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CASE 12

Housing and Health: A Human Rights Approach to Wellbeing

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Julia checks her watch; she has five minutes to prep before her next client meeting begins. It has been a busy day for Julia between client appointments, stakeholder meetings, and a looming court date to prepare for. But Julia knows that her work is incredibly important for her clients. Without her services, some of the clients would not be able to afford legal assistance for their health matters. Julia opens the file to see Dawn's case, who has come with a human rights issue regarding poor health stemming from poor housing conditions. Anticipating this case, Julia prepares to draw on the *Human Rights Code*, *Residential Tenancies Act*, and community support and advocacy groups to mitigate this situation.

HEALTH JUSTICE INITIATIVE

The social determinants of health can greatly impact the social, economic, and environmental factors involved in primary care, well beyond medical diagnoses. In order to address the need for a holistic method of primary care services that encompass multiple determinants of health, the Health Justice Initiative was created. The Health Justice Initiative is a medical-legal partnership between the St. Michael's Hospital Family Health Team and community legal aid clinics in Ontario (Macdonald, 2017).

The Health Justice Initiative improves client access to justice and addresses the social determinants of health and health equity in the Toronto community through direct services, legal education, and systemic advocacy. The Health Justice Initiative also engages in community research and performs evaluations to assess the success of project goals. The Initiative provides legal information, advice, and brief services to clients who are low-income and have legal issues affecting their wellbeing. These issues include experiences of discrimination and personal safety and problems with employment, housing, and other issues.

Julia is a staff lawyer at the Health Justice Initiative. With the support of her clerk and several physicians from St. Michael's, she is running the Health Justice Initiative's direct services and advocacy work. Julia has experience with a plethora of social housing cases and commits herself to framing her work through a human rights lens. Julia recognizes that Dawn's case is complex, as there are a number of conditions that contribute to a human rights violation, but Julia is determined to find a solution.

DAWN'S STORY

Dawn arrives at her appointment ten minutes early; she anxiously waits to receive advice that could potentially change her life. Dawn is in search of legal advice for a persistent issue where she feels she has been discriminated against. For some time now, the landlord of her apartment building has been unwilling to accommodate Dawn's physical needs and makes derogatory comments towards her physical disability, impacting both her physical and mental health. In a

considerably complex situation, Dawn has gathered evidence against her landlord that could help her win a human rights claim. Now she has the opportunity to win back her rights and the health that she once had.

Dawn has lived in social housing in Toronto her entire life. Her childhood was troubled; her parents separated when she was young, and, as a result, she was constantly moving between poor quality social housing units. Her poor housing conditions impacted her health, and she was often too sick to attend high school, staying home for respiratory tract infections and colds. Dawn eventually finished high school but was not able to pursue post-secondary education due to her financial situation. Dawn worked as both a server and a dog walker part-time, always making sure she had the funds to pay her rent on time every month. But working two jobs eventually took a toll on Dawn, and combined with her poor housing conditions, Dawn started to have symptoms of depression and anxiety.

Dawn had her daughter, Rosa, at age 29. The father was not present for Rosa's upbringing, and Dawn again had to take on more work to pay the bills. During her pregnancy, Dawn discovered that she had a hereditary heart condition. Nevertheless, Rosa grew up to be a healthy child and later had her own son at the age of 24. Meanwhile, Dawn's mental health continued to deteriorate over the years, due to constantly working, singlehandedly raising Rosa, and worrying about the heart condition that had killed her mother five years before Rosa was born.

Now at 67, Dawn lives in a two-bedroom apartment with her daughter and her 14-year-old grandson, Jeffery. They live on the 13th floor of a social housing apartment in the west end of Toronto. Dawn is becoming too weak to take the stairs as she ages, and her heart condition makes the thirteen flights of stairs a serious risk to her health. Dawn is afraid to use the apartment's elevator due to its disrepair. Furthermore, there have been incidences of violence and aggression in the elevators that Dawn has experienced and been warned of, which creates fear and anxiety that prevents her from using them.

Dawn's concern with the elevator disrepair is not unfounded. The physical conditions of her apartment building are extremely poor. There is often garbage in the elevators and lobby and sometimes feces lining the walls and ceilings. Not a week goes by without some level of problem occurring in the building or in Dawn's unit. This usually consists of an electrical malfunction, appliance breakdown, or deteriorating paint on the walls and ceilings. In addition to the physical conditions, some of the tenants' behaviours are negatively affecting other neighbours. This includes drug use, production, and dealing; harassment; partying; mental health-related behaviours, like screaming and excessive noise; inappropriate sexual behaviours; violence; firearms possession; and housing unit takeovers. Dawn fears that she is an easy target of harassment, especially late at night, and that being in a confined elevator will prevent her from escaping any aggressive or inappropriate situations. Her anxiety skyrockets when she is forced to take the elevator, and she describes the feeling as her chest compressing and heart racing—two symptoms that exacerbate her heart condition.

Dawn's family doctor at St. Michael's Hospital referred her to the Health Justice Initiative in order to address all of the compounding issues affecting Dawn's health. Her doctor believes that Dawn's human rights have been violated, and that her health is becoming increasingly rundown because of her situation. The doctor sends Dawn to the Health Justice Initiative with a list of questions: To what extent does housing act as a determinant of health? Does the landlord have a duty to help Dawn? How can Dawn's health team and legal team work together to mitigate her negative situation? These questions felt bigger than Dawn's situation, but she was ready to get

some answers, through legal services and intermediate levels of community action, to help her situation and to prevent the same occurring to Rosa, Jeffrey and others.

HOUSING AND HEALTH

The primary factors that influence the health of Canadians are not medical treatments, but the living conditions that they experience (Mikkonen & Raphael, 2010), i.e., the social determinants of health. Only 15% of what makes Canadians sick is because of their biology; the other 85% comes from factors such as lifestyle, access to healthcare, and the environment (Exhibit 1) (Canadian Medical Association, 2017). There are 14 social determinants of health considered in the Canadian context: income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, aboriginal status, gender, race, and disability (Exhibit 2) (Mikkonen & Raphael, 2010). Canada spends a tremendous amount of money on healthcare: in 2016, total health expenditure reached \$228 billion or 11% of Canada's GDP (CIHI, 2017). Once individuals leave healthcare facilities, they often return to conditions that made them sick in the first place. Health and illness occur on a social gradient, where a lower socioeconomic position leads to worse health. The social determinants of health expose the inequities in Canadian society and bring light to the complex and challenging problem that is healthcare.

Poor quality housing and homelessness are two crucial factors to the health of Canadians; without safe, affordable, and secure housing, health problems are a serious risk (Goering et al, 2014). Overcrowding, lack of clean water, lead and mould, pests, high costs, poor heating, inadequate ventilation, and vermin are all determinants of adverse health outcomes due to poor housing quality. Not only do these poor conditions affect health, but the stress that accompanies poor housing conditions can create negative mental health outcomes and coping mechanisms, as exemplified in Dawn's case. Furthermore, children who grow up in poor quality housing are at a greater risk of poor health throughout their lives (Mikkonen & Raphael, 2010). This is a concern for Dawn, as she grew up in social housing with compromised health, and also for her grandson Jeffrey's health. Living in inadequate housing leads children and youth to a number of negative outcomes, including aggressive behaviours, diminished school performance, asthma symptoms, and exposure to health hazards (Waterston, Grueger, & Samson, 2015).

It is difficult to link negative health effects exclusively to housing, since poverty, poor housing, and pre-existing illness are interrelated; however, it has been shown that housing on its own can cause adverse health effects. The impacts of housing on personal health and the healthcare system are evident, and, despite the apparent housing needs, Canada remains the only G8 country without a national housing strategy (Waterston, Grueger, & Samson, 2015). One in three Canadian households are in substandard housing conditions or in housing need (Waterston, Grueger, & Samson, 2015). The Canada Mortgage Housing Corporation (CMHC) helps Canadians meet their housing needs through access and affordability and has developed minimal housing standards to determine if housing is in "core need". Housing is considered to

be in “core need” (CMHC, 2017a) when it fails to meet one or more of the standards of adequacy¹, affordability², accessibility³, or suitability⁴ (Paradis, Wilson, & Logan, 2014).

Adequate housing is lacking for low-income families, individuals with mental illness and disabilities, seniors, Indigenous people, and recent immigrants and refugees (Dean, 2016). Social disadvantages such as social exclusion, poor education, and food insecurity are correlated with inadequate housing. These social disadvantages limit social integration and a sense of community among individuals and, ultimately, reduce their quality of life. Being a part of a community is a precursor to social, economic, and health benefits.

INTERNATIONAL HUMAN RIGHTS LAW

To have one’s own personal habitat, with peace, security, and dignity is not a privilege, but a necessity to ensure personal security, privacy, health, safety, and protection from the elements (United Nations Human Settlements Programme & Office of the High Commissioner for Human Rights, 2002). This necessity requires the international community to recognize adequate housing as a basic and fundamental human right. Since the Universal Declaration for Human Rights was adopted in 1948, the right to adequate housing has been explicitly recognized as a component of the right to an adequate standard of living in international human rights law. The strongest references to international legal rights for adequate housing are found in the Universal Declaration for Human Rights (UN Declaration) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

Article 25(1) of the UN Declaration states that, “Everyone has the right to a standard of living adequate for health and wellbeing of [themselves] and [their] family, including food, clothing, housing...” (United Nations Universal Declaration of Human Rights, 1948). The right to adequate housing enshrined in the UN Declaration applies to all member states of the United Nations.

Article 11(1) of the ICESCR reads, “The States parties to the present Covenant recognize the right of everyone to an adequate standard of living for [themselves] and [their] family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States parties will take appropriate steps to ensure the realization of this right...” (United Nations International Covenant on Economic, Social, and Cultural Rights, 1976).

International pressure from the Commission on Human Rights (Human Rights Council) on the right to adequate housing resulted in the mandate of “Special Rapporteur on adequate housing” in 2002 to help clarify the scope and content for the right to adequate housing (United Nations Human Settlements Programme & Office of the High Commissioner for Human Rights, 2002). International law creates legal duties for housing rights, and any state that deprives individuals of adequate housing can be considered *prima facie* failing to perform its obligations to adequate

¹ “Adequate” housing is affordable, equally accessible, habitable, and culturally adequate, with protection against threats to health (Bill C-400, 2012; United Nations High Commissioner for Human Rights, 2009). Adequate entails households that are in good state of repair, with the availability of services, materials, and infrastructure (CERA, 2006). It implies safe and secure communities (CWP, 2017) as well as security of tenure (UN CESCR, 1992).

² “Affordable” housing means that housing costs do not impede an individual’s ability to meet other basic needs (food, access to healthcare services, education, etc.) (Bill C-400, 2012). A common measure of 30% of an individual’s or household’s income before tax is used to determine if housing is considered to be affordable.

³ “Accessible” housing means barrier-free accommodations for the needs of individuals who have a disability (mental or physical disability, disadvantaged by age, medical condition, visible minority, or natural disaster) in order to eliminate inequities (Bill C-400, 2012; CERA, 2006).

⁴ Included in adequate housing is “suitable” housing, referring to National Occupancy Standards regarding the amount of space and bedrooms for the make-up of the household (CMHC, 2014).

housing under the Covenant according to the United Nations Committee on Economic, Social and Cultural Rights (“the UN committee”).

CANADIAN LAW

Canada and all of its provinces and territories have agreed to international law supporting the right to adequate housing in the ICESCR. Yet, there are no laws at the federal level translating these Covenants into Canadian law. The Canadian *Charter of Rights and Freedoms* does not enshrine housing rights, although one might consider the right to adequate housing protected under section 7 of the Charter: right to life, liberty, and security of the person, and under section 15: right to equality (Porter, 2003; Canada Without Poverty, 2017). Furthermore, the *Canadian Human Rights Act* provides individuals equal opportunity to have their needs accommodated without discrimination or adverse differentiation, and such discrimination is applicable to the denial of residential accommodation (c.33, s.6.) (Canadian Human Rights Act, 1985).

The UN committee performs periodic reviews on the implementation of the ICESCR. The March 2016 review of Canada showed concern at the failure of the Canadian government to fulfill the progressive realization of the right to housing (Committee on Economic, Social and Cultural Rights, 2016). Concerns included the absence of a national housing strategy, insufficient funding for housing, and shortage of social housing units. The Committee urged Canada to develop and effectively implement a national strategy on housing by increasing federal and provincial resources.

THE ONTARIO HUMAN RIGHTS CODE AND RESIDENTIAL TENANCIES ACT

For tenants like Dawn, accommodation is required in order to fulfill a happy and safe living arrangement. It is thus the landlord’s duty to accommodate these needs for Dawn and tenants, alike. Under the Ontario *Human Rights Code*, housing providers have a duty to accommodate certain needs of their tenants and to remove existing barriers to ensure the fulfillment of access to human rights (Human Rights Code, 1990; Ontario Human Rights Commission, n.d.). The duty to accommodate includes disabilities that “may be the result of a physical limitation, an ailment, a perceived limitation, or a combination of all these factors” (Centre for Equality Rights in Accommodation, 2017). The duty to accommodate includes three principles: respect for dignity, individualization, and integration and full participation. Failure of a landlord to provide accommodation in a timely manner can result in discrimination against a tenant, whether it is intended or not. For example, in Dawn’s case, her landlord should acknowledge her physical disability with the accommodation of improved elevator access to her apartment or relocation to a better-suited apartment, and above all, without discrimination.

The 2006 *Residential Tenancies Act* (RTA) provides protection to tenants from unlawful activities like evictions and provides a framework for the regulation of landlord and tenant rights and responsibilities (Residential Tenancies Act, 2017). The RTA states that “a landlord is responsible for providing and maintaining a residential complex, including the rental units in it, in a good state of repair and fit for habitation and for complying with health, safety, housing and maintenance standards” (RTA, 2006, s 20). Additionally, “a landlord shall not harass, obstruct, coerce, threaten or interfere with a tenant” (RTA, 2006, c. 17, s. 23).

Both the *Human Rights Code* and the *Residential Tenancies Act* can be emphasized in advocacy arguments for individuals’ rights. Many groups and organizations fighting to maintain and realize their right to housing hone in on Acts, such as these, to use legislation and policy to win tenancy arguments against positions of power, like landlords or housing corporations. Through leveraging the Code and Act, tenants like Dawn can use advocacy to make positive impacts on their physical and mental health.

FEDERAL BILLS ON HOUSING

There have been failed attempts in the past to develop explicit housing rights in Canadian legislation. Canadian politicians have brought forth private members' Bills seeking to ensure secure, adequate, accessible, and affordable housing for Canadians (Parliament of Canada, 2010). For examples, Bill C-304 was defeated in 2011 and Bill C-400 in 2013. The Bills set out requirements to establish a national housing strategy that would respect, protect, promote, and fulfil the right to adequate housing, and its accessibility to individuals with disabilities and vulnerable groups, as it is guaranteed under international human rights treaties that Canada has ratified.

CANADA MORTGAGE AND HOUSING CORPORATION

The government of Canada, through CMHC, works to improve access to affordable housing through federal funding. CMHC is governed by a board of directors and is accountable to Parliament through the Minister of Families, Children and Social Development (CMHC, 2017b). The Minister works with the Minister of Infrastructure and Communities to develop a national strategy for the Federal Government in supporting affordable housing. The legislative framework governing CMHC consists primarily of three Acts: the *Canada Mortgage and Housing Corporation Act* (1985), the *National Housing Act* (1985), and the *Financial Administration Act* (1985).

CMHC, on behalf of the Government of Canada, invests around \$2 billion annually for housing need in Canada (CMHC, 2017a). As part of the \$2 billion investment, CMHC provides federal funding for housing to provinces and territories under the Investment in Affordable Housing (IAH). IAH funding aims to increase the supply of affordable housing across Canada, improve and preserve its quality, and improve housing affordability for vulnerable Canadians.

TORONTO COMMUNITY HOUSING CORPORATION (TCHC)

TCHC is Canada's largest public housing agency (Toronto Star, 2011). TCHC is an agency of the City of Toronto and is funded by Toronto and the Government of Ontario. The administration of housing in Canada is the responsibility of municipalities, leaving TCHC to administer all public housing units within the City of Toronto. TCHC has over 58,000 units and 164,000 tenants across Toronto. These tenants are split up into 2,100 buildings, including high-, mid-, and low-rise apartments, townhouses, and homes (Toronto Community Housing Corporation, 2017a). The tenants have various payment methods, including rent geared to income, market-level rents, and subsidized rates.

The large size of TCHC makes it difficult to respond adequately to tenant needs. It is estimated that 5,000 units is an appropriate size for a public housing agency; however, TCHC consists of 58,000 units (Ridgway, 2016; Mayor's Task Force on Toronto Community Housing, 2016). Ever since the formation of TCHC in 2002, there has been a backlog of necessary housing repairs in the buildings (Côté & Tam, 2013). In order to meet the high price tag of the needed repairs, TCHC started selling off units and assets in 2011. Between 2013 and the end of 2016, TCHC spent \$911 million on repairs (Pagliaro, 2017a). This money was mainly the result of refinancing both TCHC mortgages and city loans and not funding from the city (Exhibit 3).

In 2017, the funding crisis only got worse. Premier Kathleen Wynne's provincial government cancelled \$150 million in annual funds. Although Prime Minister Justin Trudeau's federal government has committed to reinvesting in social planning, details of how the money will flow are still unknown. The uncertainty of funding has led TCHC to consider closing 1,000 units by the end of the year, which would relocate families and add to the already long waitlist of 181,000 people looking for affordable housing. If funding fails to materialize within the next five years,

Housing and Health: A Human Rights Approach to Wellbeing

half of TCHC buildings will be in “critical” condition, based on their standard ranking scale (Exhibit 4) (Pagliaro, 2017b). The Facility Condition Index (FCI) is a percentage of the cost for repairs versus the cost to replace buildings (TCHC Board Meeting, 2015). An FCI of 5% is good condition, between 11% and 30% is poor, and over 30% is critical. Poor to critical FCI indicates the building’s condition has a negative impact on the residents’ quality of life. Over 3,000 individuals live in “critical” units, and, out of 364 developments, 222 of them are in “poor” condition (Pagliaro, 2017b). TCHC has \$438 million worth of repairs to do in the next year in order to stay on target of the \$2.6 billion 10-year plan (Exhibit 4) set out by the city in 2013 to improve affordable housing. Currently, TCHC is \$350 million short.

The required repairs in TCHC properties are much more than fixing broken fridges and chipped paint (Exhibit 5); the foundations of buildings are crumbling, plumbing has failed, and roofs are leaking so much so that tenants require umbrellas indoors in order to walk up the stairs to their units. As exemplified in Dawn’s case, the poor living conditions ultimately take a toll on an individual’s mental and physical health.

Moreover, a lesser-publicized, but very serious harm to TCHC and social housing tenants are Housing Unit Takeovers (HUTs). HUTs threaten housing stability as unwanted parties commandeer tenant units (Weissman, 2016). 86% of HUTs occur in public housing and supportive housing, affecting the most vulnerable tenants: for example, individuals with physical or mental illnesses or addiction, single working mothers, and elderly and low-income individuals. Housing predators manipulate tenants physically and/or emotionally, sometimes by offering economic support, and take over a unit for drug trafficking, violence and sex, and other uses. Nearly two thirds of the time, predators are acquaintances of the tenant (Butera, 2013). Part of the reason HUTs are so common in public housing is due to the disrepair existing in TCHC units. Predators can easily enter ground floor units through damaged windows or enter high-level apartment units due to a lack of security or landlord response to tenant concerns. HUTs often go unreported due to fear of stigma or violence from neighbours and predators and a lack of education or awareness. It is imperative to advocate for the support for vulnerable tenants to make services and aid available. Advocacy groups, such as The Dream Team, perform research and education on supportive housing and HUTs. Their efforts have initiated projects like Safe at Home, where the community is involved in crime prevention and advisory support at an impactful intermediate level in supportive housing research (Weissman, 2017).

DAWN’S DECISION

Dawn has been living in unacceptable conditions for several years, and these conditions have caused negative health effects. Unsure of how to improve her situation, she has come to Julia at the Health Justice Initiative for help. Julia discusses Dawn’s options on how to proceed.

Dawn has the option to make arguments about her human rights at the Ontario Human Rights Tribunal or at the Landlord and Tenant Board. Dawn needs evidence to prove that she has experienced discrimination. Julia believes that Dawn has a valid human rights argument that could either hold at a hearing, or at the very least, bring awareness and give a voice to Dawn. How would she argue the urgency for Dawn’s deteriorating physical and mental health? Julia does note that the tribunal process has the potential to cause anxiety for Dawn, and with her already fragile mental health state, would this route be the best option for Dawn?

Dawn’s health is the top priority in the case at hand, and her housing is adversely affecting this. Since housing is such an important determinant of health, how should Dawn go about improving her health during this process? How can Dawn’s physician be involved in this case?

ALTERNATIVE: ADVOCACY

Although Julia is going to work to achieve a legal remedy for Dawn, she also suggests that Dawn join a tenant advocacy group. Affordable social housing struggles for government funding; there is not enough funding to build new units, and hardly any is given to updating and improving existing TCHC units. Due to funding shortages, alternative solutions to money are necessary for tenants to receive a remedy for their unliveable situations. Advocacy is one such route to improve the conditions for TCHC tenants. Systemic advocacy seeks to influence government policy and community attitudes through advocates sharing information and experiences. One such organization, the Advocacy Centre for Tenants Ontario (ACTO), works to improve the housing situation of Ontario residents, including low-income tenants (ACTO, 2017).

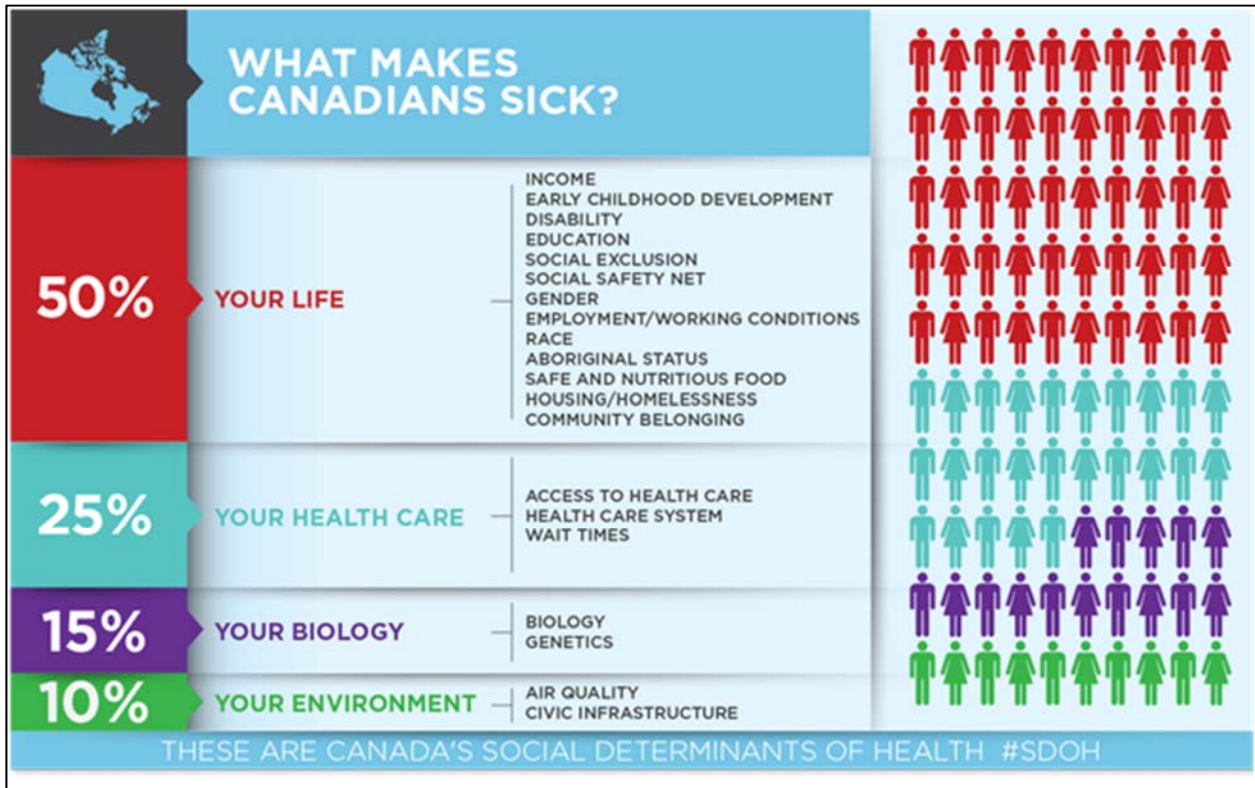
By creating partnerships with different interest groups and stakeholders, advocacy has the ability to make systematic change, at all levels, for housing rights. Julia has a list of tenant advocacy groups and Toronto housing organizations that participate in advocacy. How can Dawn get involved in these groups to successfully bring her voice to the table in order to create change? What can tenants do to advocate for change to TCHC housing conditions?

CONCLUSION

If Dawn continues to live in her current situation, her physical and mental health will continue to deteriorate. Julia is going to try to bring awareness to the situation and remedy Dawn's housing case. It is clear that such a complex case for Dawn's housing, health, and human rights will not be an easy fix. If her housing doesn't improve, Dawn and Julia know that Dawn's health will suffer. How can they effectively use the medical-legal partnership for Dawn's situation?

Dawn and Julia want to get this solved as soon as possible and aim for an end-of-the-year deadline. So with the start of the appointment, Dawn and Julia begin their uphill battle to fight for human rights.

EXHIBIT 1
What makes Canadians sick?



Source: Canadian Medical Association, 2017. Reprinted from Health equity and the social determinants of health, Canadian Medical Association Journal. © Canadian Medical Association 2017. This work is protected by copyright and the making of this copy was with the permission of the Canadian Medical Association Journal (www.cmaj.ca) and Access Copyright. Any alteration of its content or further copying in any form whatsoever is strictly prohibited unless otherwise permitted by law.

EXHIBIT 2
The Social Determinants of Health

Figure 1.1 A Model of the Determinants of Health

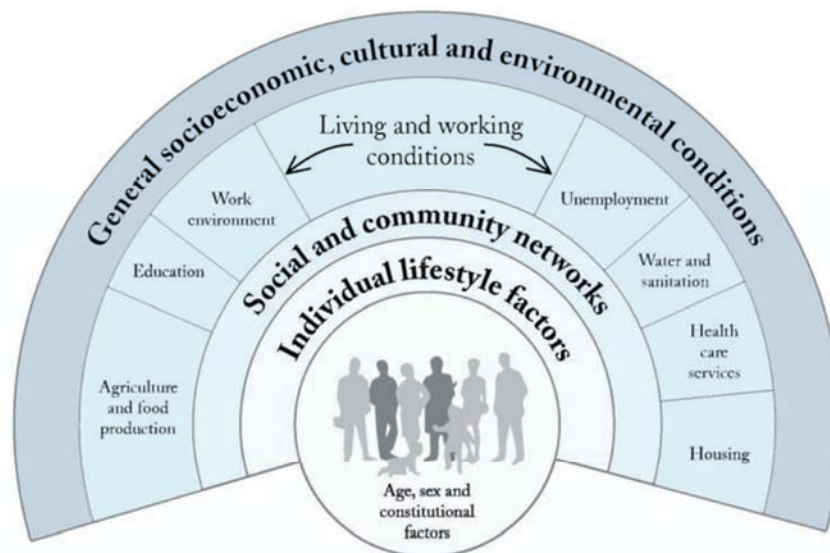
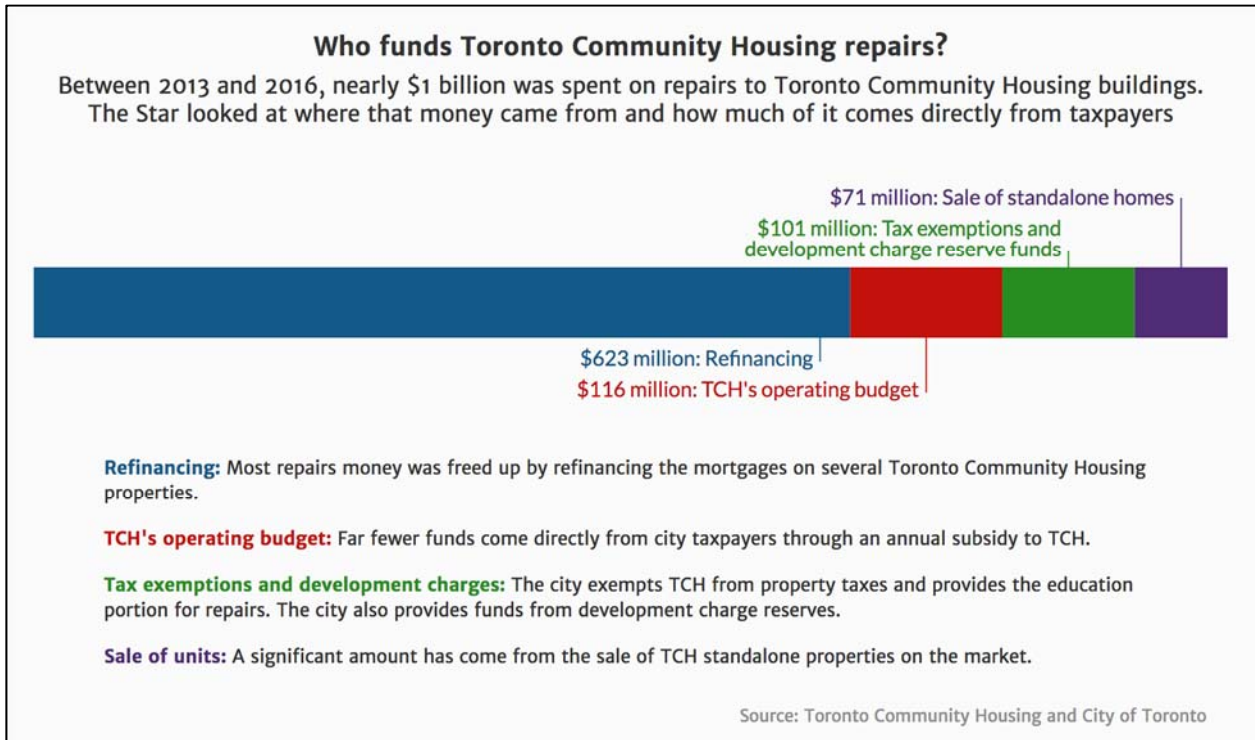


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

Source: Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.

Source: Mikkonen & Raphael, 2010.


EXHIBIT 3 TCHC Funding




Source: Pagliaro, 2017a.

EXHIBIT 4
TCHC 10-year Capital Plan


TCHC by the Numbers




2154
Total number of buildings owned by Toronto Community Housing.
841 single family homes, 86 multi-units homes and 1227 apartment and townhome buildings.



42 years
Average age of Toronto Community Housing buildings.
More than 1000 buildings are over 50 years old, while only 2 per cent (23 buildings) were built within the past 10 years.



\$2.6 billion
Total amount needed for capital repairs over 10 years.
To date, Toronto Community Housing and the City of Toronto have secured just over one-third of this funding, \$919 million.



\$1.73 billion
Funding shortfall for capital repairs.
We are working with the City of Toronto to call upon the Provincial and Federal governments to invest in our vital housing infrastructure.

Secured Funding (unaudited June 2017)

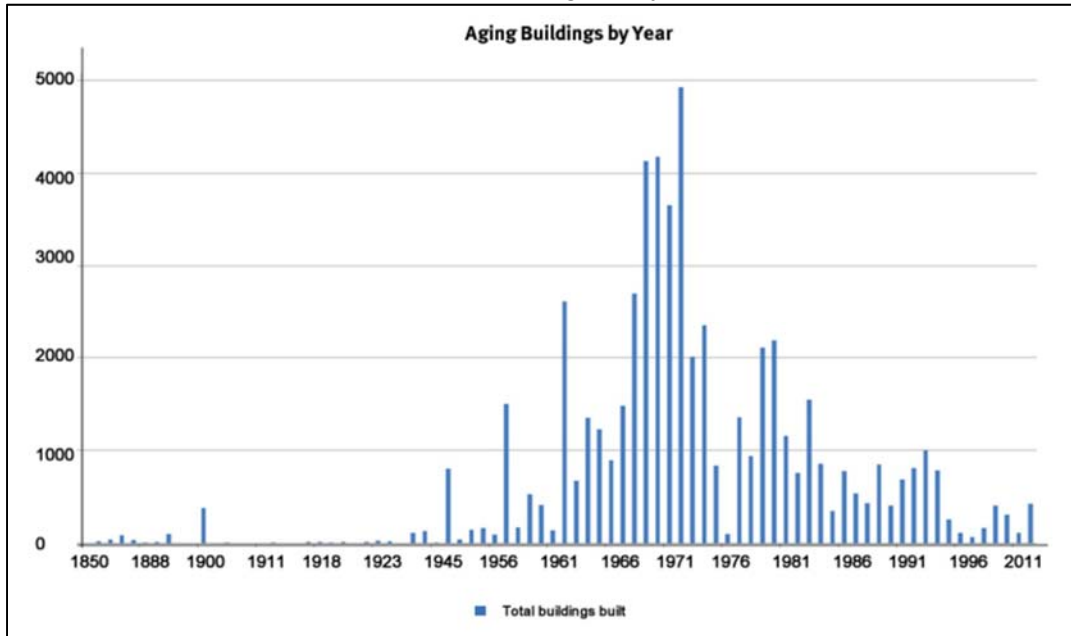
	Annual Capital Repair Funding Over 10 Years (Operating Budget)	\$296-million
	Property Tax Exemption Over 10 years	\$90-million
	Development Charge Reserve Allocation	\$10-million
	Sale of Stand Alone Units	\$78-million
	City loans refinancing	\$33-million
	Mortgage Refinancing	\$786-million
TOTAL:		\$1.239-billion*

EXHIBIT 4 (cont'd)

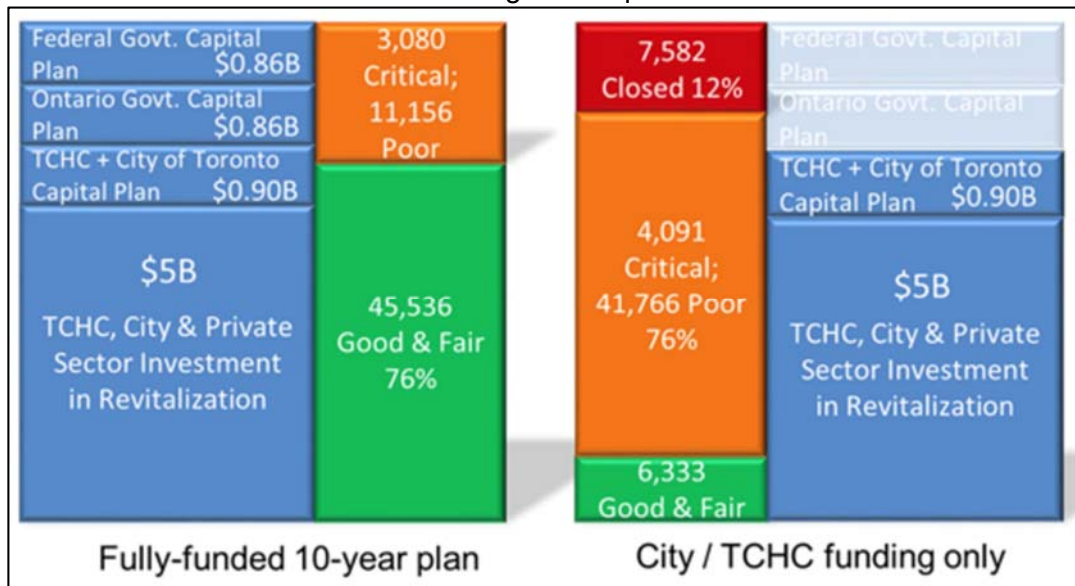
Missing Funding

● Government of Canada	\$864-million
● Government of Ontario	\$864-million
SUB-TOTAL: \$1.728 billion	

TCHC Building Lifecycle



No Funding Consequences



Source: Toronto Community Housing Corporation, 2017b.

EXHIBIT 5
Toronto Community Housing Disrepair Photographs

“Toronto Community Housing: Thousands of units could close due to lack of cash for repairs”



EXHIBIT 5 (cont'd)



Source: Cheung, 2016.

“Task force recommends shakeup at Toronto Community Housing”



Source: Torstar News Service, 2016.

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INSTRUCTOR GUIDANCE

Housing and Health: A Human Rights Approach to Wellbeing

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BACKGROUND

The Health Justice Initiative medical-legal partnership serves clients experiencing human rights violations, especially related to housing. Through the provision of legal services, education, and systemic advocacy, it aims to improve clients' care, health, and wellbeing. The current case revolves around a client and her many health struggles, amplified by her unliveable Toronto Community Housing Corporation (TCHC) unit. Like many TCHC units, it is in extreme disrepair and unlikely to change due to TCHC's funding shortage. The client is physically unable to take the stairs to her apartment due to a heart condition and mentally unable to take the elevator due to anxiety. It is necessary to transfer her to a low-rise building imminently, as her mental and physical health is deteriorating in her current situation. In efforts to restore the situation, a family physician refers the client to the Health Justice Initiative to explore the legal remedies available and to learn how the health team and legal team will work together to mitigate the situation. By applying knowledge of the social determinants of health, human rights, and housing law, a solution can be established to improve the client's health.

OBJECTIVES

1. Discuss the importance of housing as a social determinant of health and create definitions for adequate, accessible, and affordable housing.
2. Identify advocacy and policy windows to create change in the TCHC housing crisis.
3. Understand the usability of international housing law and the Human Rights Code to develop a human rights argument for TCHC tenant cases.
4. Understand the implications of international human rights treaties on Canadian federal legislation and the Canadian *Charter* in relation to housing and human rights.
5. Discuss the roles of a medical-legal partnership in public health and what other stakeholders are necessary to partner with in health and housing.

DISCUSSION QUESTIONS

1. Why is housing important to health? What are implications of poor social housing conditions?
2. Can economic, social, and cultural rights be litigated in court for housing policy? How do international and national treaties bind their parties?
3. Why is a national housing strategy important?
4. Develop a list of stakeholders necessary to create adequate, accessible, and affordable housing.
5. Brainstorm the ways in which housing policy and public health policy could be linked.
6. How can a medical-legal partnership leverage health-related policies?

KEYWORDS

Human rights; housing rights; social determinants of health; social housing; law.