

MINUTES OF THE MEETING OF THE SAFER NANAIMO WORKING GROUP HELD 2009-  
JAN-09 IN THE CITY HALL BOARD ROOM REGARDING THE HARRIS HOUSE HEALTH  
CLINIC AT 375 FRANKLYN STREET

PRESENT: Councillor J.F.K. Pattje, Co-chairman  
Randy Churchill, Bylaw Services  
John Horn, Community Planning  
Marg Fraser, VIHA  
Cpl. Dave LaBerge, RCMP  
Inga Nielsen-Cooper, Tilicum Lelum

Council: Councillor W.L. Bestwick  
Councillor W.J. Holdom  
Councillor A.J. Kipp  
Councillor L.J. Sherry

Staff: G.D. Berry, City Manager  
E.C. Swabey, General Manager of Development Services  
A. Tucker, Director of Planning & Development  
M. Hutchinson, Economic Development Officer  
G. Honeyman, Recording Secretary

Old City Quarter Association: Eric McLean, President

Vancouver Island Health Authority (VIHA):

Dr. Robert Stanwick, Chief Medical Officer  
Alison Cuttler, Executive Director, Public Health  
Shannon Turner, Director of Public Health

NARSF: Gord Cote  
Jane Templeman

There were 20 – 30 members of the public also present.

Welcome/Introductions

Councillor Pattje welcomed everyone to the meeting and said that we are working together for a safer vibrant downtown. The community is moving forward recognizing the needs of the mentally ill and addicted. Communication and consultation could have been better with respect to the Harris Health Clinic.

Councillor Pattje read the following into the record:

1. Decisions of health delivery are solely at the discretion of VIHA. VIHA does not require permission from the City of carry out its mandate.
2. Prior to relocating or establishing new service delivery for harm reduction within the community, VIHA will inform Council as a Whole, of its intent prior to committing to the relocation and/or new service delivery, in an effort to provide feedback to VIHA prior to

going public with its decision and prior to committing to the change in location or service delivery.

3. Our partnership, through the “Safer Nanaimo Working Group” will provide the “umbrella body” in which consultation with the neighbourhood can occur, including the establishment of Good Neighbour Agreements (GNA), as part of the roll-out of the relocation and/or new service delivery.
4. The Safer Nanaimo Working Group will act as the liaison with the neighbourhoods, through the interface of the harm reduction delivery.

#### Old City Quarter Association

Mr. Eric McLean, President of the Old City Quarter Association stated his issue is not with NARSF but with VIHA and the way the matter was handled. There was no phone call or consultation despite an undertaking from VIHA. VIHA has barged into the area uninvited and unwanted and without consultation. VIHA’s attitude is arrogant and condescending. He said there must be a shift in the way VIHA behaves and that it is difficult to move forward unless changes occur.

Mr. McLean said he understands Good Neighbourhood Agreements although he has never before had to worry about the behaviour of his neighbours.

Ms. Inga Cooper-Nielsen, Tillicum Lelum, said that there is a program at the Quennel School for vulnerable youth. This program is right next to the clinic. She is puzzled that there was no consultation.

Mr. Gordon Cote, NARSF, said there should have been an ongoing dialogue. NARSF has been in operation since 1995. The clientele is diverse and the focus is on harm reduction. Some clients have gone on to live successful lives while others are resistant to change. The health clinic meets clients’ most basic needs. The needle exchange is a lightning rod but is only about 10% of the work of the clinic; 90% is harm reduction/counselling. He said that the clinic will work if everyone works together. NARSF is committed to keeping the area a vibrant place.

Dr. Robert Gagnon, business owner, stated that a few years ago there were huge problems in the area and they worked diligently to deal with the problem. He is concerned that the problem has been invited back into the neighbourhood. He feels betrayed by the City.

Ms. Sonya Mika, Selby Street resident, said there are elderly people who like to walk in the area. How will they be protected? Who will monitor the Good Neighbour Agreement.

Mr. James Duthie, Nanaimo Conservatory of Music, said that he is concerned for the safety of those attending the conservatory.

France Tellier, John Howard Society, said they provide transitional housing in the neighbourhood and have been a good neighbour.

Mr. Berry said that Council is interested in wide community involvement and it is a new way of doing business. Council has zoned for health services throughout the City. Every neighbourhood will have problems. This facility needs to be a model.

#### Vancouver Island Health Authority (VIHA)

Ms. Alison Cuttler, Executive Director, Public Health, acknowledged the concerns raised and said VIHA is committed to making the clinic work and to be good neighbours. Safety of the residents is important and the community needs to work together. She indicated that VIHA would provide contact phone numbers.

Dr. Richard Stanwick, Chief Medical Officer, said this is a new process in terms of engaging the community. The provincial government has mandated that municipalities are obliged to provide health facilities as everyone is entitled to the best health care available. Part of this exercise is learning how to do things properly. VIHA will provide extra money for fencing, security, etc. They will work to move this forward in a productive fashion.

Ms. Darcy Tucker, NARSF, said that the clients of Harris House Health Clinic are a major stakeholder. They have a right to service. The clinic needs to be a good neighbour.

Ms. Shannon Turner, VIHA Director of Public Health, stated that she had been to Portland to observe their operations and they had come together as a city. The vision there is based on a compassionate model. She stated that there is a lot of confidence in NARSF. Health services in isolation do not work.

There was a discussion regarding the public perception of the health clinic particularly in respect to the needle exchange. It was felt that the perception is preventing people from coming into the area. It was suggested that the community work together to change that perception.

#### Good Neighbour Agreement

Mr. John Horn gave an outline of what a Good Neighbour Agreement entails. He said it is a solution based forum. A good neighbour agreement does not apportion blame but works to identify solutions to problems. It is very concrete with a focus on the experience of the people in the area and what distresses them. The basis premise is that a concern is identified and the parties to the GNA respond. It is a way of responding effectively to issues. The GNA is flexible and can be redesigned for each situation.

Cpl. Dave LaBerge said that the RCMP is mindful of the issues. He said the health clinic is a small part of the overall issue. He said that the drug culture is mainly in the south end and that the clinic on Cavan Street was not an anchor for disorder. Good neighbour agreements work. The RCMP will respond to the neighbourhood.

### Next Meeting

A meeting regarding the Good Neighbour Agreement for Harris House Health Clinic will be held on Wednesday, 2009-Jan-14 at 7:00 p.m. in the City Hall Board Room.

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