

June 25, 2020

To:

Mayor John Tory, City of Toronto

City of Toronto Council Members

Cc: Dr. Eileen de Villa, Medical Officer of Health, City of Toronto; Toronto Police Services Board

Re: Nearly 400 Healthcare and Social Service Providers Sign Letter Demanding a Commitment from City Council to Defund the Toronto Police Service by at least 50%

We are writing as healthcare providers and organizations working in Toronto who join Black Lives Matter Toronto in demanding a commitment from city council to defund the Toronto Police Service's (TPS) \$1.1 billion budget by a minimum of 50% [1]. With continued police violence against Black and Indigenous communities, along with a looming budgetary shortfall of \$1.5 to \$2.8 billion that threatens the sustainability of vital community services [2], council should unanimously and immediately endorse a plan to reallocate, at a minimum, 50% of TPS's \$1.1 billion budget in order to invest in community-led safety initiatives and protect at risk services.

The City of Toronto is failing to protect the health, wellbeing, and safety of Black and Indigenous communities. Black and Indigenous communities experience deeply unjust levels of police violence, compounded by disproportionate rates of poverty. Between 2013-2017, Black Torontonians were the victims of 70% of fatal shootings involving police and 61.5% of cases involving the use of police force resulting in civilian death [3]. These statistics exist despite Black Torontonians making up just 8.8% of the population. Moreover, a Black person in this city is 20 times more likely to be shot and killed by police than a white person [3]. Indigenous communities experience the use of police force nearly 5 times greater than the general population [4]. This violence must stop.

While we support the Toronto Board of Health in recognizing anti-Black racism as a public health crisis [5], we know this declaration means little without substantive action. Implicit bias training, civilian reviews, and body cameras are inadequate stopgaps that have all failed to protect the lives of Black and Indigenous people [6, 7]. Incrementalism, including the proposed one-time 10% reduction in police funding [8], will also have little effect on ensuring the long term health, safety, and wellbeing of Black, Indigenous, and marginalized communities.

As healthcare providers, we acknowledge with deep shame our own ongoing complicity in upholding systems that put the lives of Black, Indigenous, and marginalized communities at risk. With an acknowledgment of the systemic racism embedded throughout our own work, we challenge Toronto City Council to join us in taking the lead from Black and Indigenous communities to envision a truly just and transformative response to addressing anti-Black and anti-Indigenous racism.

Additionally, as health providers and organizations who witness the profound health inequities in our society, we are deeply concerned about the mayor's proposed funding cuts to community and social services including subsidized housing, emergency shelters, community centres, youth hubs and public transit [2]. With 31% of Black people [9] and 87% of Indigenous people [10] in Toronto living in poverty, these cuts will disproportionately affect Black and Indigenous persons, further deepening poverty and social exclusion along racial lines.

We strongly believe in police-free, community-led, and trauma-informed alternatives to the police. This transformation is morally just, practically possible and fiscally necessary. These alternatives must centre the leadership and lived experiences of Black, Indigenous, and other marginalized communities that regularly engage with police forces, and be rooted in transformative justice. As such, we unequivocally endorse the full list of demands released by Black Lives Matter - Toronto [1] as outlined below and demand that all city councillors immediately and unanimously endorse the following:

1. Defund the Police by immediately redirecting, at a minimum, 50 percent of TPS's \$1.1 billion budget to protect and invest in affordable and supportive housing, food security programs, public transit, public libraries, and community-led safety initiatives.

2. Demilitarize the Police by:

- 1) Ending the Emergency Task Force (ETF) and Emergency Response Teams (ERT),
- 2) Removing all weaponry from law enforcement, and
- 3) Ending mass surveillance of Black, Indigenous, and marginalized communities through discontinuing the use of all surveillance technology.

3. Remove Cops in Schools by removing police and school resource officers (SROs) from all Public, Catholic, Private, and Post-Secondary schools in Toronto and across Canada.

4. Reduce Police Scope by ending:

- 1) All special constable programs and all policing on campuses,
- 2) The policing of public transportation,
- 3) The policing of minor bylaw infractions and noise complaints,
- 4) Paid-duty policing program (officers for hire by developers, street festivals, etc.),
- 5) Police collaboration with the Canadian Border Services Agency (CBSA),
- 6) Use of all stealth police cars and plainclothes operations,
- 7) Community policing patrols in highly racialized communities,
- 8) Carding

5. Document Police Violence by mandating the public collection of data involving police killing and incidents of police brutality for all local, regional, provincial, and federal police or law enforcement agencies disaggregated by race, gender, age and citizenship status.

6. Decriminalize Poverty, Drugs, HIV, & Sex Work by:

- 1) Releasing and expunging records for all poverty-related charges (including bylaw infractions, solicitation, sleeping outside, public urination, loitering, solicitation),

- 2) Decriminalizing drugs, sex work, and HIV status, and
- 3) Releasing and expunge records of all drug-related and sex work charges.

7. Create Alternatives by:

- 1) Creating Crisis Intervention and Mad* co-lead support teams by working with communities to develop models that work for them,
- 2) Creating police-free, community-led, trauma-informed emergency service for mental health/psychiatric distress and other forms of crisis,
- 3) Investing in community support for shelters, drop-ins, and after-school programming in low-income, Black, and Indigenous neighbourhoods,
- 4) Creating restorative services, mental health services, and community-run health centres,
- 5) Investing in harm reduction, including safe supply, supervised injection/inhalation sites, and harm-reduction outreach workers,
- 6) Establishing a community-based and trauma-informed emergency service for people who have experienced gender-based violence,
- 7) Implementation of civilian transportation safety service and better/safer road infrastructure for pedestrians, cyclists and public transit,
- 8) Creating a civilian conflict resolution resolution service to replace policing of minor bylaw infractions/noise complaints, and
- 9) Providing permanent, secure, and affordable housing for all people who require such.

*'Mad' is a term reclaimed by consumers/survivors of mental health services that refers to both an identity and philosophy that resists psychiatric labels rooted in the medical model of pathology. [11]

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