



British Columbia's
Office of the Human Rights
Commissioner

Human rights in Cranbrook

Community Brief | April 2024

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APRIL 2024

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**Office of the Human Rights
Commissioner**



This Community Brief is based on research conducted on the traditional, ancestral and unceded territory of the Ktunaxa Nation. We are grateful for the Ktunaxa people's historic and current stewardship of these lands.

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If you are unsure about terminology used in this report, we invite you to visit our Human Rights Glossary at: bchumanrights.ca/glossary

Thank you

This work would not have been possible without the contributions of our Cranbrook Community Connectors: AIDS Network Kootenay Outreach and Support Society (ANKORS), Cranbrook Food Bank, Cranbrook Women's Resource Centre, REALM Services Inc. and Self-Advocates of the Rockies. In addition, we would like to offer our gratitude to Ktunaxa Nation's Health and Social Sector for generously connecting us with many individuals who access their services.

Who we are

B.C.'s Human Rights Commissioner is an independent officer of the Legislature. Under B.C.'s *Human Rights Code*, the Commissioner is responsible for promoting and protecting human rights in the province.

BC's Office of the Human Rights Commissioner (BCOHRC) envisions a province free from inequality, discrimination and injustice, where we uphold human rights for all and fulfil our responsibilities to one another. We strive to address the root causes of these issues by shifting laws, policies, practices and cultures. We do this work through education, research, advocacy, inquiry and monitoring.

Why we created this Community Brief

Soon after BC's Office of the Human Rights Commissioner was established in 2019, we began work on the Baseline Project, a multi-year project to map out the state of human rights in B.C. As part of the Baseline Project, we want to better understand human rights issues in different regions and in both urban and rural communities. To do this, we conducted in-depth research in several communities including Cranbrook.

Each individual Community Brief tells the human rights story of a single community. Our Community Brief series offers a sample of the critical human rights issues affecting people in different parts of the province and explores how they manifest in unique ways in each community. The Community Briefs also celebrate community strengths and actions being taken to address inequality, discrimination and injustice in communities throughout B.C.

How we created this Community Brief

Between November 2022 and June 2023, BCOHRC and local community organizations acting as “Community Connectors” conducted 14 focus groups and seven interviews with 90 individuals in Cranbrook, including service provider staff, those who access Community Connector programs or services and other people with lived experience of human rights issues.

This Community Brief reflects what we learned from all those who contributed to this project, supplemented with data from Statistics Canada, media sources and other relevant secondary sources. All quotations are from people who participated in the focus groups and interviews.

By necessity, this Community Brief is not comprehensive. We know there are human rights issues in Cranbrook that we were unable to learn about or include here and that much more could be said about each issue that is included. This Brief is offered as a snapshot intended to reflect several significant human rights issues in the community and to inspire action to address those issues.



7

interviews



14

focus groups



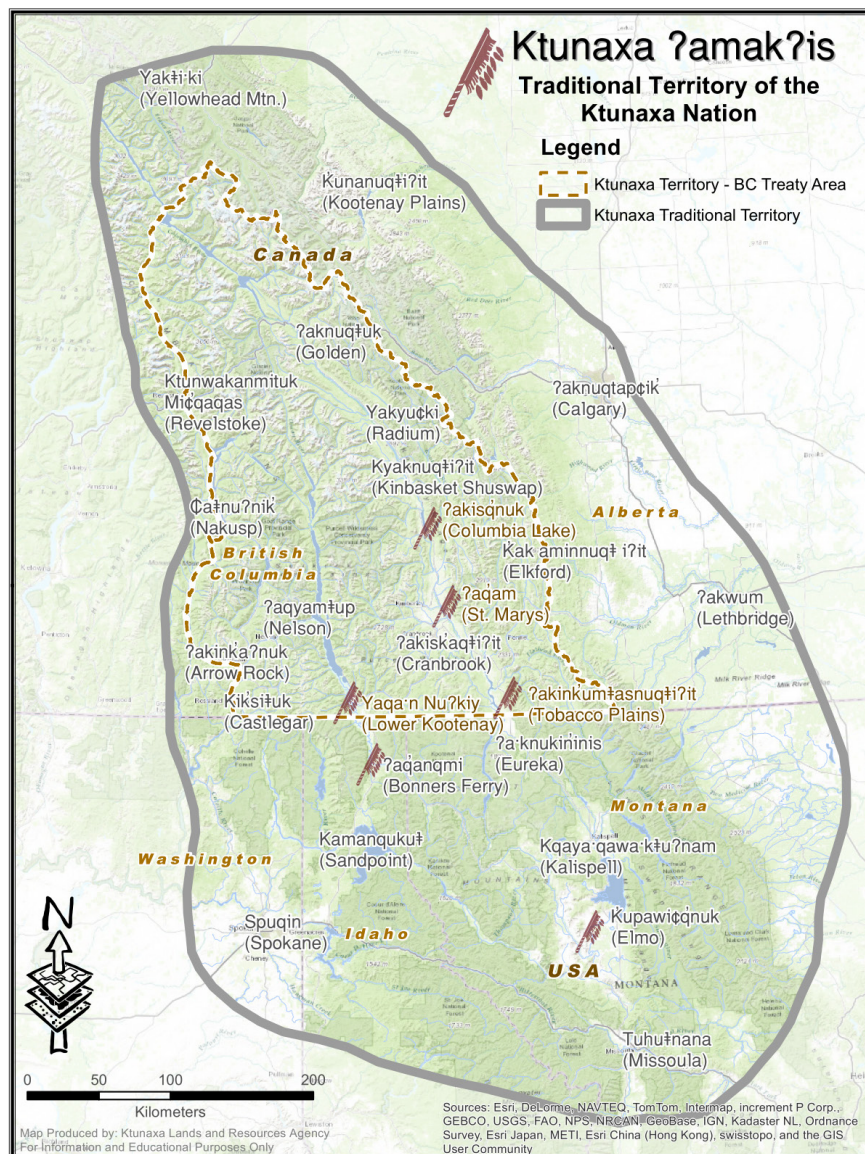
90

participants

Community background

A short history of Cranbrook

The City of Cranbrook sits between the Purcell and Rocky Mountains in the south-eastern East Kootenay region of British Columbia, on the unceded and traditional territories of Ktunaxa Nation. Ktunaxa Nation comprises six member bands, including ?aqam First Nation, which is the community closest to Cranbrook. For over 10,000 years, the Ktunaxa people lived on these lands, seasonally migrating throughout their vast traditional territory, which spans approximately 70,000 square kilometres, including what is now the Kootenay region of B.C. as well as parts of Alberta, Washington, Idaho and Montana.¹



Through the 18th and 19th centuries, early European settlers brought waves of epidemic disease causing many deaths among the Ktunaxa people.² Despite these profound losses, the Ktunaxa successfully involved themselves in new forms of economic activity, including ranching and farming.^{3,4}

In the late 19th century, a larger wave of European settlers were drawn to the area by the 1863 Wild Horse River Gold Rush, provincial laws that offered free or low-cost Crown land to white settlers and the 1898 decision to run the Canada Pacific Railway Line through what is now Cranbrook.⁵ At the same time, following the 1876 *Indian Act*, Ktunaxa people were violently dispossessed of their lands, including land where they had established ranches and farms, and moved to reserves. From 1912 to 1970, Indigenous children from Ktunaxa were forced to attend St. Eugene Mission residential school.

The Wild Horse River Gold Rush and Canada Pacific Railway Line also brought many Chinese immigrants to the Cranbrook area. By the early 20th century, Cranbrook was home to a large Chinatown community. The 1885 and 1923 *Chinese Immigration Act* both drastically limited Chinese immigration to Canada; by the mid-20th century Cranbrook's Chinatown was greatly diminished.⁶

Over the 20th century, mining and forestry industries developed in East Kootenay and Cranbrook became a service hub for the region. The consolidation of services in Cranbrook was accelerated in the early 2000s by the closure of many public services in surrounding communities.⁷

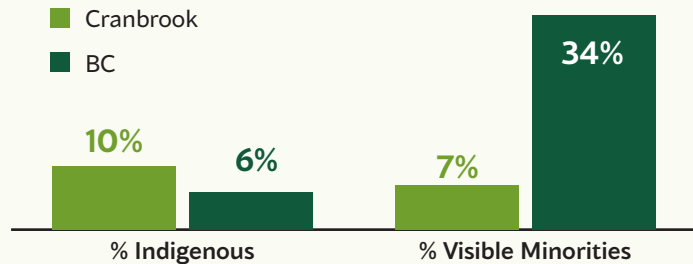
Today, Ktunaxa Nation is engaged in a process of nation rebuilding involving modern treaty negotiations, ongoing specific and special claims and cultural and language revitalization.



Snapshot of Cranbrook today⁸

The City of Cranbrook has a population of

20,499
people.

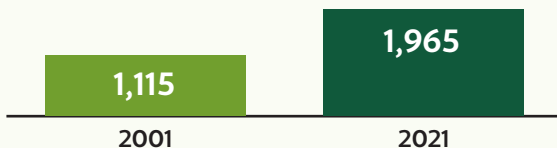


Cranbrook is a major service hub for the entire East

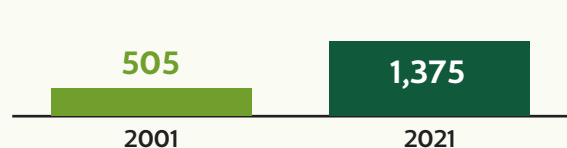
Kootenay region, which has a total population of 65,896 people. The biggest industries by share of labour force employed are retail (17 per cent), health care and social assistance (14 per cent) followed by construction (eight per cent) and food and accommodation services (eight per cent).

Some **10%** of Cranbrook residents are Indigenous and **7%** are visible minorities.

In 20 years, the **Indigenous** population nearly **doubled**



and the **visible minority** population nearly **tripled**



The population of Cranbrook is rapidly aging.

Over the past twenty years, the share of the population aged 65 or older rose from 14 per cent in 2001 to 24 per cent in 2021. In comparison, across B.C., 20 per cent of the population is aged 65 and older as of 2021.

Cranbrook is only a two-hour drive from the Alberta border.

Vancouver is twice as far away from Cranbrook as Calgary. Alberta has a major economic, cultural and political influence on the city, including a shared time zone (Mountain Standard Time).



“There is a whole huge part of B.C. that is not recognized by a big chunk of the province and I know it’s very similar for northern B.C. too. They feel the same way. So, it’s just having the awareness, actually knowing where different communities are in the area and even maybe moving some of those services past Kelowna and Kamloops.”



Housing and poverty

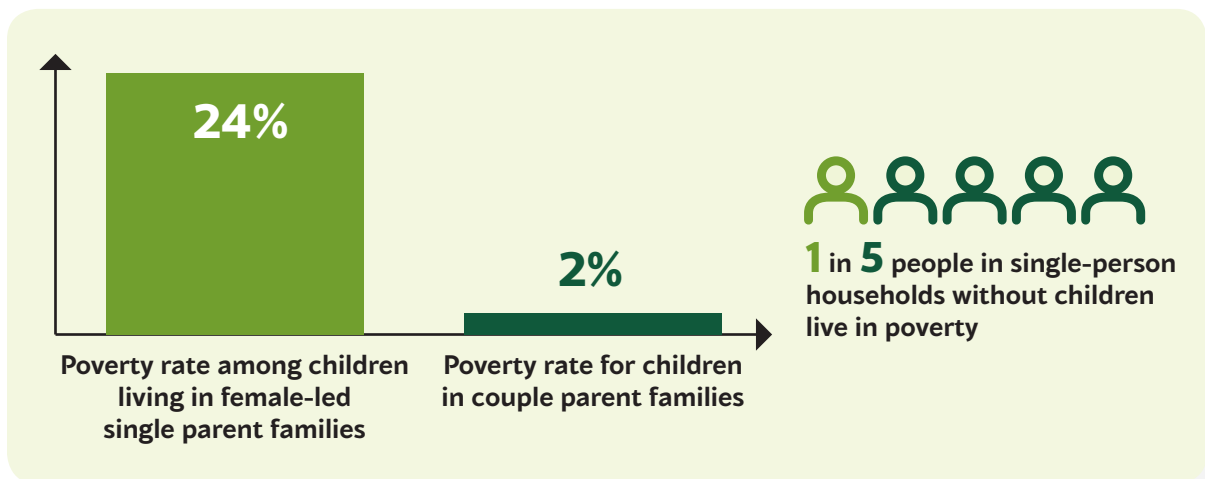
Many people we heard from in Cranbrook were concerned about the rising cost of living and the lack of affordable housing in the region. We also heard that stigma and discrimination prevent many people from accessing services and supports.

According to Statistics Canada's Market Basket Measure of poverty, in 2020, about six per cent of Cranbrook residents were living in poverty.⁹ Additionally, we heard how the rising cost of living is making it harder for many people to maintain an adequate standard of living.

“We are a middle-class family and we are struggling to get by.... That means you can't enjoy your life, you're just surviving.”

Some demographic groups in Cranbrook are disproportionately impacted by poverty. For instance, in 2020, the poverty rate among children living in female-led single parent families was 24 per cent, while the poverty rate for children in couple parent families was two per cent.¹⁰ One in five people single-person households without children were also living in poverty¹¹.

“I can't do it on my own. And before, I could easily. I learned that last year working... for 17 bucks an hour, minimum wage, and looking for a place. It wasn't going to happen with just me working.”



Housing crisis

We heard from nearly all participants that housing is a major human rights issue in Cranbrook. We heard that safe, suitable housing is challenging to find and that many are struggling to keep up with rising housing costs.

We heard the Cranbrook housing market experiences pressure from tourism in the neighbouring communities of Kimberley and Fernie. Participants shared that some visitors to the region buy houses to use as vacation homes and that many properties are listed as short-term rentals, both of which take away from the housing supply available to residents. It is unclear how new rules to curb short-term rentals, announced by the provincial government in October 2023, will impact Cranbrook's rental market.

In 2020, at a time when the government was providing temporary pandemic-related income relief, one in three tenants in Cranbrook were still spending 30 per cent of their income or more on housing.¹² For those on income assistance, paying market rent is often impossible.



1
in
3

tenants
spend

30%

of their income or
more on housing

“You can’t even rent a room for under \$850, and that’s not even what a lot of people get monthly.”

We heard that even “last resort” options are now financially out of reach for many. For example, we heard that rent at a local motel is now \$930 a month for a one-bedroom with no kitchen and \$1,600 for a two-bedroom unit with a kitchenette, and that some people are paying more than \$600 a month for trailers with no heat or hydro.

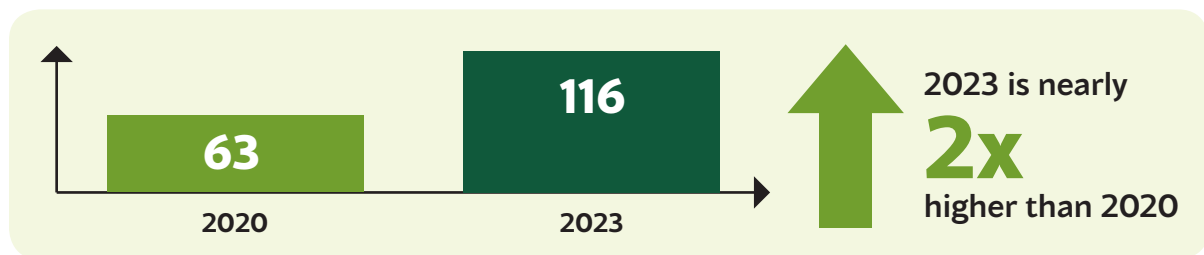
“My last rent raise, they didn’t even tell us. 150 bucks and I’m going, okay, where am I coming up with this now? And I live in an RV park for crying out loud.”

About one in seven tenant households in Cranbrook live in some form of subsidized housing, including those receiving rental supplements for market housing.¹³ However there is not enough subsidized housing available in the community to meet the needs of those who cannot afford market rents. We heard the expected wait time for a non-market housing placement is up to ten years.

Faced with limited housing options, many people are afraid of losing their housing, which can make them vulnerable to exploitation by landlords. We heard many examples of exploitation by landlords, including illegal rental increases and sexual exploitation. We heard there has been an increase in landlords advertising their properties as “room and board” rather than rental properties, using this loophole to circumvent legal protections for tenants.

“My rent went up 20 per cent overnight, and I know the law is four per cent but what am I going to do? If I say anything, I’m out on the streets.”

When rental housing is sold or destroyed¹⁴ or when people are evicted, former tenants may have nowhere to go. According to the 2023 Homeless Count, between 2020 and 2023, the number of people experiencing homelessness in Cranbrook nearly doubled from 63 to 116 individuals.¹⁵



We know that the point-in-time Homeless Count is an undercount. For instance, in fiscal year 2022/23 the temporary shelter served 267 distinct individuals.¹⁶ Many others who experience homelessness are less visible, including those camping in the woods, living in vehicles or sleeping on couches or floors.

“The rents have come up to a point where it’s absolutely [ridiculous], so one of the things that I’m seeing is that families are camping at Horseshoe Lake. They’re camping out in the woods.”

We heard that being unhoused creates many barriers to accessing other essential services. For instance, access to water and basic sanitation for people experiencing homelessness is a major human rights issue. One community organization reported increased requests for incontinence products from people who live in tents and do not have access to bathrooms. We heard that during the winter of 2022/23, multiple individuals experiencing homelessness lost fingers or toes due to severe frostbite.

“I can’t eat right, I can’t sleep properly or can’t take my meds if I don’t have a safe place to lay my head. And I’m on a high dose of Seroquel for my schizophrenia and it makes me more vulnerable.”

We heard that many people experiencing homelessness do not have ID or have had their ID stolen and that this poses a huge barrier to accessing all other services. One service provider reported that they order birth certificates for people to use as ID at least three times a week.

Being unhoused also makes it nearly impossible to secure work.

“Go get a job.’... I don’t know where I’m having a shower or if I’m even sleeping through the night.”

In April 2020, Cranbrook’s Travelodge Hotel was partially converted into a temporary shelter (53 beds total). It is the only year-round shelter for people experiencing homelessness in Cranbrook. It is expected to be replaced by a permanent 40-bed shelter by summer 2024.¹⁷

We heard there is need for more shelter space to ensure there is sufficient emergency housing and a need for more supportive and transitional housing options. We also heard concerns regarding some of the shelter's policies.

“We had somebody that was being discharged from hospital [at] 6:00 pm and needed...

a warm place due to medical reasons. And even having workers advocate and call down, offer to stand in line, they were like, ‘No, 4:00 p.m. is the cut-off. They can stay on the streets.’”

“A friend of mine has mental health issues.... He’s just that way, right? And they don’t understand. They just keep kicking him out.”

We heard that sometimes people are excluded or banned from the few non-market and emergency housing services available. While people are sometimes excluded from services because their behaviour violates rules and may even threaten the safety of other clients or staff, bans do not address the underlying challenges that person may be experiencing. These decisions tend to disproportionately affect vulnerable populations such as people experiencing complex mental health challenges and people with an abusive intimate partner. In a smaller community like Cranbrook with a limited range of housing options, the impact of being deemed unsafe or unsuitable for a particular housing facility is profound.

“In the rural towns, we’re particularly vulnerable because it’s not like we can go down the road and go to another apartment building or another program, another shelter. We’re squished.... We’re backed into a corner.”

In early 2023, Ktunaxa Nation opened a complex care house for those experiencing complex mental health challenges and who, in many cases, have been banned from the shelter or other housing facilities.¹⁸ This complex care house is an important community service. However, it has limited capacity, which means there are individuals who are not able to access any housing supports in Cranbrook.

Inequities in housing: People experiencing gender-based violence

The housing crisis increases women and gender diverse people’s vulnerability to gender-based violence. Service providers observed an increase in the number of women and gender-diverse people who are living in unsafe housing situations, including many who face sexual harassment or sexual exploitation by landlords or other occupants. The housing crisis also makes it much more difficult for people who are experiencing violence in their homes to leave abusive relationships.

“Our programs only scratch the surface of the issue. We can help them leave. We can help them, maybe, with some clothes or some toiletries. But we can’t help them with housing.”

Inequities in housing: Indigenous peoples

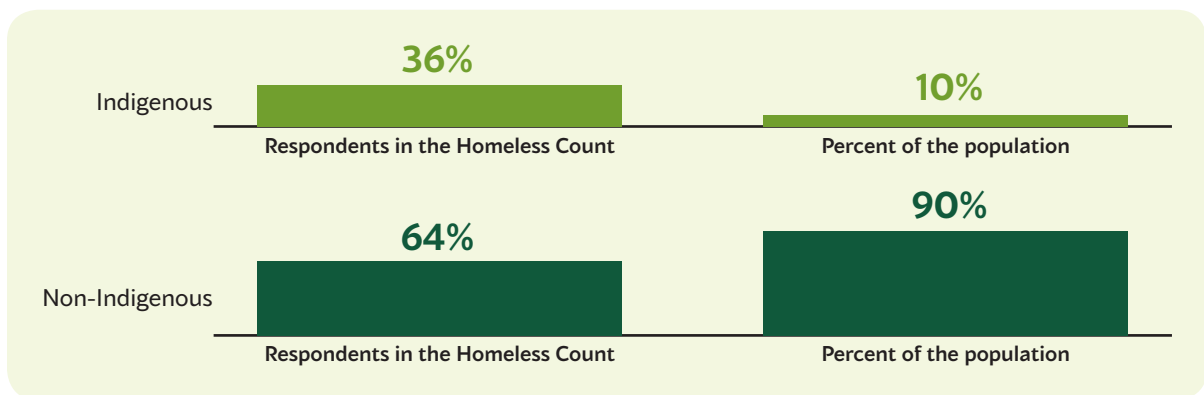
Decades of federal underfunding have created housing crises on many First Nation reserves. In ʔaqam First Nation, located five kilometres north of Cranbrook, pre-existing housing challenges were exacerbated by the summer 2023 wildfire, in which seven homes, representing 10 per cent of dwellings, burned down.¹⁹

The lack of adequate housing on reserve is one factor that drives many Indigenous people to move from reserves (from ʔaqam as well as other First Nation communities in B.C. and Alberta) to Cranbrook. This trend partially accounts for Cranbrook’s growing Indigenous population.

However, many Indigenous people face barriers to securing housing in Cranbrook including discrimination in the rental market.

“When I go and look at a place and they [say] we’re really worried about heavy drinking and partying and, I’m like, because I’m Native?... You don’t even know me, we just met.”

As in other communities, Indigenous people are overrepresented among people experiencing homelessness in Cranbrook, accounting for 36 per cent of respondents in the Homeless Count but only 10 per cent of the population. Three fifths of Indigenous respondents reported lived or generational experience with residential schools.²⁰



Inequities in housing: People with disabilities

The housing crisis also has a disproportionate impact on people with disabilities. Many people with disabilities struggle to find housing that is affordable and meets their accessibility needs. Some people with disabilities also experience discrimination in the rental market.

“We applied to so many places and only one person, because my son is special needs and has a wheelchair, would let us even look at a place.”

We also heard that many individuals with developmental disabilities in Cranbrook live in home-sharing arrangements where a host is paid to have a person with developmental disabilities live in their home. The home-sharing program was developed in the 1990s as an alternative to institutionalization and large group homes.

We heard from service providers and self-advocates that there are structural issues with the amount of funding available to support home-sharing providers, which has led to a shortage of providers and lengthy waitlists for people who want to move into a home-sharing arrangement. We also heard the need for more resources to vet providers and give them adequate training and support.

We heard from people with lived experience that while many have positive experiences with the home-share program, others experience exclusion or even abuse. When there are few housing alternatives, including few home-share placements and few suitable, affordable market rentals, it can be extremely difficult for people to leave abusive shared living arrangements.

Social assistance

We heard that social assistance rates including welfare and disability benefits are not enough for people to live on, especially given the high rents and rising cost of living in Cranbrook.

“If you really want to help homeless people, give them some way out of the situation. Don’t keep them perpetually locked there. ‘Cause when you’re handed not even enough money to survive every month... you’re never going to be able to save for this or that or get yourself up out of here.”

There are many barriers to even applying for and receiving social assistance including the lack of personal connection and support, technological barriers and lack of confidentiality in a smaller community like Cranbrook.

“There’s nothing but shame and indignity and people just won’t make it. I can’t believe how many people I meet who aren’t on social assistance.”

There are also many additional barriers to applying for disability benefits. We heard the process of applying for and receiving disability benefits is complex and can even be traumatizing.

When someone receives social assistance or disability benefits, there are very low thresholds for how much additional income they can make while working. We heard this keeps people trapped in a poverty cycle, having to make difficult choices between earning income and potentially losing benefits.

“There’s times when you’re in wellness, so why can’t you ... try to work in those times? Instead of just saying, ‘Oh, well, you’re disabled so you’re either on [social assistance] or you’re not, there’s no in-between.”

We heard from people with disabilities who lost their benefits when they got married or entered a common-law relationship. Losing benefits can create a major power imbalance in the relationship and can make women with disabilities especially vulnerable to gender-based forms of violence and abuse.

Food insecurity

Across Canada, between 2021 and 2022, the total number of food bank visits increased by 15 per cent.²¹ In Cranbrook, between September 2021 and September 2022, the number of new food bank clients increased by 58 per cent.²² The Cranbrook Food Bank has increased its daily supply of hampers from 20 to 30 hampers to 75 to 100. The rising cost of groceries, along with the rising cost of housing and other living expenses, means more people need to use the food bank and other meal programs to feed themselves and their families.

“I have people that work in the school system and they say the breakfast program and the hot lunch program, they’ve seen an exponential increase including staff that have to access it.”

We heard community stigma is a major challenge. Some people feel ashamed to access the food bank, which can prevent people from going to get food when they need it. Clients at the food bank shared experiences of being questioned or judged by others in the community for going to the food bank. This stigma is reinforced by attitudes in the community about who is deserving and undeserving of help. However, anyone can experience food insecurity.

“[We have clients] that drive nice cars. We have clients that live in the bush. We have all sorts of demographics and food insecurity can happen to everybody. We deliver to every neighbourhood. It is your neighbours.”

What helps

In fall 2022, Cranbrook Food Bank launched a new shopping model. Instead of receiving a generic hamper, when clients enter the Food Bank they pick up a shopping basket and choose which foods to bring home. We heard this new model helps give people more autonomy and dignity when using food bank services. It has the added benefit of reducing food waste by allowing people to skip foods they cannot eat due to allergies or other dietary restrictions.

One client described how she felt welcomed at the Cranbrook Food Bank:

“When you go there, you kind of feel like you’re being greeted by family, which is not something you usually get.... You guys recognize us.”

We heard food insecurity is also a significant issue in the neighbouring ʔaq̓am First Nation. Participants told us the ʔaq̓am health clinic recently took on the role of providing food to community members. Providing food has not only helped reduce hunger but has also earned trust and strengthened ʔaq̓am First Nation’s relationships with community members, in turn increasing community members’ access to other health services.

Health

Right to health care

Access to health care was raised many times in focus groups and interviews as a significant human rights priority in Cranbrook.

We heard that gaps in continuous primary health care disproportionately impact people with chronic and complex medical conditions. For example it can be extremely difficult to access needed medication for a chronic condition from a new doctor at a walk-in clinic.

“When you have an issue with your heart or with your colon, you shouldn’t have to wait months for an appointment to have it checked out.... My buddy’s had a colostomy bag for five years and they have done nothing for him.”

Cranbrook is home to the East Kootenay Regional Hospital. In response to a significant unmet need for primary care, the East Kootenay Primary Care Network was created in late 2020²³ and a new Urgent and Primary Care Centre was opened in late 2021.²⁴ While Cranbrook has many health services that other communities in the region do not have, it also faces the pressure of serving not only Cranbrook residents but the entirety of East Kootenay.

For example, in summer 2022, temporary closures of emergency departments in the neighbouring communities of Creston and Elkford increased pressure on Cranbrook’s East Kootenay Regional Hospital.²⁵ In August 2022, the BC Nurses’ Union announced that its members working at East Kootenay Regional Hospital were working over capacity, with staffing levels in some units at only 50 per cent.²⁶

There are ongoing challenges recruiting and retaining health care professionals in Cranbrook. The 2020 Housing Needs Report notes that the lack of affordable, suitable and quality housing has contributed to Cranbrook’s difficulty attracting skilled workers including health professionals.²⁷ We heard smaller communities like Cranbrook may also have even greater challenges retaining health care professionals than larger urban centres. A lack of health care professionals can create a vicious cycle where staff are overburdened then burn out and take on fewer patients or even leave the health profession entirely.

Participants shared that the East Kootenay Regional Hospital is not currently able to provide many specialist medical services such as radiation treatment.²⁸ As a result, Cranbrook residents must travel to Kelowna or Vancouver for some health services. Travel can be taxing and even dangerous, especially in winter conditions. For those who cannot drive, it can be difficult to secure reliable transportation even if costs are covered, and those who cannot afford the costs associated with travel sometimes forgo necessary medical care.

“Our hospital is constantly fundraising... to get more equipment.... If we had more resources here, we probably wouldn’t have to send families... to Kelowna or Calgary or go to Vancouver to access service.”

Inequities in health care: Indigenous people

We heard many Indigenous people experience discrimination when accessing health and community services. For instance, we heard Indigenous people are frequently dismissed or stereotyped as “just seeking pills” when trying to access necessary care.

“[Indigenous patients] feel that they’re... talked down to, not listened to, and people have already decided what their problem is and it usually has nothing to do with why they’re [actually] there.”

We heard some Indigenous people experience discrimination and hate from other community members when trying to access community-based services and supports.

“I’ve had moms try to go to breastfeeding support groups and feel completely unwelcome. Like they would sit down, and the other non-Indigenous moms would get up and move away from them.”

We heard that for many Indigenous people, these cumulative experiences of discrimination can make it difficult to trust or feel safe accessing any institution or service provider. As a result, we heard a disproportionate number of Indigenous people do not receive critical medical assistance including mental health care, prenatal care and care for chronic conditions like diabetes.

Inequities in health care: People experiencing homelessness and/or who use substances

We heard many people experiencing homelessness or who use substances will not seek medical care at the hospital because of how they or others they know have been treated there.

“I’m stuck and left on the hospital floor... Sometimes you need help at the hospital but they won’t help you because they think you just want a place to sleep. Or they say things... bad things. One time I was up at the hospital and a nurse said, ‘Well if you really wanted to kill yourself you would have.’”

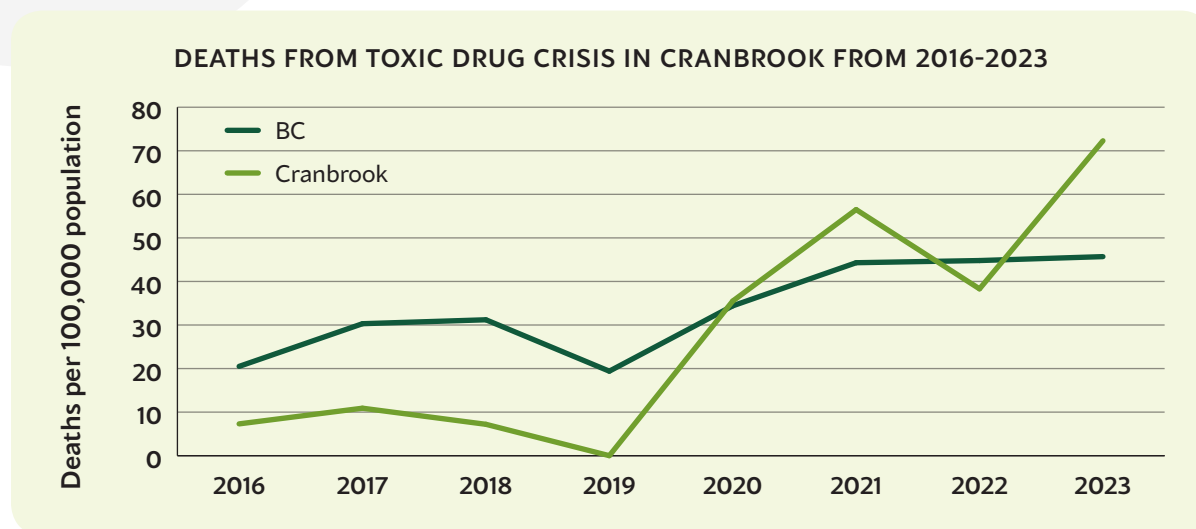
Inequities in health care: People with disabilities

We heard many people with disabilities experience discrimination in the health care system and that their medical needs are often dismissed or ignored. For example, one person with an intellectual disability shared her experience of a doctor dismissing her symptoms as “psychosomatic” assuming she would not know what that word meant. Advocates and self-advocates shared that it is very common for health care providers to speak to service providers rather than to clients directly if the client has a disability.

Mental health and substance use

We heard from many people in Cranbrook that access to mental health and substance use support is a human rights priority.

The toxic drug emergency has had a major impact on the community, especially since the beginning of the COVID-19 pandemic. Between January 2020 and August 2023, 51 people in Cranbrook died from the toxic drug supply.²⁹ In August 2023, ʔaąam First Nation declared a state of emergency around drug and gang-related deaths.³⁰ The Nation experienced multiple drug-related deaths over the past year. Noting ʔaąam’s small population, Chief Joe Pierre Jr. described these deaths as “literally affect[ing] 100 per cent of the community.”³¹



We heard from current and former substance users that people use substances for many reasons including to cope with trauma, violence and major life challenges.

“People end up abusing substances because they haven’t been helped before that.”

East Kootenay residents who need help with mental health and substance use can access support through Interior Health, Ktunaxa Nation and community organizations such as AIDS Network Kootenay Outreach and Support Society (ANKORS) and the East Kootenay Network of People who Use Drugs. In fall 2022, the provincial government added five public detox beds and five young adult substance use treatment beds at the Recovery Ranch treatment centre in Fort Steele, about 15 kilometres from Cranbrook, and announced the creation of several new mental health and substance use staff positions for the community.³² The East Kootenay region will also soon have a Foundry youth health and wellness centre where people aged 12 to 24 will have barrier-free access to medical and social supports including for mental health and substance use challenges.³³

Despite recent much-needed expansions to the mental health and substance use services available locally, there are still many barriers to access, especially for those who are most vulnerable. Many focus group participants shared that they have only been able to access mental health care when they reach a point of crisis. We heard there is a significant unmet need for low-barrier, low-cost, trauma-informed counselling.

“I don’t get to see mental health unless I have a breakdown or an issue, right? You don’t get to sit there and say, ‘I’m going to have one. Let’s talk.’”

We also heard that, due to staff capacity, most mental health services are available only during limited hours. There are also many barriers to substance use detox and treatment, including Opioid Agonist Treatment (OAT). We heard that even with the recent addition of detox and treatment beds, there are still often long wait times to access detox followed by long wait times again to access treatment.

Some people on OAT described barriers to consistently accessing their prescriptions despite the fact that one missed appointment can put someone into withdrawal. We heard that there are additional barriers to OAT for people living on reserve, including limited pharmacy access and challenges getting transportation into town. Recently, Ktunaxa and ʔaq̓am have partnered to increase the presence of OAT on reserve.

“You’re potentially losing your life from not getting your methadone.”

We also heard about a significant lack of support for people after they leave detox or treatment, which places them at extremely heightened risk of dying from the toxic drug supply. The lack of housing for people after treatment is especially problematic.

“We put people into detox...”

“... Only to bring them back to the street. And then they die because they overdose.”

In general, we heard there is a major gap in support for the most complex needs. Service providers reported how some clients are sent from institution to institution and some end up on the streets.

As with other health services, when mental health and substance use treatment is not available locally, people have to travel to larger centres to receive care. This can place someone already experiencing mental health or substance use challenges in a position of heightened vulnerability. We heard having to leave the community to access services can also be especially traumatic for Indigenous people.

“It rips them from the community which is translation back to a lot of that intergenerational trauma that many of us Indigenous people experienced.”

Service providers also shared that while new mental health and substance use services are needed, they are concerned about the long-term sustainability of these supports. For example, we heard that Cranbrook previously had a free counselling program and more recently a detox program through Ktunaxa Nation. However, both programs were based on short-term funding contracts. When the contracts ended, funding was not renewed and the supports were removed from the community.

What helps

The community organization ANKORS has facilitated several fireside chats about anti-stigma between health care providers and people with lived experience of substance use. In these non-institutional, non-hierarchical conversations, people with lived experience share their experiences and concerns. We heard these conversations have had a significant impact, with people who use drugs reporting an immediate improvement in how they are treated by health care staff.

We heard it has also been helpful to have ANKORS and East Kootenay Drug User Network staff present at the emergency room when people are brought in after an overdose. We heard having peer-based community support there helps people feel safe and allows them to connect with other services and supports when they leave the hospital.



Discrimination and hate

In addition to the discrimination in housing and health care described above, many people with diverse identities shared broader experiences of discrimination and hate across many facets of life in Cranbrook. Discrimination and hate not only cause direct harm to the person experiencing them, but by preventing people from accessing basic services to which they are entitled, discrimination creates systemic disparities and inequities.

The sections below summarize what we heard about discrimination and hate against Indigenous people, people experiencing homelessness, those who use substances, people with disabilities and people experiencing gender-based violence.

Indigenous peoples

Cranbrook is home to about 2,000 Indigenous people (10 per cent of the total population) and the neighbouring ʔaq̓am First Nation community has about 400 residents. The legacy of colonization has had a profound impact on the human rights of Indigenous peoples. Ktunaxa Elders have shared with media and researchers their memories of overt racial segregation in Cranbrook when they were growing up, including not being allowed into many stores in town.^{34,35}

“Indigenous people were not given human rights until the 1960s. At the time, they were not seen as people.... This is the root of the perception of Indigenous peoples that people tend to have here.”

Several Indigenous people living in the Cranbrook area shared present-day experiences of discrimination and exclusion in many aspects of life, including when seeking work.

“Being an Aboriginal, we don’t get hired in a lot of places. I’ve applied everywhere in the last 30 years and I’ve only received about three jobs.... They tell me [to] go back to the reserve.”

We also heard the need for more work to ensure Indigenous students are fully respected and included in schools. In the 2021/22 school year, in the Southeast Kootenay School District, the six-year completion rate for Indigenous students was 75 per cent, compared with 90 per cent for non-Indigenous students.³⁶

We heard that for many children and youth from ʔaq̓am, the band elementary school is a great place “where people understand them and they are practicing and trying to develop their culture.” However, we heard that many youth and their families struggle with the transition from this elementary school to the regular public system. As one participant shared, “they do not receive what they need once they hit the public system.”

What helps

Both Ktunaxa Nation and ʔaq̓am First Nation offer health and social services to their members, both on reserves and those living in Cranbrook, as well as to others in the community. We heard that some Indigenous people in Cranbrook feel safer accessing services offered by Ktunaxa Nation or ʔaq̓am First Nation than other services.

One important example of how Ktunaxa Nation continues to assert self-determination and seeks to meet the needs of community members is its work on child welfare through the Ktunaxa Kinbasket Child and Family Services Society. Ktunaxa Kinbasket has been undertaking extensive consultation and planning work to move child welfare under Ktunaxa Nation's jurisdiction.

“It’s exciting to have the opportunity to do things this way. A lot of Elders in their wildest dreams wouldn’t have seen this happening. It’s providing hope and a bit of ease for Elders to see there will be a system conducive to them. Child protection is a reality even though no one wants it, so it means a lot being able to do it in a way that aligns with our values.”



People experiencing homelessness and/or who use substances

Participants in our research reported that people experiencing homelessness, who are experiencing mental health challenges or who use substances face stigma, hate and discrimination in many areas of life in Cranbrook.

People experiencing homelessness are often viewed as dangerous. Some shared that they experience the stigma of being a substance user regardless of whether they use substances. Many participants shared experiences of being followed and harassed in public spaces. We also heard many people have experienced being photographed without consent and have had their photos posted on social media as a “warning” to the public.

“I could go into the store with \$1,000 and I get someone following me every single time. Every... single... time. Even when I go and buy diapers and stuff for my daughter.”

We heard these discriminatory attitudes are sometimes extended to the community agencies that respond to the needs of people experiencing homelessness, experience mental health challenges or use substances. For example, we heard staff who provide harm reduction services are sometimes targeted by hate including harassment and threats.

We heard people experiencing homelessness, those who use substances and those with mental health challenges can be temporarily or permanently banned from essential services such as pharmacies or Service BC locations. We heard the process by which people receive bans often feels arbitrary and opaque. It can also be difficult to get rid of a ban and there may be few alternatives for receiving essential services.

“Some of these clients are banned from every single pharmacy in the area, but there’s no staff to deliver medications, there’s no staff to meet the clients outside of the pharmacy, so they’re literally being denied their medication that is their right to have. Some of these are severe antipsychotics, some of these are medications that are literally lifesaving, and they’re being denied them.”

People with disabilities

People with disabilities also experience discrimination and hate in many areas of life. Many people with disabilities who participated in this project shared experiences of being excluded, ignored, dismissed or bullied.

“People kind of scrunch their nose up at you like you stink... or like something’s wrong with you.”

People with disabilities are not always given a fair chance when seeking work. Many participants shared the need for better understanding from employers about inclusion and accessibility in the workplace.

“There’s ‘Help Wanted’ signs everywhere but they’re not being given a chance, right? Or they are being given a chance and then being fired for things that are so far beyond their control.”

Many people with disabilities shared experiences of discrimination in the education system from both students and teachers. In 2021/22 in the Southeast Kootenay School District, the six-year completion rate for students with disabilities was 73 per cent compared with 87 per cent for all students.³⁷

“I had a teacher that didn’t like being there and he was really nasty and he said I teach this class because nobody else would put up with you guys.”

People with disabilities also shared experiences of discrimination in the transit system. In some cases, people reported no longer taking the bus because of these negative experiences. It is critical that people can access public transit as this affects access to all other services and parts of life.

What helps

Self-Advocates of the Rockies (SOAR), based in Cranbrook, supports people with diverse abilities in the region to connect, find their voice and advocate for their rights.³⁸ They have done community education work and government advocacy on issues including disability income assistance rates.³⁹ We heard that some of the most impactful work SOAR does involves building community for people with diverse abilities through phone trees and virtual and in-person social events. We heard these community events help people make friends and feel a sense of belonging while also helping people access a network of support when standing up for their rights.

“That’s why it’s good for us to be self-advocates and help the ones that are scared to speak up.”

Gender-based violence

Gender-based violence is a significant human rights issue across B.C., including in Cranbrook. We heard how discriminatory attitudes towards women and gender-diverse people increase the risk of violence and hinder effective response and support for those who have experienced violence. This is especially true for Indigenous women, women who use substances and women with disabilities.

In Cranbrook, we heard that Indigenous women and gender-diverse people experience an intersection of misogyny and racism that puts them at greater risk of violence. We heard many feel unsafe in the community. For instance, one participant shared that, as an Indigenous woman, she is scared walking down side roads in Cranbrook.

“The hate and fear here, it’s really dangerous for women. They’re extremely vulnerable... just walking downtown at night and you’re an Indigenous woman [or] if you look like you’re Indigenous.”

We heard law enforcement responses to gender-based violence are sometimes inadequate or even harmful, particularly for Indigenous women and gender-diverse people. We also heard that since Cranbrook is a smaller community, many people fear reporting perpetrators of violence, even as a third party, because they fear retaliation or that reporting will make the situation worse.

“You get a protection order for intimate partner abuse. Well, it’s a piece of paper I’ve been told....

I phone the police, they don’t come. So why would I do it. All the time, all the time.”

Women and gender-diverse people experiencing violence may not feel supported by services. We heard sometimes people decide the challenge and pain of engaging in systems and services is not worth the actual service being offered. We heard there is a need for more trauma-informed practice in community programming, as well as for services that can support women and gender-diverse people with a wide range of needs (for example, those who are using substances, those with children, those with diverse abilities, etc.).

Discriminatory attitudes also mean women and gender-diverse people who have experienced violence are not always believed and do not always receive the care they need, which makes them even more vulnerable. As one service provider shared:

“We’re talking about the vulnerability of women who are living in partner violence and still not being supported community wide. And so, yes, we have a transition house, yes, we have a women’s centre. We have people working with women, but they’re still very discriminated against in many different areas of Cranbrook, including the RCMP.... [T]he discrimination just poses more risk for them.”

What helps

Despite the legacy and ongoing structures of colonialism, the Ktunaxa people have continually asserted their inherent rights to their traditional territories and fought to preserve and revitalize their culture and language.

A major example is Ktunaxa Nation's reclamation of the St. Eugene Mission residential school site. After the residential school closed in 1970, the building was left empty and unused for twenty years.⁴⁰ In 1992, the four Ktunaxa Nation bands located in Canada, along with the Shuswap Indian Band, began the process of taking back the former residential school site. After two years of extensive community consultation, each of the five communities voted in referenda to restore and reopen St. Eugene Mission as a resort and tourism destination.⁴¹ Opened in 2003, the resort brings revenue to the communities and shares Ktunaxa culture, history and language with visitors through the Ktunaxa Interpretive Centre. As Ktunaxa Elder Mary Paul said, in words that are prominently displayed at St. Eugene:

"Since it was within the St. Eugene Mission School that the culture of the Kootenay Indian was taken away, it should be within that building that it is returned."⁴²

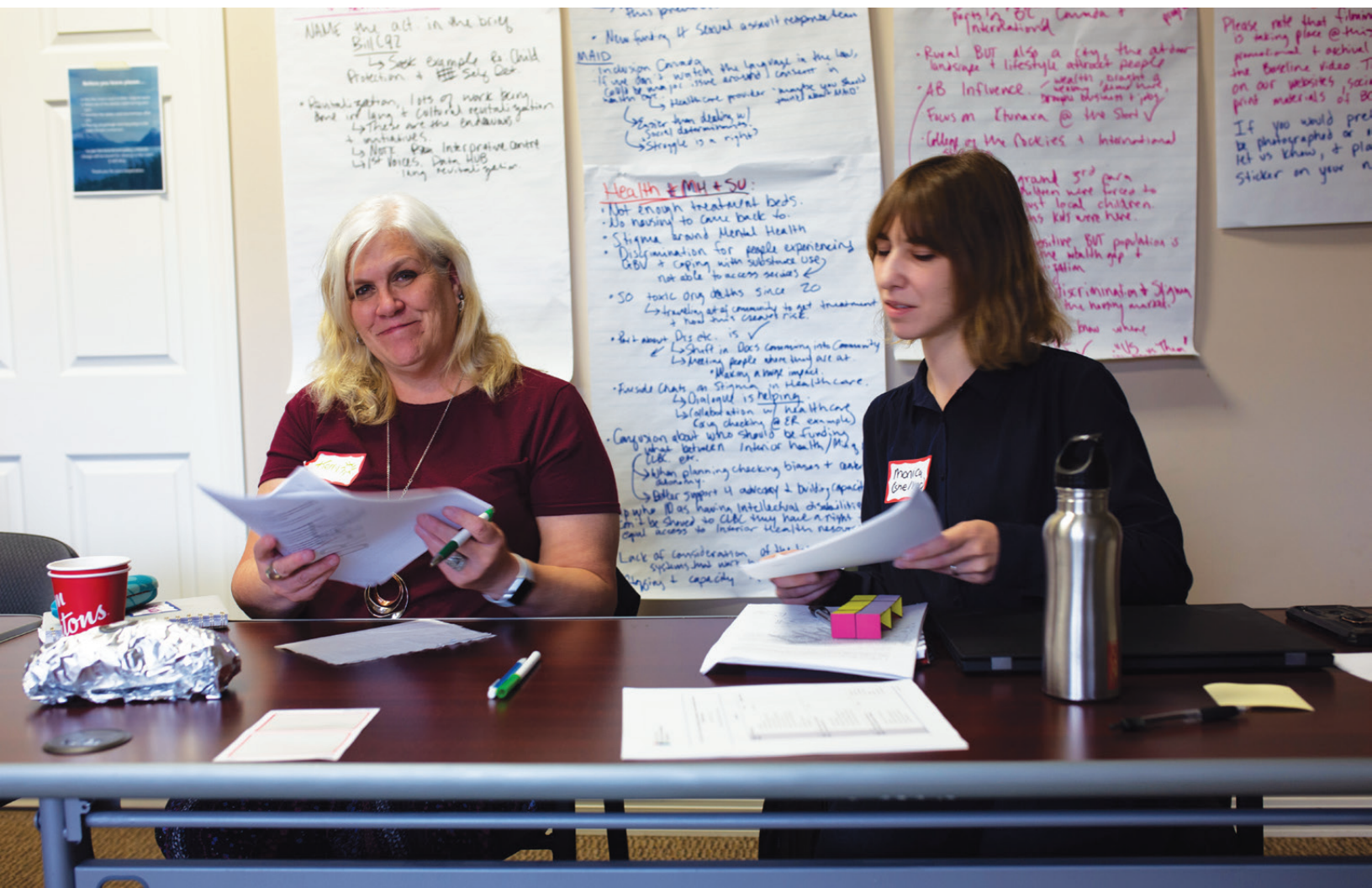
Conclusion

As in other communities in B.C., many people living in Cranbrook are experiencing significant human rights challenges, including poverty, inadequate access to housing and health care and discrimination and hate. Through conversations with community members we heard many examples of leadership by Ktunaxa Nation and ʔaᓄam First Nation as well as critical service provision and advocacy work by community organizations and others to help address these human rights challenges. Many people living in Cranbrook are working toward a more equitable future for their community. We hope this Community Brief contributes to those efforts.

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