? _____
5. How often are your toilets not working?
 - every once in a while
 - once a week
 - frequently
6. Who do you think is defecating around your building?

PORTABLE TOILETS

Supervisors' Duties and Responsibilities

1. Trailer Set-Up

- If the toilets haven't arrived by 6:15 pm, phone Unitow at 604-659-1255 to ensure that they are on their way.
- Assist the tow-truck driver by keeping pedestrians clear as he backs up.
- Assist the driver in positioning the trailer. It should be close enough to the Carnegie walls that people can't use the space behind the trailer for using drugs.
- Assist the tow-truck driver in setting the trailer up:
 - put wheel-chocks against both wheels
 - raise the front of the trailer until toilets are level
 - lower the rear stabilizers
 - extract foot-steps and ensure they are secure and safe

2. Toilet Set-Up

- Ensure that signs are in place:
 - 'Welcome---Public Washroom'
 - 'No Drug Use in Toilets', etc.
- Check towel dispenser, and ensure supply of paper towels
- Ensure that water pump and soap dispenser are operating properly
- Ensure that toilet paper is feeding properly through dispenser
- Ensure that fresh garbage bags are placed in the garbage bins.

3. Table and Tent

- Contact the Carnegie Information Desk for supplies. Supplies are kept in the Lost and Found closet. The table, chairs (and on Sunday, the tent) will be kept under the stairs.
- Sunday and holiday volunteers, 6:00 p.m. shift, must be trained in putting up the tent. Contact Street Program staff for instruction.
- Set up table under tent, positioned so that supervisors can easily observe toilets.
- Ensure that supplies (medical, rig exchange, flashlight, etc) are secure and safe from theft.
- The tent is for supervisors only.

4. Log Book and Tallies

- Keep a tally of the number of toilet visits on the toilet tally sheets provided
- Keep a tally of the number of needles exchanged on the needle tally sheets
- Use the log book to record any incident that you feel should be recorded, either for follow-up action by Carnegie or VANDU, or that would be of interest in evaluating the toilet program. Report any damage to toilets, etc.

5. Toilet Supervision

- **Supervising the toilets is your first priority.**
- Try to ensure that the toilets are used for the purpose intended (ie they are **not** a shooting gallery)
- Try to ensure that people treat the toilets with respect, and keep them free of vandalism, graffiti, etc.
- Keep an eye on the toilets, and any time that a visit exceeds 5 minutes, make contact with the occupant by asking if they are OK. Continue the contact at regular, short intervals until the occupant leaves the toilet.
- If the occupant does not respond, or if you are concerned about his/her well-being, use the screw-driver to unlock the door from the outside (slot in centre of lock mechanism).
- For emergency assistance, phone 911.
- Check the towel supply and toilet paper feed and condition of the inside of the toilets at least every half-hour. Replace towels, release toilet paper and clean up inside toilets as necessary.

6. Needle Exchange

- **Remember that your primary responsibility is to supervise the toilets.**
- The VANDU volunteer is also expected to exchange needles and keep a tally on the sheet provided for needle exchange.
- **Do not give needles to anyone before they enter the toilet.**
- Needles, condoms, medical assistance, etc are of secondary importance to the toilet supervision.

7. Trailer Departure

- At the end of the graveyard shift (approximately 5:45 to 6:00 am) the towing company will arrive to remove the trailer. If they do not arrive, phone Unitow at 604-659-1255.
- Collect all garbage for disposal with Carnegie's garbage.
- Assist the tow-truck driver in preparing the trailer for towing:
 - keep pedestrians clear as truck backs up.
 - before the trailer is hitched to the tow-truck, raise the rear stabilizers
 - after trailer is hitched, crank the front wheel high off the ground.
 - push foot-steps into their retracted position.
 - then remove the wheel-chocks from both wheels.
- As the tow-truck drives away, assist the driver in ensuring that the trailer doesn't scrape the Carnegie wall or curbs, etc

8. Cleanup

- Disassemble tent by lowering legs and removing fabric roof completely before collapsing tent frame. **Do not collapse frame with fabric attached, as it damages fabric.**
- Return table, chairs, tent and supplies to Carnegie. (Ring door bell to get night attendant's attention.) If attendant can't be contacted, take equipment to the Washington Hotel for temporary storage.
- Bring garbage to the attendant for disposal; do not leave it in the alley.

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Why People in the Down Town East Side Defecate in Alleys and What We Can Do to Stop it

A Brief Overview

The population of people who are thought to defecate in alleys are often referred to as "street entrenched". Of the 5,000 people in the down town east side (DTES) of Vancouver who are addicted to illicit drugs it is estimated that 200 to 400 of them are "street entrenched". I will attempt to describe these folks but will first describe the situation in both Vancouver and the down town east side.

Vancouver is a municipality of ~600,000 people surrounded by municipalities that make up the Greater Vancouver Regional District which has a population of ~2,000,000. Depending on the boundaries used, the DTES of Vancouver is thought to have 12,000 (Cambie to Clark) or 16,000 (Seymour to Commercial) residents. Estimates of "daily injectors" of illicit drugs living in each area are as follows:

Greater Vancouver ~22,000 (it is estimated that 25% are HIV positive)

Vancouver ~ 10,000

DTES of Vancouver ~4,700 (it is estimated that 37% are HIV positive)

Almost 40% of the residents of Vancouver's DTES are estimated to be regular and frequent users of illicit drugs. (Usually both by injection and smoking crack cocaine but some just smoke and some just inject.)

How Many Toilets Are There in the DTES?

The population of the DTES living in Single Room Occupancy (SRO) Hotels is estimated to be 8,000 people and what is currently "code" in Vancouver is 1 toilet per 20 rooms (and 1 shower or bath per 20 rooms). (It is notable that the Empress Hotel has 1 shower for 56 rooms!! and this appears to be legal.)

I estimate that there are only 400 toilets and shower/baths for the 8,000 SRO dwellers out of the 12,000 people living in 10 square blocks in the DTES of Vancouver and this is on a good day when no toilets are plugged.

Life in an SRO

It is perhaps important to understand what it is like to live in a SRO. Most rooms in the DTES are windowless and measure ~10 ft by 12 ft and contain a bed and a dresser. Some have fridges but often charge extra (\$25/mo) for them and hot plates, if allowed, you must buy yourself.

The hotel managers always charge guest fees (unless there are no guests allowed) so a person cannot go to your room even to see if you are home without paying \$10 or up to \$40. The landlords implement these fees to prevent people doubling up and tripling up in rooms without paying rent but the rules also prevent people from having intimate relationships and from having children or grandchildren visit them.

With only a bed in a windowless small room, we could, perhaps, imagine that people do not and cannot socialize in their rooms. They then have only the alleys and streets to gather and talk or to get high together or to share a meal. Places like "the 44" and Carnegie Community Center that are generously funded in the millions annually by the City of Vancouver welcome people that are more "high functioning" and less "street entrenched" to use them as their living room.

Why Are Some People on Welfare Living in Alleys?

If almost everyone is on welfare and welfare will pay \$325 toward your (usually \$350/mo) rent then why do we have people without even a vermin infested, windowless room?

There is amongst the most desperate people in our neighbourhood and the most corrupt landlords a system called "selling your rent cheque". The landlord receives \$325 from welfare every month but makes an arrangement with the welfare recipient to not occupy their room for cash back. For instance a person is paid \$80 cash by the landlord or hotel manager to not occupy their room and then the landlord or hotel manager rents the room again for \$325 or rents it by the hour to people selling sex.

Why Not Use Public Bathrooms in the Neighbourhood?

Perhaps we can expect people to use the bathrooms at the dozen or so large beer parlours in the DTES. Due to crackdowns by police, the beer parlours that used to allow dealing and who used to let addicts off the street to use their washrooms have locked their bathrooms so only patrons asking for a key can get in. Often "street entrenched" people have been barred from entering the beer parlours altogether.

"Street entrenched" people often look dirty as they have no where to wash on a regular basis so have trouble "passing as non addicts" and using the washrooms in the downtown eastside usually accessible to the public. The welfare offices have locked their bathrooms and send people to use the bathrooms in the courthouse where you are subjected to search upon entry.

Wild in the Streets

"Street entrenched" people use large amounts of cocaine (and other drugs) if they sell sex or work for drug dealers and are who we see in public writhing and doing the "funky chicken", not so much as an effect of the cocaine but because they are awake from using cocaine for days on end.

They are often involved in dealing as "slaves" to real dealers who take no risks and reap profits as they do not have drugs on them or even cash. Addicts work as "packers" or "steerers" for dealers and are paid in drugs -- sell 8 rocks get 1 rock free. A "packer" holds drugs until the buyer pays for them so the real dealer doesn't handle the drugs and a "steerer" calls out to people passing "up, down, rock, jib" so that the dealer doesn't reveal that they are selling drugs.

Tangling With the Law and Doing Time

This means that "buy and busts" carried out by our police here end up arresting and charging these same "packers" and "steerers" who are very likely also to be given a bail condition to stay out of the DTES until their court appearance and these same folks are very likely to then miss their court date and have warrants for "failure to appear". The scenario then continues and these folks are very likely to be picked up on these warrants and "breeches of undertaking" and when held without bail and finally appear in court they are likely to do jail time (not for the dealing charge but) for "Failing to Appear".

Beyond the Reach of Public Health Disease Prevention

The street entrenched are more likely to be "dual diagnosed" as addicts and people who are mentally ill. They publicly shoot dope, experience more incidents of drug overdose and abscesses and they go to hospital emergency for their healthcare rather than our new VCHA clinics. Initiatives such as the "safe injection site" and VANDU's alley needle distribution patrols are aimed our most "at risk" neighbours . They are known to have the highest rate of HIV/AIDS and to not live long once diagnosed. They are virtually all Hep C positive and they report continuing to lend and borrow syringes. A disproportionate number are Aboriginal, are from a background of sexual abuse and foster care and virtually all have had their own children apprehended to foster care or adopted.

If a "street entrenched" person is selling sex they often do not return to their rooms even if they have one preferring to score and use more drugs in an alley and then to go back to work to turn another

trick. They are often caught up short and defecate in alleys especially if the drugs used are cut with laxative or there are no bathrooms close by who will let them in.

The Need for Washrooms at Night

The DTES restaurants, welfare offices and church soup kitchens have locked their washrooms, years ago now, to prevent people from injecting in them and even the open bathrooms are only available in the day. Many homeless street entrenched people are "nocturnal" as sleeping in the day outside is "safer" and there are places to sleep in the day such as 1st United Church but some people up all night are staying up day and night (as previously described) and will crash eventually. There are no washrooms open at night..

Flushing Alleys versus Accessible Nighttime Toilets for "Street Entrenched" People

Currently, and for the last 5 or 6 years, the alleys of the DTES have been flushed by a flusher truck at night at a much higher rate than the rest of the city to deal with the stink in the alleys from both urine and feces. I understand this to be 5 nights a week in the summer and 3 times per week in the winter and I estimate this to cost about \$150,000/year or more. I would like to point out that this is not an acceptable method of dealing with the "feces" problem for a number of reasons.

I assert that "street entrenched" people can only have a hope of changing their behaviour if their living conditions improve. Urinating and defecating (for women) and defecating (for men) in alleys, is humiliating and adds to feelings of hopelessness and self-hatred that often already fuel extremely excessive drug use. All levels of government currently pay millions of dollars for "outreach and education" to our "street entrenched" friends that is supposed to get them to "**always use a clean needle --never share--**" and "**to use a condom every time**" they have sex. People who find no options to barring their bare asses in public to defecate are not likely to take the care we are asking them to, to not catch and spread blood born pathogens, and other diseases that we then pay billions to treat. As proof of our current programs' ineffectiveness, there continue to be 7 epidemics that have continued so long in the DTES that they are endemic amongst the people who use illicit drugs.

Why Can't the VCHA's Low Threshold Facilities Solve This Problem?

The lack of bathrooms has been tackled before and port-a-potties were set up at Main and Hastings and supervised for about a year until the Health Contact Center was opened at night to fill the desperate need for more toilets for "street entrenched" people to use. It is my understanding that the toilets are often plugged and there is a line up to use them as they supply less toilets than our now shut down nighttime toilets did. These toilets used to cost about \$100,000/year to operate and this was partly due to having them towed away each day and brought back each night which is wasteful but was done to placate the previous NPA City Council. The Health Contact Center is effective at keeping the corner of Main and Hastings feces free but we estimate that there are 3 other very bad locations.

The Safe Injection Site will open this September only ½ a block from Main and Hastings and will hopefully provide some more toilet access for our most disorganized people who use drugs who are perhaps most likely to defecate in alleys.

City of Vancouver's Public Toilets

The underground toilets at Main and Hastings operate from dawn to dusk and any consideration of opening for longer hours had been seen as impossible due to NPA City Council not supporting it. It would cost perhaps \$100,000/year to open these but they could alleviate the line-ups to use the toilets at the Health Contact Center and could perhaps attract people defecating near Gore and Hastings (1st United Church).

The new street furniture, which includes bus shelters and public toilets, was purchased by the City and is currently being installed. There is a rumor that these public toilets will not be located in the DTES as they could be vandalized! If supervision by community volunteers is needed to keep these toilets intact then that is what should be talked about. It is an outrage that the area of our city where we suffer unhealthy and humiliating public defecation would not get toilets for public use.

Opening Toilets in City Parks for Public Use

Toilets are desperately needed at Pigeon Park and outdoor toilets there will go a long way to improve the problem of feces in the alley near Army and Navy and kitty corner at the West Hotel alley. The previous NPA dominated Parks Board was thought to be too hostile to even approach with a proposal.

The other logical and much suggested solution to our toilet problems has been to suggest that the toilets at Oppenheimer Park be opened and supervised by volunteers IN THE DAY as it is currently frequently locked and then ALSO OPENED AT NIGHT. The cost of this is much lower than bringing portable toilets in and the costs would only be to pay 1.5 staff and 2 volunteers at all open times. There are also unintended positive effects of having neutral well-known community volunteers around all night, in VANDU and Carnegie's experience -- the most relevant being the reduction of violence. This is also desperately needed at Oppenheimer Park.

Who is Working on this Problem?

A committee of Ann Livingston of VANDU, Sheena Campbell of the Vancouver Coastal Health Authority, Sandy McKeegan of the Carnegie Center Street Outreach Program and Bob Ross of the City of Vancouver are proceeding with talking to folks who actually have to clean human feces from their doorsills and entries frequently (some perhaps daily) so we can confidently assess of the scope of this problem. We are also looking at getting especially government services to modify and open their toilets to the public to alleviate this persistent and serious DTES community problem.

I was asked to describe the population who is most likely to defecate in a DTES alley and I hope I have.

References

Buxton JA. Vancouver Drug use Epidemiology. Site report for the Canadian Community Epidemiology Network on Drug use, July 2003