

Basic Income NOW, Atlantic Canada

Basic Income NOW, Atlantic Canada is a coalition of Atlantic Canadian organizations and individual advocates working in solidarity to call for the implementation of a basic income. We have reached consensus regarding the approach to a basic income program that we believe would greatly benefit the lives and well-being of Atlantic Canadians, as well as the social, economic, and cultural prosperity of the region. We present this consensus statement as a shared vision that allows us to strive together for a basic income guarantee as a poverty elimination strategy which is vital to future-proofing Atlantic Canada.

We believe that all people have the right to have their basic needs met and to live a dignified life. We know, however, that this is not the reality for millions of people in Canada. No one should be forced to live without access to safe housing, nutritious food, health care supports, or decent childcare. While an integrated, coordinated approach is needed to address these issues, without a guaranteed, regular, sufficient income, many if not all of these needs are out of reach. We believe a basic income guarantee will provide new possibilities for the well-being of everyone and help people to flourish.

What is the basic income guarantee (BIG) we want?

We join Coalition Canada Basic Income-revenu de base, Basic Income Canada Network, and Basic Income Canada Youth Network in advocating for a progressive BIG defined as ***a regular payment, made to people who need it, and distributed with minimal bureaucracy***. A BIG is an essential component of a just society but must not replace the social supports and services that currently exist, and which, in many cases, should be strengthened.

The following principles should guide the implementation of a BIG:

- ✓ **Universally accessible**. Everyone who needs it gets it.
- ✓ **Unconditional**. Subject only to income and residency requirements. Migrant workers and refugee claimants are eligible.
- ✓ **An essential component of a broad social safety net of universal supports and services**. A full, adequate BIG replaces income assistance but not other vital social programs. Housing, childcare, education, disability, addiction, mental health, and other supports should remain. BIG should coexist alongside efforts to strengthen social supports in other ways, such as implementing a livable minimum wage, pay equity, affordable housing options, corporate regulation, and universal pharmacare, dental care, and vision care.
- ✓ **Sufficient**. Set at a livable level, above the poverty line, enhanced for those with disabilities, and indexed to the cost of living.
- ✓ **Responsive to changing circumstances**. Simple to access. Delivered monthly or biweekly.
- ✓ **Respectful of autonomy**. Payable to individuals to be used at their sole discretion. No intrusive and degrading application or oversight processes.

- ✓ Respectful of Indigenous self-determination. Respecting autonomy and rights of Indigenous people to determine whether a basic income is delivered in their communities and, if so, what form it will take and how it will be implemented.

Why is a basic income necessary?

“The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living and working conditions they experience”, that is, social determinants of health ([Raphael et al., 2020](#), p. 11). Income is the single most impactful social determinant of health. When people do not have enough money to meet their basic needs, they are often also inadequately housed and food insecure, experience difficulty accessing health care, face barriers to education and employment, are more susceptible to chronic diseases and mental health problems and die prematurely. A [Statistics Canada study](#) estimated that, in Canada, over 40,000 preventable deaths per year result from income inequality. Recommendations for policy guidelines published in the *Canadian Medical Association Journal* ([Persaud and colleagues, 2021](#)) strongly recommend cash transfers to improve health outcomes and ensure all people have “a living income” and “can afford basic necessities such as food” (p. 7) as we transition out of the pandemic.

Rates of poverty and food insecurity are high and continue to climb. Poverty and food insecurity rates in Atlantic Canada are among the highest in Canada (e.g., [Frank, Fisher, & Saulnier, 2021](#); [Saulnier & Plante, 2021](#); [Health Accord NL Report, 2022](#)) and have only increased during the COVID pandemic. Colonial practices, systemic racism, ableism, sexism, and negative stereotypes are key factors influencing poverty rates and their health impacts. Hence, racialized people, persons with disabilities, single parents, recent immigrants, and adults aged 45-64 deemed able to work are particularly impacted.

Income assistance is inadequate and locks families in an intergenerational cycle of poverty. Our income assistance (welfare) system is broken and attempts to fix it have failed (e.g., see [Vince Calderhead’s analysis](#) of the Nova Scotia income assistance ‘transformation’ process). Across Canada income assistance rates are far below the poverty line, benefits are clawed back drastically with employment income, and rates have remained relatively stagnant since 1986. In Nova Scotia, for example, a single unemployed person currently receives only \$686 per month if they rent or own their home, an amount “enhanced” to \$950 per month if they have a disability. Further, income assistance systems are complex and difficult to navigate, and require recipients to submit to invasive and repeated scrutiny to ensure they qualify for the meager benefits they receive, which robs them of their dignity, but also their basic human rights to food, housing, and other necessities of life. Social assistance requires “employable” recipients to seek paid work, but not all work is paid work. Important work, such as child and elder care, is unpaid but should also be valued. Further, employment opportunities are very limited in some jurisdictions.

Poverty costs us all. Poverty is expensive. Higher health and crime costs, lost opportunities, forgone revenue, and intergenerational trauma due to poverty have been estimated to cost the Atlantic Provinces \$4.5 billion per year ([Saulnier & Plante, CCPA, 2021](#)). These costs could conceivably be reallocated if poverty were eliminated.

Targeted cash transfer programs confirm the benefits of BIG. We know a lot about the benefits of a BIG. Canada has implemented several forms of basic income already--for children and the elderly. These programs have reduced poverty and improved well-being in seniors and families with children (e.g.,

[Statistics Canada, 2012](#)). The proposed Canada Disability Benefit could do the same for those with disabilities, [if designed well](#), and should be expeditiously implemented with collaborative input from disabilities groups. These programs provide important supports to targeted groups but exclude many. A basic income would exclude no one.

[BIG will benefit local and regional economies and boost entrepreneurship](#). Studies of the Canada Child Benefit (CCB) show it [stimulated local economies](#). Indeed, “the economic activity generated by the CCB is almost twice the size of the CCB payments themselves” (CANCEA, 2019). Why? Because when people with low incomes receive support, they spend their money in the communities where they live, thus supporting local businesses. Increases in local spending lead to higher demand and, at times, job expansion for local businesses. A basic income also provides stability for those engaged in precarious paid work, such as entrepreneurs, artists, and those in low-paid jobs and serves as a [power equalizer for workers](#).

[BIG will return dignity and quality of life to all Atlantic Canadians](#). BIG pilot studies, including [reports](#) on the short-lived Ontario pilot, have shown that a basic income dramatically improves people’s life circumstances, reduces health care costs, increases the ability of people to make decisions for themselves, allows people to stay in school or pursue higher education, and has little effect on involvement in paid work (e.g., [Segal, Forget, & Banting, 2020](#)).

[The Canadian public supports BIG](#). There is considerable support for a basic income. A recent [poll](#) demonstrated that 3 in 5 Canadians support implementing a basic income. The final report of the Commission on Missing and Murdered Indigenous Women and Girls included two calls for a basic income. Open letters from [50 Senators](#), groups representing over [1 million Youth](#), 75,000 artists, United, Anglican, Evangelical Lutheran, and Presbyterian church leaders, [167 Health professionals](#), [120 CEOs](#), and others have called for a basic income.

Additional resources can be found on the [Coalition Canada](#), [Basic Income Canada Network](#), and [Basic Income Canada Youth Network](#) websites. The [FAQ document](#) developed by the [Coalition Canada](#) and the [Case for a Basic Income Series](#) are particularly useful.

Can We Afford It?

Affordable models for funding a BIG have been developed by the Basic Income Canada Network (BICN). These models show that it is possible to fund a BIG without increasing government expenditures by modifying federal and provincial tax credits to benefit those who really need them ([Pasma & Regehr, 2019](#)). These models also demonstrate that a BIG could be distributed through the tax system, similar to the administration of the Canada Emergency Response Benefit. To ensure success, barriers to filing income tax returns must be dismantled in any roll-out of a BIG.

The Atlantic Provinces are Leaders

Community-based advocacy efforts are on-going in all four Atlantic provinces. Recent reports from Newfoundland and Labrador identify a BIG as essential to a [just recovery from the pandemic](#) and [better health and well-being in the province](#). In PEI, an all-party [committee](#) of the Legislative Assembly recommended a fully-funded province-wide BIG be implemented. The [government of PEI](#) has requested that the federal government engage in discussions around its implementation. So far this has not happened. PEI could be the starting point for implementing a BIG across Canada, paving the way for

other provinces to follow; just as Saskatchewan was the starting point for universal health care. It is essential that the federal government engage with provincial, territorial, and Indigenous governments to develop a sustainable BIG.

We must take action to eliminate poverty, food insecurity, and other threats to the future prosperity of our region. COVID will not be the only global crisis we encounter. Transitioning to a green, sustainable economy will require huge economic and societal adjustments. Canada, in adopting the [United Nations' 2030 Agenda for Sustainable Development](#), has expressed a commitment to sustainable change. Implementing a basic income would support that commitment to “leave no one behind.”

When we raise our voices together, there is an opportunity for real change to take place.

Signatories,

Organizations

A Roof Over Your Head (NS)	Annapolis Community Health Board (NS)
Ally Centre of Cape Breton (NS)	
Antigonish Coalition to End Poverty (NS)	Greater Fredericton Social Innovation (NB)
Antigonish Community Transit Society (NS)	Halifax Food Policy Alliance (NS)
Antigonish Women's Resource Centre & Sexual Assault Services Association (NS)	International Association for Premenstrual Disorders (NS)
Basic Income Nova Scotia (NS)	Kings County Community Food Council (NS)
Canadian Mental Health Association (CMHA) Halifax-Dartmouth (NS)	Latin American Mission Program of the Roman Catholic Diocese of Charlottetown (PE)
Cape Breton Coalition for Social Justice (NS)	Leeside Society (NS)
Charlotte Street Arts Centre (NB)	Les Religieuses Notre-Dame-du-Sacré-Coeur (NB)
Circle of Trust Canada (NS)	Martha Justice Ministry, Sisters of St. Martha, Antigonish (NS)
Coady Institute (NS)	Nova Scotia Action Coalition for Community Well-Being (NS)
Community Advocates Network (NS)	PEI Advisory Council on the Status of Women (PE)
Cooper Institute (PE)	PEI Working Group for a Livable Income (PE)
Conseil de santé de Clare / Clare Community Health Board (NS)	Pictou County Women's Resource and Sexual Assault Centre (NS)
Creative Action Digital Video (NS)	Religious Social Action Coalition NL (NL)
Digby and Area Community Health Board (NS)	Sisters of Charity of the Immaculate Conception (NB)
Eastern Shore Musquodoboit Community Health Board (NS)	
Facilitators for Social Change (NS)	

Sisters of St. Martha of Prince Edward Island Earth Justice Committee and Leadership Team (PE)

Social Justice Committee, St James United Church (NS)

Springhill Oxford Amherst and Area Community Health Board (NS)

Urban Jars Halifax (NS)

WA Action (NB)

Women Centres Connect (NS)

Women's Network PEI (PE)

Yarmouth County Community Health Board (NS)

YMCA of Western NL (NL)

Young Canadians Roundtable on Health

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Benjamin Fraser (NS)

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Betty O'Neil (NS)

Blair Cowan (PE)

Blythe Martin (PE)

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Brandon Hussey (NS)

Brandon Kelley (NB)

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Brenda Morrison (NS)

Brian Bell (NS)

Brian Sauntry (NS)

Brittany Orav-Lakaski (NS)

Bryan Price (NB)

Caley Chisholm (NS)

Candace DeLorey (NS)

Candy Wigmore (PE)

Carl Wigmore (PE)

Carole Betts (PE)

Carole MacLeod (NS)

Caroline Hemstock (NS)

Carolyn Clackdoyle (NS)

Cassie Matheson (PE)

Catherine Hart (NS)

Catherine Littler (NS)

Catherine Sweet (NS)

Cecelia d'Entremont (NS)

Celeste Gottel (NS)

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