



RACIAL AND ETHNO-CULTURAL EQUITY ADVISORY COMMITTEE

MINUTES

November 9, 2023

A meeting of the Racial and Ethno-Cultural Equity Advisory Committee was held on Thursday, November 9, 2023, at 5:35 pm, in the Cascadia Room, 3rd Floor, City Hall, and via electronic means.

PRESENT: Steph Kallstrom, Chair
Harjyot Banwait
Victoria Barclay
Alexandra Gunn
Alemu Nenko
Jeremiah Rojas
Pavandeep Toor

ABSENT: Nimrah Anwar (Leave of Absence)
Ajay Puri (Leave of Absence)
Mo Rafiq
Lydia Tang (Leave of Absence)
Naina Varshney, Vice-Chair (Leave of Absence)

ALSO PRESENT: April Sumter-Freitag, Social Policy, Staff Liaison
Benedicta Bawo, Alternate Member
Alison Fraser, Alternate Member

CITY CLERK'S OFFICE: Olivia Kam, Meeting Coordinator

WELCOME

The Chair acknowledged we are on the unceded homelands of the Musqueam, Squamish, and Tsleil-Waututh Peoples. We thank them for having cared for this land and look forward to working with them in partnership as we continue to build this great city together.

Leave of Absence Requests

MOVED by Harjyot Banwait
SECONDED by Victoria Barclay

THAT the Racial and Ethno-Cultural Equity Advisory Committee approve leaves of absence for Nimrah Anwar, Ajay Puri and Lydia Tang, for this meeting.

CARRIED UNANIMOUSLY

Approval of Minutes

MOVED by Jeremiah Rojas
SECONDED by Harjyot Banwait

THAT the Racial and Ethno-Cultural Equity Advisory Committee approve the Minutes from the meeting of Thursday, September 07, 2023, as circulated.

CARRIED UNANIMOUSLY

1. Skeena Terrace Presentation

Staff from Planning, Urban Design and Sustainability along with a representative from BC Housing provided a presentation and responded to questions.

2. Liaison Updates

The Staff liaison provided updates on ongoing anti-black racism work.

3. Working Session Updates

The Chair provided an update on the working session held Thursday, October 12, 2023, at which Committee members discussed the formation of subcommittees and further developed the work plan.

4. Subcommittee Appointments

MOVED by Victoria Barclay
SECONDED by Jeremiah Rojas

THAT the Racial and Ethno-Cultural Equity Advisory Committee appoint Steph Kallstrom, Benedicta Bawo and Jeremiah Rojas to the Policing Subcommittee;

FURTHER THAT the Racial and Ethno-Cultural Equity Advisory Committee appoint Harjyot Banwait, Alexandra Gunn, Pavandeep Toor and Alison Fraser to the Health Subcommittee;

FURTHER THAT the Racial and Ethno-Cultural Equity Advisory Committee appoint Nimrah Anwar and Alison Fraser to the Sustainability Subcommittee;

FURTHER THAT the Racial and Ethno-Cultural Equity Advisory Committee appoint Jeremiah Rojas to the Education Subcommittee;

AND FURTHER THAT the Racial and Ethno-Cultural Equity Advisory Committee appoint Victoria Barclay, Benedicta Bawo, Lydia Tang, Naina Varshney, Harjyot Banwait and Alemu Nenko to the Housing Subcommittee.

CARRIED UNANIMOUSLY

5. Subcommittee Updates

The Committee discussed the structure of the subcommittees that have been created, including roles of members, working goals and expectations.

The housing subcommittee inquired about having a representative from the Racial and Ethno-Cultural Equity Advisory Committee attend the Renters Advisory Committee meetings in an unofficial liaison capacity.

Following discussion, it was

MOVED by Alexandra Gunn
SECONDED by Jeremiah Rojas

WHEREAS

1. At its meeting on September 8, 2022, the Racial and Ethno-cultural Equity Advisory Committee passed the following motion: “THAT the Racial and Ethno-Cultural Equity Advisory Committee write a letter to Mayor and Council, the Vancouver Police Department and relevant Ministers, regarding health justice and policing”;
2. Racism and discrimination exist in the health care system and policing system;
3. In the B.C. health care system, patient’s rights have been violated especially for marginalized groups. A [research report](#) by a team that included B.C. researchers found that Black, Indigenous and people of colour are more likely to feel pressured into procedures by health providers during pregnancy and birth care. They also found that white and Black participants declined care at similar rates, but practitioners were more likely to proceed with procedures that Black people had refused and respect the wishes of white respondents;
4. Instead of legally seeking informed consent from patients or substitute decision makers, national data shows B.C. facilities have some of the highest rates of ‘potentially inappropriate’ use of antipsychotics in longterm care homes ([CBC, 2022](#));
5. The First Nations Health Authority’s article, [Standing up Against Coerced Sterilization in the Health Care System](#), states:

“If [an Indigenous] woman does not have a strong advocate to come with them, if she doesn't understand the forms she is presented with, or if she is unfamiliar with their health care provider, there is fear.

It is important to know that until as recently as 1973, there was a *Sexual Sterilization Act* in BC that disproportionately impacted Indigenous women. The

act gave the BC Eugenics Board the right to make decisions to sterilize people without their consent – and sometimes even without their knowledge.

In more modern-day scenarios, women can be coerced into making decisions surrounding sterilization based on fear, being threatened, forced to make decisions under duress or stress such as childbirth, or while under sedation, or not being given time to think about this life-changing decision. As well, women have experienced coercion in being unable to change their minds, not being told the truth surrounding the medical procedure, not having an advocate, or receiving biased care or information”;

6. Harm to marginalized patients is happening now. A free independent 24/7 patient advocate program to support patients and advocate for their rights in any interaction with the health care system is needed to protect marginalized patients from further harm and trauma. A free patient advocate program contributes to systemic change by addressing the power imbalances. Patient advocate programs exist in Canada and around the world such as the [Indigenous Patient Advocates program in Northwest Territories](#), and [In-Hospital Advocate and Community Advocacy](#) in the United Kingdom;
7. The Mental Health Act is based on outdated approaches and many portions of it remain the same since it was passed in 1964. It not only covers mental health but any brain related disorders as dictated by the medical system including developmental disabilities, brain injuries, substance use, transgender, and dementia and impacts all ages from children to older adults. B.C. is the only place in Canada with deemed consent which removes the right for patients and families to consent to treatment. The power that the Mental Health Act provides for health care professionals has led to an overreliance on involuntary treatment. There needs to be an independent oversight. “The Ombudsperson documented that rates of detention under the *Mental Health Act* increased by 71% between 2005/06 and 2016/17, while the rates of voluntary admission have stagnated and decreased per capita. ... BC now has the highest rate of hospitalization due to mental illness and substance use in Canada ... Independent investigations have documented widespread non-compliance with basic legal requirements and fundamental human rights in BC’s mental health and substance use care system” (Health Justice, 2022);
8. Dr. Paxton Bach, co-medical director, BC Centre on Substance Use said: “The evidence around compulsory treatment is pretty clear, especially short-term treatment, that it’s largely ineffective and might actually do more harm than good, both by forcing somebody into detoxification and loss of tolerance and potentially increasing the risk of overdose upon leaving treatment. But also just in the damage that it does with somebody in a relationship with the health care system as a whole. We continue to go back to the stick, instead of focusing on building a system of care,” he added ([CityNews, 2022](#));

9. Research has shown Indigenous, Black, and other racialized communities “experience detention and involuntary treatment at disproportionately higher rates and are subject to higher levels of coercion while detained under the Mental Health Act... Prejudice against people with mental health and substance use-related health issues is deeply intertwined with racial prejudice and can have dangerous outcomes” (Health Justice, 2022). In the case of Chris Amyotte’s death, bias and misinterpretation of the situation led to an unnecessary police response. There are alternatives to coercion, discipline and use of police. For example, civilian-led mobile mental health crisis team are being implemented across Canada and the U.S. and have shown to lessen trauma for individuals experiencing a mental health crisis, decrease police funds, and free up valuable police resources ([CBC, 2022](#)). Two Council approved motions, [Decriminalizing Poverty and Supporting Community-led Safety Initiatives](#) and [Mental Health and Addiction Reform: An Expert-Led Cross-Jurisdictional Task Force](#), mentioned the need for better supports and services;

10. Given City of Vancouver’s [Healthy City Strategy](#) and [Anti-Racism Strategy](#), and the trauma, discrimination, abuse of power, violation of rights, excessive use of force, and alternatives, now is the time for Council to advocate and recommend to the provincial government for the establishment of an independent review of the Mental Health Act, reinstatement of the independent office of the Mental Health Advocate which was abolished in 2001, and establishment of transparent disaggregated data monitoring mechanisms of how the Mental Health Act is being used, with careful attention on the ways that the law, policy, and practice could be improved to address disproportionately negative impacts on Indigenous, Black, and other racialized communities.

THEREFORE BE IT RESOLVED

- A. THAT the Racial and Ethno-cultural Equity Advisory Committee advise that Council recommend to relevant levels of government, including City of Vancouver, changes in policies, practices and resources to safeguard patient rights including a free independent 24/7 patient advocate program to support and advocate for patients’ rights for individuals from equity seeking communities including Indigenous, Black, people of colour, people with disabilities, women, and older adults in any interaction with the health care system as recommended in the [In Plain Sight Report](#), [Red Women Rising Report](#), [Canadian Centre for Elder Law Report #10](#), and [Older Women’s Dialogue Report](#).

- B. THAT the Racial and Ethno-cultural Equity Advisory Committee advise that Council advocate and recommend the provincial government to establish an independent review of the Mental Health Act, reinstate the independent office of the Mental Health Advocate which was abolished in 2001, and establish transparent disaggregated data monitoring mechanisms of how the Mental Health

Act is being used, with careful attention on the ways that the law, policy, and practice could be improved to address disproportionately negative impacts on Indigenous, Black, and other racialized and marginalized communities.

- C. THAT the Racial and Ethno-cultural Equity Advisory Committee advise that Council redistribute funds to civilian-led mobile mental health crisis teams and other social supports to lessen trauma for individuals experiencing a mental health crisis and to free up valuable police resources.

CARRIED UNANIMOUSLY

6. Work Plan Discussion

None.

7. New Business

None.

ADJOURNMENT

MOVED by Victoria Barclay
SECONDED by Harjyot Banwait

THAT this meeting be adjourned.

CARRIED UNANIMOUSLY

Next Meeting:

DATE: Thursday, January 11, 2024
TIME: 5:30 pm
PLACE: Cascadia Room, 3rd Floor, City Hall
/ Webex Online

The Committee adjourned at 6:51 pm.

* * * * *