Thank you for the opportunity to speak to you today. My name is Leslie Shanks and I represent Inner City Health Associates, a group of physicians working with the homeless. Our doctors provide care to the men in Seaton House and in many other shelters and drop-in centres in Toronto. Let me start by saying clearly that the current living conditions at Seaton House are not in any way acceptable --- neither in terms of health conditions nor on the basis of simple human dignity. Seaton House needs to be re-built and the sooner the better.

We therefore welcome the general directions set out in this report. It contains many positive, exciting elements that have the potential to transform how we provide services to this very vulnerable population.

We are, however, very concerned that the current proposal will result in a dramatic cut in shelter beds. This cut ignores the pre-condition to the GSR that was set by Council in 2013, namely that no hostel bed would be lost in either the transition or in the redevelopment phase. Yet, approximately 1/3 of the beds in Seaton House will disappear if the proposal before you is accepted. This loss of beds will make it even more difficult to attain the target of less than 90% occupancy rate in the shelter system as a whole. Shelter use is going up in the City. In February of this year, single men's shelter use was at 98% and the overall system was at 93%. Since then we have seen the loss of Hope Shelter, with 124 Emergency Shelter beds to name just one of the shelters closed this year.

Clearly shelters are not the answer to solving homelessness in Toronto. Much more can and should be done to address the drivers of homelessness, and to implement evidence based solutions to support people to achieve permanent housing. This report plans for some of these---such as new supportive living housing with variable levels of support to meet individual need and a commitment to a Housing First strategy. Yet until we see occupancy levels stop their upward spiral and get below your own target of 90% occupancy, we can't afford to lose more beds in the shelter system.

You are today being asked to support funding for housing 200 people permanently, in return for not opening the two shelters that were earlier promised to replace beds in the current Seaton House. But beds are not people. Each shelter bed is used by an average of 3.7 people. Housing 200 people, even if successfully achieved, will not translate into a need for 200 less shelter beds. If only this were the case.

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We need to invest more in getting people housed. This requires a multi-sector approach involving all levels of government. But until those solutions are in place, and showing results, we can't afford to close more shelter beds. Otherwise, the end result of the 'Revitalisation" will be more men and women living on the streets of Toronto.

We therefore ask Council to support the positive directions contained in this report, while keeping the promise not to lose shelter beds. To that end, we request a report, explaining how the Council's pre-requisite to not lose any shelter beds in the GSR process will be met and along with meeting the target for shelter occupancy < 90% in the system as a whole. Further, that this report be made available prior to the 2016 Budget process. Otherwise, we are afraid that the City's own commitments to homelessness will not be met.

Dr. Leslie Shanks, Medical Director, Inner City Health Associates