

# CD25.5.1

Councillor Pasternak and members  
Community Development and Recreation Committee  
City of Toronto

**January 17, 2017**

**Deputation:** CD25.5 - Review of Current Winter Respite and Shelter Services During the Recent Cold Weather.

There is a long history of individuals including myself, front-line workers, organizations and faith groups providing evidence on the crisis in the shelter system and calling for action.

Attached please find a sample:

December 5-7, 2017 - Registered Nurses Association of Ontario letter to Mayor and Council

June 6, 2017 – deputation to CDR Committee

March 3, 2017 – notes from meetings with Councillor Matlow and Interim General Manager SSH and community

Feb. 14, 2017 – Open letter from Out of the Cold members and faith leaders

Jan. 31, 2017 – Open letter from Social Planning Toronto

Jan. 14, 2017 – complaint to Shelter Housing and Support

Jan. 16, 2017 – correspondence to Ombudsman Toronto, City Manager, Director Office of Equity, Diversity and Human Rights, Interim General Manager SSH

March 2, 2016 – NOW Magazine article ‘Toronto’s emergency shelter shortfall is morally negligent.’

May 16, 2016 – Open letter to Mayor

June 28, 2014 – deputation to Board of Health

June 14, 2013 – deputation to CDR Committee

**Of note: Extensive materials from the 1990s to 2014 are in the Toronto Disaster Relief Committee fonds at the City of Toronto Archives. They cover the era of General Managers John Jagt, Phil Brown, Phillip Abrahams, Rob Cressman and Mayors Lastman, Miller, Ford and Tory.**

Today I call for:

- 1) A declaration of a shelter emergency in the city;
- 2) Extension of the winter respite centres past April 15;
- 3) Keeping the Moss Park Armoury open as a 24 hour emergency shelter, and a request to the federal government for use of the Fort York Armoury for same;
- 4) The immediate creation of Shelter Standards that must be applied to the Out of the Cold program, 24-hour winter respite centres, 24 hour drop-ins, warming centres and cooling centres;
- 5) The immediate development of a 24-hour referral centre for families with children that is not the Peter Street Referral Centre;
- 6) The funding of 1000+ real shelter beds to bring shelter capacity to 90%.

Cathy Crowe, RN, Street Nurse  
Distinguished Visiting Practitioner  
Ryerson University  
cathyacrowe@gmail.com



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

Mayor Tory and Toronto City Councillors  
100 Queen Street West  
Toronto, ON M5H 2N2

**RE: Please take emergency action on shelter beds.  
CD24.7 Shelter Infrastructure Plan and Progress Report, December 5-7,  
2017**

Dear Mayor Tory and members of Toronto City Council,

I am writing about the current shelter crisis in Toronto. The demand for shelter services in the city has been rising steadily since 2012. 1 2 3 Demand for shelter beds has stretched the system's capacity beyond its limits. 4 The city's daily shelter census occupancy rates regularly exceed 90 per cent; the latest reported rate was 96 per cent, for November 13, 2017.5 Given our long history of advocacy on behalf of homeless people, the Registered Nurses' Association Ontario (RNAO) is urging the city to take action to address this serious matter before the temperatures drop, and homeless people begin to die in our streets.

Toronto has many homelessness people. Compared with other cities in Canada, Toronto has the second highest percentage of its citizens in core housing need – 19.9 per cent in 2014.6 Homelessness is a virtual guarantee of misery and ill health. Homelessness is preventable and so are many of the related deaths. Toronto must take steps to save homeless people's lives.

This is why for the December 5-7 Meeting 35 of City Council, the Registered Nurses' Association of Ontario (RNAO) urges you to support the recommendations of the Community Development and Recreation Committee in the 2018 Shelter Infrastructure Plan and Progress Report (item CD24.7). In particular, we ask you to:

- Declare an emergency for the shelter system
- Open 1,000 new shelter beds
- Open emergency shelters at the Fort York and Moss Park armouries

The full text of the relevant recommendations reads as follows:

9. "City Council request the Mayor to use his authority under the Toronto Municipal Code, Chapter 59, Emergency Management, to declare an emergency exists with respect to the City's shelter system and direct that a response be

created that allows for additional temporary shelter space for men and women, including trans-accessible beds, to be opened by the end of 2017 to protect the health, safety and welfare of our most vulnerable residents for the duration of the emergency.”

1. “City Council direct the General Manager, Shelter, Support and Housing Administration, to include in the 2018 Shelter Infrastructure Plan the opening of 1,000 new shelter beds (rather than drop-in beds) to meet the standard of 90 per cent shelter occupancy across all sectors, which includes low-threshold, harm reduction focused shelters.”

11. “City Council request the Mayor to contact the Federal Government through the Prime Minister and the Minister of National Defense to open emergency shelters at the Fort York Armoury and the Moss Park Armoury for the duration of the emergency.”

Mayor Tory, we urge you and your fellow members of council – in the strongest possible terms – to accept these recommendations. It is a matter of life and death for Toronto’s homeless population.

Warmest regards,

Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT Chief Executive Officer,  
RNAO

- 1 City of Toronto. *Staff report: Service Level Impact of the 2017 Service Adjustments to SSHA*,6-7.
- 2 City of Toronto (2016). *2016-2017 Winter Readiness and Update on Shelter Occupancy*. October 5, 2016.<http://www.toronto.ca/legdocs/mmis/2016/cd/bgrd/backgroundfile-97132.pdf>.
- 3 City of Toronto (Nov. 10/17). *2018 Shelter Infrastructure Plan and Progress Report*.
- 4 City of Toronto (Oct. 11/2017). *Report for Action: Managing Refugee Flows*.
- 5 City of Toronto (2017). *Daily Shelter Census*, November 13, 2017. <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=4ec8c0e9f7301410VgnVCM10000071d60f89RCRD&vgnextchannel=c0aeab2cedfb0410VgnVCM10000071d60f89RCRD>.
- 6 Canada Mortgage and Housing Corporation (2017). *Core housing need remains high in Peterborough and Toronto*. Ottawa. [https://www.cmhc-schl.gc.ca/en/hoficlincl/observer/observer\\_129.cfm](https://www.cmhc-schl.gc.ca/en/hoficlincl/observer/observer_129.cfm)
- 7 Toronto. (2017). *2018 Shelter Infrastructure Plan and Progress Report*. <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.CD24.7>.

James Pasternak, Chair  
Members Community Development and  
Recreation Committee

June 6, 2017

Re: CD21.16 Review of Current Winter Respite Services and Planning for the 2017/18 Winter Season

I want to begin by referring you to this document [‘State of Emergency Declaration. An Urgent Call for Emergency Humanitarian Relief and Prevention Measures’](#) that was presented to committee and City Council in 1998. Nineteen years ago.

Here we are today.

Sadly, there is no vision in this report, which begins with a recommendation based on creating a winter response that focuses on “people experiencing homelessness who do not traditionally access shelter beds.” That staff can suggest this in the context of years of shelters being full and crowded where people cannot access shelter is a willfully negligent suggestion.

Others and myself have told the Mayor, the City Manager’s office, SSH staff and yourself, that the situation is an emergency. **The shelter crisis is not now nor has it ever been just about the winter.** These are my concerns with the staff report.

1) A pilot expansion of warming centres will expand a model in which standards for basic human rights, including the City of Toronto Shelter Standards, are not necessarily upheld. This is problematic for obvious reasons including: inadequate washrooms/showers, more transmission of infectious disease/illness, lack of beds/cots, re-traumatization of people.

2) The addition of ‘surge capacity’ or flex beds (which are mostly mats on the floor) to existing shelters adds crowding to crowding. You’ve been doing this for years and it is a lousy solution for all the above reasons. **Seasonal surge capacity denies the problem is not just about the winter.**

3) To suggest that the 30-year-old OOTC program, run by volunteers, should be expanded is ludicrous. Again, these sites do not meet the City’s Shelter Standards. **The crisis is not just about the winter.** Why do you think the city’s streets, parks, ravines are sites of human suffering and death?

4) Nurses, social workers, faith leaders, family members and concerned community members have been attending funerals and memorial services of

homeless people for over 20 years. **We have experienced dread, apprehension and suspicion over the links between homelessness and death – deaths that occur all year long.**

Suddenly we learn that the number of deaths is three, maybe four times then previously thought. We know that the three months of TPH data is solid because we helped you collect it. Even in rigorous scientific studies that are medication or treatment trials when the researchers see a red flag like this – there is a pause and an ethical examination of meaning. So, why wouldn't TPH staff create a brief report with the findings and make it public for discussion prior to 2018? Yes, and maybe do some healthy public policy work to convince Mayor Tory, the City Manager, SSH staff to maybe, just maybe, institute some prevention measures. **Now, not in 2018.**

**Why wouldn't you?**

**Real research is meant to serve the community.**

In closing, I fully support the recommendations presented by the Ontario Coalition Against Poverty today.

Sincerely,

*Cathy Crowe, Street Nurse  
Distinguished Visiting Practitioner  
Ryerson University  
350 Victoria St. Toronto  
M5B 2K3*

*cathy.crowe@ryerson.ca*

Toronto Star – 27 homeless deaths

<https://www.thestar.com/news/gta/2017/05/25/27-homeless-deaths-in-toronto-in-just-three-months.html>

Toronto Star – editorial

<https://www.thestar.com/opinion/editorials/2017/05/28/now-get-to-work-on-homeless-deaths-editorial.html>

Toronto Star – editorial

<https://www.thestar.com/opinion/editorials/2017/01/02/tracking-all-homeless-deaths-is-long-overdue-editorial.html>

Global News

<http://globalnews.ca/news/3479348/new-data-reports-27-homeless-deaths-in-toronto-so-far-in-2017/>

Meeting between Toronto's Interim General Manager(s) Shelter Support and Housing and community representatives invited by Cathy Crowe at invitation of Councillor Matlow

**March 3, 2017**

### **Background**

Councillor Matlow called these meetings in response to both my concerns and constituents concerns regarding insufficient shelter capacity and to begin a dialogue.

These notes are a summary of concerns raised at two meetings (January 18 and February 28, 2017) with Councillor Josh Matlow and various senior representatives from SSH including interim General Managers.

These are not official minutes and I do not attempt here to outline the responses by SSH or the councillors.

**Chair:** Councillor Josh Matlow chaired both meetings. Councillor Joe Cressy joined the Feb. 28 meeting.

### **Attendance**

Community attendees at either one or both meetings included:

Cathy Crowe (Street Nurse/Visiting Practitioner Ryerson), Sheryl Lindsay (West Neighbourhood House), Greg Cook and Greg Paul (Sanctuary), Jake Aikenhead (Salvation Army), Neil Hetherington and David Reycraft (Dixon Hall/Out of the Cold), Lauro Monteiro (Haven Toronto), Claudia Wong (RN guest), Sean Meagher (Social Planning Toronto), Rafi Aaron (OOTC - Beth Emeth)

SSH staff at Jan 18 meeting: Rob Cressman, former Interim GM SSH, Gord Tanner.

SSH staff at Feb. 28 meeting: Paul Raftis, Interim GM SSH, Gord Tanner, Chris Brillinger, Mary Anne Bedard, and Giuliana Carbone (Deputy City Manager)

### **Summary notes covering community members concerns:**

Over the winter there has been unprecedented community advocacy for the armoury(ies) to be opened and or another facility for emergency shelter - to no avail. Over 3,100 individuals have signed a petition delivered to Mayor Tory making this request. In addition 31 agencies signed an open letter by Social Planning Toronto expressing concern about the shelter emergency and calling for the opening of an emergency shelter. Multifaith groups and some Out of the Colds (OOTC) also held a press conference at City Hall setting up a makeshift shelter and presented a similar statement to the Mayor.



The crisis in the shelter system has been building for years, in particular with respect to capacity. Individuals at both meetings articulated that this winter the situation is much worse. They repeatedly said that shelters are full and are turning people away, OOTCs (volunteer run) are full and for the first time ever some report having to turn people away, the two 24 hour drop-in/warming centres are also at full capacity and have to turn people away/refer elsewhere. The recent death of Pierre Gregoire, who was unable to access a mat at St. Felix overnight drop-in/warming centre demonstrates the danger when the system is over capacity. Another west-end homeless death is being investigated (NOTE: now confirmed). There have been 87 homeless deaths since January 2015, many of which involved people unable to access shelter. An inquest into two of deaths of people who were homeless will take place later this year.

A street nurse reports that, through the past summer and winter, shelter beds and VAW shelter beds have been totally full many nights. Women are then forced to use one of the two 24-hour drop-ins for women (Sistering and Fred Victor's Adelaide Centre) that are also crowded. It was noted that these two programs expanded their operation to 24 hours after advocates, front-line workers and homeless women pointed out that women's shelters were full and sexual assaults of homeless women, a result of inadequate shelter, was unacceptable. Two years later, women still rely on these overnights as basic shelter. Women may have to sign up to use a few recliner chairs or mats but often sleep in chairs. This nurse reports cases of peripheral edema because women are sleeping sitting up for many nights.

Front-line workers face challenges to access a bed for their clients and may spend 15 min - 1 hour on hold with the city's Central Intake/Access. If able to get through on the line one worker described routinely then spending 45 min per person on the phone with Central Intake per client. She also reports that this year for the first time she sees people unable to get into OOTC so more people are staying outside.

Another worker reports that when unable to access a shelter bed he calls crisis centres (Gerstein) and detoxes attempting to access a bed for a client and they are also full. On street outreach he meets many people who are sleeping in outdoor spaces and who are then getting ticketed by Parks and Recreation.

Several workers report that they feel many homeless people have just given up on trying to get into a shelter. Another worker echoed this and reported that the homeless people using his agency have given up hope on the shelter system. This was also demonstrated in an example by an OOTC coordinator. Late one night when they had to evacuate due to a flood only 35 of 60+ people agreed to go on the bus provided by the city that would have taken them to Peter Street for shelter and subsequent referral. Those who did not take the bus indicated they would prefer to stay outside and of note it was a night of freezing rain.

One agency that specializes in services for seniors reports a doubling of their clients who are sleeping rough. They see up to 400 people a day and he believes 20% are

sleeping rough. Many of the older men use the OOTC but this year there is a profound issue of difficulty getting a space. Occasionally in the winter months some of his clients are known to travel to York Region to access its Out of the Cold program (Mosaic).

A shelter manager reports they have 120 beds. In January they were at 99.9% capacity. Their lowest stat last year was July 2016 at 99.4%. In one week in January he provided the example that only ten beds became available and 60 people had put their name on a waiting list.

Extreme crowding leads to tensions and increased incidents of violence, worsening mental health and for those with multiple and chronic health issues a huge challenge. The stress of not knowing where you will sleep is burdensome on mental health.

It was noted by several people that homeless people who need to come in to shelter but are unable to are in very rough shape and have huge health issues.

Agencies report being under resourced, often without enough TTC tokens to give people to get to where they might be referred. In addition both overnight drop-ins and OOTC have an urgent need for more health care and case managers who can follow-up on issues with clients/guests.

### **In conclusion: the shelter system is an emergency**

We expressed alarm about what will happen this March. Last March, OOTC was at 100% capacity. OOTC begins shutdown this March. The two 24 hour overnight drop-ins/warming centre shut down March 15.

Where will people go?

There is a desperate need for harm reduction based emergency shelters in several locations across the city. They are needed now.

Postscript: I am adding a link to this article because of its common sense, human approach to shelter.

In Inuvik: "The primary objective of the centre was to keep the homeless population from dying of exposure. Secondary objectives of the centre were to increase the access to supports for users of the centre and to improve their health and social well-being by providing stability in diet and warm sleeping quarters."

<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-016-0128-8>

Office of Mayor John Tory  
City Hall, 2nd Floor  
100 Queen St. W.  
Toronto, ON, M5H 2N2

**February 14, 2017**

Dear Mayor Tory and City Council,

Re: Toronto's Growing Housing and Homelessness Crisis

We represent several Out of the Cold Shelters and the clergy and faith-based organizations that support our efforts.

This is the first time in the 30-year history of the Out of the Cold Program that we have come together to speak publicly about the plight of our guests. We are doing so because we have no choice: the shelter system is in crisis and this budget will topple it.

Last week the Beth Shalom/Beth Tzedec Out of the Cold Shelter had to close due to a flood. The guests were woken up and the city sent a bus to take them to Central Intake. Many knew the difficulty they would have finding a bed, and opted out of the shelter system. They preferred to sleep on the streets, in parks and ravines in last week's freezing rain. This tragedy illustrates how people have lost confidence in our shelter system due to its overcrowding. We believe something must be done.

The shelter system in Toronto is over capacity and can no longer handle the growing number of homeless in our City. Every week we are turning people away from our Out of the Colds who need a place to sleep. Sending people in need back out into the cold is a gut-wrenching experience for us, and has compelled us to speak out.

We are requesting:

- 1) The Mayor and City Council acknowledge the crisis in the shelter system and take immediate action to open more beds and shelters, beginning with the expansion of services and beds at the warming centre at St. Lawrence Community Centre.
- 2) There be no budget cuts to the shelter system and homelessness prevention including any removal of front-line workers or administrators from the system.
- 3) There be no budget cuts to the services provided to the most vulnerable people in our society that would force them to seek the support of shelters, including:

- stopping the preparation of meals for the agencies that distribute the Meals on Wheels program. This will bring the program to a halt having a devastating impact on seniors and shut-ins.
- the elimination of the cooling centres during the summer months.

4) That the City invest in long-term solutions for this acute problem. The budget does not address the issue of affordable housing at the Toronto Community Housing Corporation (TCHC). The waiting list is now at 179,000, with half of the homeless people in the city on it. The backlog for repairs at TCHC is estimated between 2.6 and 3 billion dollars. In 2017 it is estimated that 425 units will be boarded up as they are no longer inhabitable. Between 2018 and 2023 the city will close 29,000 units.

We are deeply concerned about this budget and the way in which our City is handling the homelessness and housing crisis.

Sincerely,

Beth Sholom Beth Tzedec Out of the Cold  
 Holy Blossom Temple, Out of the Cold  
 St. Patrick's Church Out of the Cold  
 St. Matthew's Church Out of the Cold  
 St. Aidan's Church Out of the Cold  
 St. Margaret's Lakeshore Out of the Cold  
 Rafi Aaron, Co-Chair Beth Sholom/Beth Tzedec Out of the Cold  
 Father Santo Arrigo, St. Patrick's Church  
 Barbara Boraks, Executive Director, Christian Jewish Dialogue, Toronto, and  
 Chair of the Basic Income Initiative  
 Rabbi Edward Elkin, First Neyerver Congregation  
 Rabbi Aaron Flanzraich, Beth Sholom Synagogue  
 Matthew Kellway, Co-ordinator St. Aidan's Church Out of the Cold  
 Rabbi Frydman-Kohl, Beth Tzedec Synagogue  
 Dr. Barbara Landau, Co-Chair the Canadian Association of Muslims and Jews  
 Rabbi Aaron Levy, Makom, Creative Downtown Judaism  
 The Rev. Dr. John Joseph Mastandrea, Metropolitan United Church, President of  
 the Greater Toronto Area  
 Interfaith Council, Chairperson of the Toronto South East Interchurch interfaith  
 Committee, Interfaith Police  
 Chaplain for 51 Division  
 Rabbi Michael Satz, Holy Blossom Temple  
 Rabbi Shalom Schachter, Vice President Ohalah – The Association of Rabbis  
 and Cantors for Jewish Renewal

## **Social Planning Toronto – Open Letter**

Office of Mayor John Tory  
City Hall, 2nd Floor  
100 Queen St. W.  
Toronto, ON, M5H 2N2

**Tuesday, January 31, 2017**

Dear Mayor Tory,

Re: Toronto City Council Must Open an Emergency Shelter Space. Lives are at Stake.

We are writing to express our deep concern and the urgent need for action to protect people who are homeless in Toronto this winter. We must expand shelter capacity in Toronto by the immediate opening of the armouries or facilities of equivalent size.

Between 1985 and 2016 this city has seen the deaths of over 800 individuals as a result of homelessness; in the last two years alone, more than 80 homeless people have died. As the weather intensifies and we experience frigid temperatures, people who are homeless experience an increased risk of dying due to over-exposure to the extreme cold.

As you know, Toronto's emergency shelter system is badly overcrowded, with the average occupancy rate reported recently by the City at 94%. In the case of youth shelters, this number inflates to 97%, while family shelters see a 100% occupancy rate.

The current emergency shelter system, simply put, cannot provide enough space to accommodate and protect Toronto's homeless population.

While we all agree that longer-term solutions are necessary, and long overdue, to chronic and episodic homelessness, we cannot let the current lack of enough affordable and supportive housing in our city keep us from action that could save lives this winter. Nor can the fact that we simply do not have enough room in our shelters right now to keep every homeless person or family safe each night.

Current shelter occupancy rates far exceed the recommended maximum occupancy level of 90% as established by the City. In 1999, recognizing a crisis of overcrowding in the emergency shelter system, Toronto City Council adopted the "Status Report on Capacity of the Emergency Shelter System". Through this report, Council established an objective of a monthly shelter occupancy level of no more than 90%. It was recognized that if shelters were to exceed that rate, shelter users would be living in overcrowded conditions that can and do lead to

safety and security risks. These include increased stress and conflict, and the transfer of communicable diseases such as the group A strep outbreak that occurred in August of last year.

Ultimately, we need all orders of the government to invest in a national long-term affordable housing strategy, and we support Toronto's role in working to achieve this goal. At the same time, we cannot ignore that there is an urgent issue that needs to be addressed immediately. It is time for City Council to return to fulfill its policy of shelter occupancy levels not exceeding 90%. We all need to recognize the particular severity of this situation in winter and the urgency to act.

Therefore, in order to ensure that no individual is left outside, we urge the City Council to open the armouries, or a similarly large facility, as an emergency shelter to bring in the vast number of people that do not have a space to rest safely. It is important to note that all populations, youth, women, men, and families, need shelter, and that they need it in environments where they are not at risk of communicable diseases and other dangers of overcrowded shelters.

Once again, we urge City Council to open the armouries or a similarly large facility immediately

Signed By:

Church of the Holy Trinity  
Congregation Darchei Noam Social Justice  
Advocacy Committee  
Eva's Initiatives for Homeless Youth  
Evangel Hall Mission  
Federation of Metro Tenants' Associations  
Fred Victor  
Health Providers Against Poverty  
Housing Action Now  
IMAGINE Clinic, U of T  
Inner City Family Health Team  
Inner City Health Associates  
Madison Community Services  
MultiFaith Alliance to End Homelessness  
Parkdale Community Health Centre  
Parkdale Community Legal Services  
Queen West – Central Toronto Community  
Health Centre  
Regent Park Community Health Centre  
Seeds of Hope Foundation  
Social Planning Toronto  
South Riverdale CHC  
St. Jude Community Homes  
Street Health

The Good Neighbours' Club  
The Parkdale Activity – Recreation Centre  
The Society of Saint Vincent de Paul  
Toronto Alliance to End Homelessness  
Toronto Drop-In Network  
Toronto HIV/AIDS Network  
Ve'ahavta  
VHA Home HealthCare  
Voices For A Just Society

**Contact Information:** Please fill out this form as completely as possible.

First name Cathy	Last name Crowe	
Address Removed for privacy		
City Toronto	Province Ontario	Postal code M5A 4J3

Please indicate how you would like us to contact you regarding your complaint.

Standard mail at the above address	
Home phone	Business phone
Cell phone	
E-mail	

**Acting as a Representative:** If you are submitting a complaint on behalf of someone else, SSHA may, depending on the nature of the complaint, require written authorization from the person confirming permission to gather personal information from you. In filing this complaint, are you acting as a representative of someone else? \_\_\_\_ yes \_\_\_\_X no

Name of person acting on behalf of complainant
Person to be contacted

**Details of the Complaint:** (For purpose of review and corrective action)

Service area/location of problem: (i.e.- Hostel Services, Social Housing, Streets to Homes, etc.) Hostel Services: Emergency Warming Centre, 230 Esplanade
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Staff person(s) involved if known/ Service Provider/ Agency involved:  
Margaret's

Nature of complaint (Please include as much information as possible)

In December 2016, the city opened a 3rd overnight drop-in/warming centre, operated by Margaret's at the St. Lawrence Community Centre but with surprising and, I believe, dangerous precedent setting practices. The decision by city staff to operate the 3<sup>rd</sup> centre as 'overflow' for the other two warming centres suggests an interpretation that only a handful of people might need the service when it has been widely recognized more homeless people, in a substantial number, require shelter or access.

The choice of this particular city community centre as the 3rd site and the operating principles are fraught with barrier and access issues that limit safe and simple entry by homeless people to life-saving shelter. The multiples uses of the St. Lawrence Community Centre have seriously hampered operating principles and practices that ensure equity and access. Instead it created restrictions and barriers.

From the beginning this site was inappropriate and decisions made by city staff have ensured problematic barriers and significantly reduced access.

These decisions include:

- to not operate the 3<sup>rd</sup> site as a 24-hour site mirroring the operation of St. Felix and Margaret's
- to put a cap of 30 people for the overnight hours
- to use the small program room, thus limiting capacity, instead of the gymnasium
- to operate only from 9 pm at night to 9 am
- to not have regular meals. In addition people must leave the centre in the morning to travel by transit to obtain a morning meal at another location
- to allow access by referral only through Central Intake or by first visiting St. Felix or Margaret's to then be referred necessitating another trip to the 3<sup>rd</sup> site
- to not publicize its location on the City of Toronto website or as part of the city's Cold Weather Response Plan
- to not issue a media release to inform the public and homeless people and frontline providers of the new location and how to access it. This passive approach to communication and outreach in this policy decision meant that the site was, in effect, kept secret and denied access to people at risk. This decision also denied service providers the means to bring vulnerable people into the centre.
- the decision to keep the doors locked and no staff on the front door. As of January 13 there is no buzzer or permanent staff kept at the door to ensure access should someone arrive.

How would you like to see your complaint resolved?

- 1) meeting with the General Manager SSHA
- 2) public reporting on nightly usage of centre
- 3) communication issues corrected including signage on door
- 4) policy that anyone who arrives at door can enter
- 5) unlock doors, staff front door
- 6) meal provision on par with St. Felix and Margaret's main site, bag lunches in morning
- 7) increase capacity beyond 30 and utilize gymnasium
- 8) relocate to a more appropriate site if above cannot be corrected and where hours can be expanded

List of enclosed documents. (Please include copies, not originals, of any documentation in support of your complaint.)

<http://www.citynews.ca/video/2016/12/23/video-struggling-to-find-a-warm-place-to-sleep/>

Complainant's signature

*Cathy Coue*

## **Memorandum on equity, access, right to shelter**

**January 16, 2017**

**To: Susan Opler**, Ombudsman, City of Toronto

**cc: Uzma Shakir**, Director, Office of Equity, Diversity, and Human Rights, City of Toronto

**Peter Wallace**, City Manager, Toronto

**Paul Raftis**, Interim General Manager, Shelter Housing and Support

**From: Cathy Crowe, RN, Street Nurse, Distinguished Visiting Practitioner at Ryerson University**

**Subject: Operation of City's 3<sup>rd</sup> overnight drop-in/warming centre at 230 The Esplanade.**

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Homelessness equates to vulnerability, which can lead to risk of harm and death when access, equity and human rights are not ensured for all who are homeless in the City of Toronto.

There is overwhelming evidence that the City's Shelter Housing and Support Division continues to violate the City Council resolution to not operate beyond 90% capacity.

<http://www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-64009.pdf>

In addition, the City continues to rely on the now 30-year old Out of the Cold program in winter months as a mechanism to provide emergency shelter. This program provides over 800 'bed' (there are no beds) nights per week. However, for the individual homeless person this involves a forced nightly migration from one site to the next. That often equates to sleeping at seven locations per week without guaranteed access because this system is also functioning beyond capacity and may turn people away. Furthermore, the Out of the Cold program does not meet the City's own Shelter Standards.

<http://dixonhall.org/housingservices/ootc/>

In this document I want to specifically address what I consider negligent policy regarding the operation of the City's overnight drop-in/warming centres. It is my position that the City has initiated an inadequate emergency response in the operation of the 3<sup>rd</sup> overnight drop-in and warming centre at the St. Lawrence Community Centre, 230 The Esplanade (operated by Margaret's) and that it leaves homeless people vulnerable to harm and death.

In the following I refer to several city documents that provide context.

## **1) The City of Toronto's 2015-2018 Strategic Plan - Equity, Diversity & Human Rights Division - *Diversity Our Strength***

This document is described as a roadmap and a blueprint for action for all City divisions.

*"We will expand resident engagement in a meaningful way to create programs and services that meet the needs of the population, especially equity-seeking and vulnerable populations. We will use the Strategic Plan as a framework to continue to provide leadership, advice, tools and resources that assist City Council, City Divisions, and Agencies and Corporations to embed equity considerations into their work, as the City of Toronto continues to strive for equitable outcomes for all its citizens".*

*Uzma Shakir Director Equity, Diversity and Human Rights Division City Manager's Office*

Furthermore, the EDHR (Equity, Diversity Human Rights) Division:

### *Goal*

*The EDHR Division is committed to embedding access, equity, diversity and human rights practices in the Toronto Public Service leading to equitable outcomes for staff and residents.*

### *EDHR Mission*

*The mission of the EDHR Division is to facilitate and enable the:*

- creation and maintenance of an inclusive workplace culture in the Toronto Public Service (TPS)*
- development and implementation of policies, services, and programs which are fair, equitable and responsive to the needs of Toronto's diverse communities.*

From:

[http://www1.toronto.ca/City%20Of%20Toronto/Equity,%20Diversity%20and%20Human%20Rights/Divisional%20Profile/Policies%20-%20Reports/A1503399\\_Strat\\_Plan\\_web.pdf](http://www1.toronto.ca/City%20Of%20Toronto/Equity,%20Diversity%20and%20Human%20Rights/Divisional%20Profile/Policies%20-%20Reports/A1503399_Strat_Plan_web.pdf)

Below, I have outlined two strategic actions in this strategic plan document relevant to my concerns.

In the document:

### *1) STRATEGIC ACTION #11 - Advance Toronto's Motto 'Diversity our Strength'*

*This section states:*

- Ensuring that access, equity and diversity are advanced through all City services,*

*policies and programs.*

**2) STRATEGIC ACTION # 17 Enhance the City's Capacity to Serve Toronto's Diversity**

*• Developing an Equity, Diversity and Human Rights Corporate Model to support consistent application of access, equity, diversity and human rights considerations in public service policy development, program delivery and reports.*

I have a number of concerns regarding the manner in which the 3<sup>rd</sup> city initiated and funded overnight drop-in (aka warming centre) at 230 The Esplanade in the St. Lawrence Community Centre is operating. This method of operation does not ensure fair or equitable access to the basic right to emergency shelter.

**2) Background to the need for warming centres and the 3<sup>rd</sup> location**

The two 24-hour overnight drop-ins/warming centres (St. Felix and Margaret's) that began operation 24/7 for winter months in January 2016 were an important emergency measure. This initiative responded to the erratic previous system of calling cold alerts that at times left warming centres closed on even -15C days. It has been reported that several deaths of homeless people occurred in Winter 2015 during a period of extreme cold and inadequate access to warming centres. In fact, a Coroner's Inquest has been called into the death of Grant Faulkner for later this year.

The 24-hour centres that were opened 24/7 were well used, in fact over-used to the point of dangerous over-capacity and overcrowding. This was witnessed first hand in its early weeks of operation (January 2016) by Councilor Cressy and myself on a tour at St. Felix. In addition, these dangerous conditions have been documented in photographs, in the media and in a public report 'Out in the Cold'.

<https://healthprovidersagainstopoverty.files.wordpress.com/2016/02/out-in-the-cold-2016-ocap.pdf>

<https://nowtoronto.com/news/toronto-emergency-shelter-shortfall-morally-negligent/>

Deputations by staff from Sanctuary and Sistering at the September, 2016 Board of Health meeting alerted members to the enormous need for more shelter space. I attended that meeting where a decision to approve a 3<sup>rd</sup> overnight warming centre was made.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL14.4>

This was welcome news. In December 2016, the city opened a 3<sup>rd</sup> overnight drop-in, operated by Margaret's at the St. Lawrence Community Centre but with

surprising and, I believe, dangerous precedent setting practices. The decision by city staff to operate the 3<sup>rd</sup> centre as 'overflow' for the other two warming centres suggests an interpretation that only a handful of people might need the service when in fact a substantial number of homeless people require shelter.

The choice of this particular city community centre as the 3<sup>rd</sup> site have created a lower tier of access, fraught with barriers that limit safe and simple entry by homeless people to life-saving shelter. The multiples uses of the St. Lawrence Community Centre have seriously hampered operating principles and practices that would normally ensure equity and access. Instead, there are numerous restrictions and barriers.

From the beginning this site was inappropriate and decisions made by city staff have ensured problematic barriers and significantly reduced access.

These decisions include:

- to not operate the 3<sup>rd</sup> site as a 24-hour site mirroring the operation of St. Felix and Margaret's
- to put a cap of 30 people for the overnight hours
- to use the small program room, thus limiting capacity, instead of the gymnasium
- to operate only from 9 pm at night to 9 am
- to not provide regular meals. In addition people must leave the centre in the morning to travel by transit to obtain a morning meal at another location.
- to allow access by referral only through Central Intake or by first visiting St. Felix or Margaret's to then be referred necessitating another trip to the 3<sup>rd</sup> site
- to not publicize its location on the City of Toronto website or as part of the city's Cold Weather Response Plan  
<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=b502ffeddc689410VgnVCM10000071d60f89RCRD>
- to not issue a media release to inform the public and homeless people and frontline providers of the new location and how to access it. This passive approach to communication and outreach in this policy decision means that the site is in effect, kept secret and denies access to people at risk. This decision also denies service providers the means to bring vulnerable people into the centre.
- to keep the doors locked with no staff on the front door. As of January 13 there is no buzzer or permanent staff kept at the door to ensure access should someone arrive.

### **3) The City's Cold Weather Response Plan**

**Goal of the Cold Weather Response Plan states:**

*"The goal of the Cold Weather Response Plan is to prevent harmful health impacts of cold weather on residents of Toronto.*

*The Cold Weather Response Plan provides a framework for implementing and co-ordinating cold weather preparedness and response activities which focus on reducing the negative health impacts of cold weather conditions. The Plan's main objectives are to:*

- alert those most vulnerable that cold weather conditions are either expected or currently exist;*
- enable those most vulnerable to take appropriate precautions;*
- trigger response actions by agencies who are in a position to provide services or alter operations in such a way as to protect vulnerable people from cold weather. The Plan includes a particular focus on preventing direct impacts of cold exposure on people experiencing homelessness.”*

It's hard to understand how the operation of the 3<sup>rd</sup> drop-in/warming centre alerts or enables homeless people to access a program that could prevent the direct impact of cold exposure.

[http://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Healthy%20Environment/Extreme%20Cold%20Weather/Files/Cold%20Weather%20Response%20Plan\\_2016\\_FINAL%20AODA.pdf](http://www1.toronto.ca/City%20Of%20Toronto/Toronto%20Public%20Health/Healthy%20Environment/Extreme%20Cold%20Weather/Files/Cold%20Weather%20Response%20Plan_2016_FINAL%20AODA.pdf)

#### **4) City Council decision November 8, 2016**

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.CD15.7>

On November 8, 2016 City Council approved:

*“3. City Council delegate authority to the General Manager, Shelter, Support and Housing Administration, for current and future year winter planning to:*

- a. add beds to the emergency shelter system for temporary winter services;*
- b. approve new locations for emergency shelters for the provision of temporary winter services; and*
- c. enter into new or amend existing agreements with service providers to provide funding for temporary winter services.*

*4. City Council authorize the addition of up to \$2 million from the Social Housing Reserve Fund as a one-time contribution to Shelter, Support and Housing Administration's Gross Operating budget, to fund additional winter services, if required, during the 2016-2017 winter season should the service needs exceed Shelter, Support and Housing Administration's ability to manage within the approved operating budget.”*

Given this directive, again it is hard to understand the limitations on this 3<sup>rd</sup> warming centre or the opening of a large emergency shelter such as the armoury.

### **5) Widespread public concern regarding homelessness and inadequate shelter**

There is ample evidence of widespread public concern regarding: 1) the need for additional emergency shelter in the city, 2) the inadequacy of the 3<sup>rd</sup> warming centre, and 3) homeless deaths (year round) and how to prevent them.

The following media links are examples. Of note, a number of the media pieces clearly show easily observable images of multiple homeless people living and sleeping outside.

In addition, health and social service workers know firsthand the extreme burden of ill health that homeless people experience. St. Michael's Hospital Centre for Research on Inner City Health has outlined this in its Primer 'Homelessness and Health' (attached).

It is widely recognized that one of the most important means to prevent homeless injuries and death is adequate shelter. Without adequate shelters in the city, a 24-hour overnight drop-warming centre is a safeguard and important emergency relief measure.

<http://www.citynews.ca/video/2016/12/23/video-struggling-to-find-a-warm-place-to-sleep/>

<http://globalnews.ca/news/3172657/toronto-to-better-track-deaths-of-homeless-people-on-city-streets/>

<http://www.cbc.ca/news/canada/toronto/tracking-system-homeless-deaths-toronto-public-health-1.3929032>

<http://toronto.ctvnews.ca/public-health-collecting-more-data-on-homeless-deaths-in-toronto-1.3234988>

<http://www.cp24.com/news/public-health-launches-program-that-tracks-homeless-deaths-on-city-streets-1.3234902>

<http://www.insidetoronto.com/news-story/7059136-new-program-will-allow-toronto-to-more-accurately-track-homeless-deaths/>

<https://www.thestar.com/news/investigations/2017/01/10/toronto-now-counting-the-deaths-of-homeless-people.html>



<https://www.thestar.com/opinion/editorials/2017/01/02/tracking-all-homeless-deaths-is-long-overdue-editorial.html>

<http://www.cbc.ca/news/canada/toronto/programs/metromorning/out-of-the-cold-1.3902972>

<https://www.thestar.com/news/canada/2016/11/24/ontario-coroner-calls-inquest-into-deaths-of-two-homeless-toronto-men.html>

## **6) A petition to the Mayor**

A petition to the Mayor calling for the opening of an armoury or armouries or similarly large facility has been signed by approximately 3,000 people, demonstrating the concern that goes far beyond the limited provision of shelter at the existing warming centres.

This petition was delivered to the Mayor's policy assistant Kevin Moraes on January 10 by myself and approximately 30 people, including members of the clergy, front-line workers and homeless people.

<https://www.change.org/p/mayor-tory-open-the-armouries-for-shelter>

### ***In conclusion***

While it is acceptable for shelters such as violence against women shelters to secure privacy measures for the safety of women and children, these new practices, which I have outlined, in the city-funded shelter operation at 230 The Esplanade are not acceptable.

These practices discriminate against homeless people and I believe violate the intent of the city's efforts to respect human rights.

## Toronto's emergency-shelter shortfall is morally negligent

Toronto's chronic reliance on volunteer-run, faith-based programs for emergency shelter is clearly a cost-saving decision - and a morally negligent one

BY [CATHY CROWE](#), [JESSICA HALES](#)

**MARCH 2, 2016 NOW MAGAZINE**

*Shelter standards don't apply at warming centres where you're lucky to get a blanket.*

While homeless shelters remain persistently near capacity, dark and dirty secrets about Toronto's emergency-shelter shortfall are being revealed once again.

Thirteen years after activists with the Toronto Disaster Relief Committee demonstrated that the shelter system was failing to offer even the basic necessities recommended by the United Nations for refugee camps, a new report by the Ontario Coalition Against Poverty - [Out In The Cold: The Crisis In Toronto's Shelter System](#) - doesn't beat around the bush.

"For years, the city's response to the growing problem of destitution has been as inadequate as it has been politically possible to get away with," the report says. OCAP looks specifically at two areas: the Out of the Cold program and warming centres, the only backup for those who can't access a shelter bed.

This is the 30th year Toronto has relied on the volunteer-run, faith-based Out of the Cold program for emergency shelter. That's 30 years of mostly churches and synagogues opening their gym or basement floors one night a week in the winter to provide 800 shelter spots.

That's 30 years of men and women being forced into a nightly migration from basement to basement, 30 years of reliance on a program that does not meet the city's own shelter standards.

For 30 years the program's "guests" have slept on mats on the floor, with blankets but likely no pillows; not knowing whom they might be sleeping next to,

only inches away; without access to showers, enough toilets or a locker to put their belongings in.

For 30 years the city has denied people access to the basic necessities to maintain their health and has placed people at risk of infectious disease and exacerbated illnesses.

There have been deaths in this program before but nothing like the heartbreaking tragedy when a 31-year-old indigenous woman and a 41-year-old man died within 48 hours of each other at two different Out of the Cold locations last month.

While coroners will likely say they were caused by medical issues, the deaths of these young people are a health marker of the devastating toll taken by homelessness.

Toronto's chronic reliance on the charitable sector is clearly an intentional cost-saving measure - and a morally negligent one.

As their doors close this month for the season, Out of the Cold volunteers should demand of the mayor a phase-out of the program and its replacement by shelter beds staffed by social workers, health-care staff and harm-reduction workers.

### **The scene at one warming centre, as told by a front-line worker.**

"I just came back from the warming centre. I got there about 5:50 am before they woke everybody up. What I saw was very disturbing.

There was a sea of green neon blankets across the floor, and you could not tell where one space ended and another began. The floor was flooded with people sleeping on mats. Under every blanket was a human being - sometimes two. There were anywhere from 80 to 90 people in the space.

People who didn't have a mat (I was told by one resident that they have 70 mats) slept on tables and under tables. There must have been 10 to 12 people sleeping under the tables and on the tables against the wall. Those who couldn't find a

space to lie down slept on a chair or on a row of chairs. Others were sitting around tables set up at the end of the space drinking coffee when I arrived.

One person slept on a chair sitting against the wall with a blanket over their head. Three to four people slept along the hallway leading to the washrooms.

There are no shower facilities in this warming centre. The men's washroom has two urinals and two toilets, but one of the urinals has a plastic garbage bag taped on it because it is broken. Residents told me they had to ask staff for toilet paper. A man who's been staying there for the last three days said, "I've been sick the whole time, throwing up."

Since **the program is also bursting at the seams**, homeless people must now depend on warming centres for shelter. However, Toronto has an erratic record on issuing extreme-cold alerts and opening centres in frigid temperatures. This year marked a creative first: two 24-hour warming centres open for the entire months of January and February regardless of the temperature, although activists had to fight to get money allocated for these in the budget for next winter.

It's at the warming centres that the city shows its even darker side - because it actually funds them, albeit meagrely.

A shelter bureaucrat touring a centre with one of us recently remarked, "This is such a terrific space." Really? A room meant for card tables, bingo or group activities is transformed nightly into a shelter for 60 to 90 people and perhaps a few dogs. Again, shelter standards don't apply: if you're lucky you get one lime-green blanket (a Pan Am Games legacy), and those unable to get a mat sleep under tables or in chairs. And there's definitely not enough food.

This, of course, is not the fault of the centre operators, who are forced to be creative and, as in the stone-soup fable, make a little go a long way.

It's a dire set of circumstances.

Both the Fort York and Moss Park armouries have been opened in the past to deal with crowding issues. It's time to consider doing that again.

Mayor John Tory and council should direct the general manager responsible for shelters to adhere to the directive to limit occupancy to 90 per cent of capacity, immediately find ways to open more emergency shelters and institute a moratorium on shelter closures. Surely, ours is a city that respects the human right to shelter.

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## **SHELTER STANDARDS BY THE NUMBERS**

**3.5 square metres** Sleeping area to be provided per person.

**Approximately 1 metre** Distance between beds that must be maintained for safety reasons (in the event of an evacuation, for instance).

**One for every 15 residents** Toilets required, up to the first 100 residents; and one for every 30 residents thereafter.

**One for every 15 residents** Wash basins required (with liquid soap and paper towels).

**One for every 20 residents** Showers required.

**Three** Meals adult residents must be served per day, plus at least one healthy snack a day.

**Two sheets, a blanket, a pillow case and at least one shower towel** Clean linen to be provided.

***Cathy Crowe is a street nurse and was a researcher on the Out In The Cold report. Jessica Hales is a primary-health-care nurse practitioner and member of OCAP.***

**May 10, 2016**

Dear Mayor Tory:

On March 23, a letter was delivered to your office signed by 19 agencies and organizations and by some thirty front line workers active in dealing with the needs of homeless people.

The letter expressed support for the findings and recommendations of OCAP's 'Out in the Cold' report.

On April 12, Mr. Kevin Moraes from your office responded by urging us (with less than 24 hours notice) to depute before a meeting of the Community Development and Recreation Committee, and stating that the "Update to Shelter System and Hostels to Homes Project" report would "provide answers to a number of the recommendations."

We have read the report, and we believe that it does not adequately address any of the issues we raised in our letter.

Our first and second recommendations concerned the 90% maximum occupancy policy, which we have been addressing for years, as the City has consistently failed to meet this target. The report projects a net gain of 156 shelter beds by the end of 2016, but acknowledges that this will not result in meeting the 90% occupancy level, and will only "move the system towards meeting" this target. It is quite distressing that a figure, which was intended to represent a worst-case maximum, is now being treated as an aspirational goal. It also does not appear, at least from the report as written, that the bed loss from the George Street Redevelopment is being factored in.

We stand by the recommendations of the letter that the 90% maximum occupancy policy be treated, not as a distant target, but as a firm policy, and that additional shelter space be opened immediately so that, at the very least, there is no more than 90% occupancy in each shelter sector.

Our third recommendation was for an expanded harm reduction approach in the shelter system. There is a very large population of people who cannot access the shelter system for a variety of reasons. Every night this past winter an average of approximately 382 people (many more on some nights) stayed at warming centres, 24-hour drop-ins, and the Out of the Cold locations. In April 2013 it was estimated that 447 people were sleeping outdoors, and countless more stay in unsafe living arrangements. This population, and the reasons they cannot access shelter, are not captured in the Daily Shelter Census, and current efforts do not address the poor conditions within shelters, or barriers to access including curfews, policies on substance use, policies on pets and couples, and an extensive intake process. It is essential that year-round low-barrier shelter beds and drop-ins be provided for this population. This is a necessary component of a full spectrum approach to shelter, ranging from low-barrier drop-in services to affordable housing. This recommendation is not addressed in any way in the report.

Our final recommendation was for a large and rapid expansion of social housing. While the City cannot accomplish this alone, there must be more action immediately at all levels of government, or the crisis will only continue to worsen. The Hostels to Homes Pilot described in the report seeks to house 200 chronic shelter users by adding supports for one year. This is commendable, but there are currently 95,381 households on the wait list for subsidized housing in Toronto. It is unclear how this initiative, which is not based on the creation of new housing, can reverse the growing demand for homeless shelters. Even in the event that housing is found for this sample population, if the supply of affordable and supportive housing doesn't grow, the housing they access may simply create a longer wait for others in the backlogged system.

The report also optimistically assumes no growth in the homeless population, although between 2011 and 2015 shelter use increased by 11% and from 2009-2013 the number of homeless seniors in Toronto doubled. Gentrification, rising housing costs and the aging population will continue to increase the demand for subsidized housing and assisted living. Unless the city can address the housing crisis, there will continue to be a rising need for shelters.

We again ask that you respond to our previous letter and want you to understand that you are dealing with a year-round, life-threatening situation, which can't be ignored even during the warmer months.

We thank you for your attention to this matter, and look forward to your prompt response.

Cathy Crowe, on behalf of

Health Providers Against Poverty

Social Justice and Advocacy Committee, Anglican Diocese of Toronto

Sanctuary

Sistering

Regent Park Community Health Centre

Street Health

Ontario Coalition Against Poverty

**June 28, 2014**

Dear Councillor Mihevc and Board of Health Members:

**Re: Item HL32.2 - Comprehensive Review of Cold Weather Protocols and Cold Weather Health Impacts in Toronto**

Toronto has had both an innovative response to extreme weather conditions (development of first extreme heat and cold alerts in the country, development of warming and cooling centres, funding for community groups during extreme weather alerts) and an inconsistent and at times punitive approach (inconsistent application of the -15 degree threshold, persistent refusal and delays to incorporate blankets/cots/food/privacy/healthcare in warming and cooling centres).

This report and the consultation leading up to it, which I took part in, is welcome. However, I have several recommendations:

- 1) That the Board of Health develop an 'Extreme Weather Protocol' or 'Inclimate Weather Protocol' that encompasses extreme cold, extreme heat and other extreme weather conditions such as floods and ice storms, recognizing their impact on vulnerable populations including people who are homeless, underhoused, frail seniors and people with disabilities and certain pre-existing health concerns.
- 2) That the Board of Health incorporate the activation of its 'Vulnerable Adults and Seniors' team to provide health care during these weather emergencies, given the incapacity of community based agencies to add new programs without funding.
- 3) That centres of 'refuge', whether they be warming or cooling centres meet the basic humane standard we expect for the general population, as witnessed during the excellent City and Red Cross response during the recent ice storm. These accepted standards include: use of appropriate facilities with washrooms and showers, privacy, adequate blankets and cots, three meals a day, access to first aid/health care on site.

I regret I can't be there but I know that each of you have been actively engaged in your communities and aware of these issues, particularly post ice storm.

Cathy Crowe - [cathyacrowe@gmail.com](mailto:cathyacrowe@gmail.com)



Councillor Robinson, Chair  
Community Development and Recreation Committee

**June 14, 2013**

Re: 2013.CD19.1 on March 18, 2013 Community Development and Recreation Committee

Dear Councillor Robinson and Committee members:

I regret not being able to speak to you in person today, in particular because of my 20 plus year history working on homelessness and health issues as a Street Nurse and because I hope you would ask questions.

I would tell you this is a long-standing problem, worsened by loss of shelter beds over the years. How long standing a problem? Consider the 25-year history of Out of the Cold. If shelter crowding was reduced, if real and permanent new beds were added to the system, we know from history that some homeless people would come in, in from Out of the Cold, in from the street. Witness the history when the City opened the following emergency shelters opened in the past: Doctors Hospital, Princess Margaret Hospital, 2 Murray Street, Metro Hall, Fort York Armoury, Moss Park Armoury. These places were filled. Mayors Lastman and Miller even saw the wisdom in those actions.

Your inaction to date, especially given the 1990 City motion re the 90% capacity has put people at risk and harm: homeless people, front-line workers, volunteers. Those of us working in the field have chronicled it and lived it; tuberculosis outbreaks, high latent TB infection rates and TB deaths; epidemic outbreaks of bedbugs; worsening mental health; increased sequelae of inclimate weather including deaths.

The City's intentional neglect and decision to ignore people's most basic need, and I should add, to not even be willing to debate it most recently, is appalling. If similar claims and evidence had been presented over the years regarding animals in the city's animal services department I suspect more would have happened.

Please attend to the deputations. Be brave. No more study. Open more beds.

Cathy Crowe  
cathyacrowe@gmail.com