

Councillor Cressy, Chair Toronto Board of Health  
Board of Health members

April 12, 2021

Re: [HL27.1](#) – Response to COVID-19 - April 2021 Update.

Third wave COVID has presented as a predatory attack on people who are vulnerable because they are unhoused. There have been 41 shelter outbreaks since January this year. On April 9 there were 17 outbreaks and 354 COVID cases. At least 15 shelters are on their 2<sup>nd</sup> or 3<sup>rd</sup> outbreak. Shelters are not just dealing with one or two cases, frequently the numbers are 16 – 25 – 56 – 80, demonstrating both the heightened ease of spread but also the total inability to protect people in congregate settings.

Cumulatively, there have been 107 shelter outbreaks (Note: this data not available on the city's dashboard) with 1,353 people infected in shelter outbreaks.

I know I speak for many when I say it is concerning that we do not hear regular updates at city briefings on COVID and the unhoused population.

We know that COVID in the homeless population goes beyond the shelter numbers. Outbreaks connected to drop-ins, which function as day shelters, are not tracked. COVID cases in people surviving outdoors such as in encampments are also not tracked. Why is that, when we know homeless people in the 1<sup>st</sup> wave were 20 times more likely to be hospitalized, 10 times more likely to be admitted to the ICU and 5 times more likely to die within 21 days of their positive test?<sup>1</sup>

It is also concerning that the number of staff who are infected is not separated out from client cases in the shelter outbreak reporting. This is a health and safety issue for workers and we should know the numbers.

The capacity at the Recovery Hotel for homeless people has been stretched for weeks. This led to homeless people with COVID and close contacts to shelter in place, in all cases without adequate health and shelter staff support to support isolation. Many of us have pressed to SSHA

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<sup>1</sup> Lawson Health Research, Richard et al, CMAJ Open, 2021

the need for another dedicated recovery site, and for the city to request the formal help of the Ontario Red Cross, Doctors without Borders and/or the medical component of the Canadian Armed Forces to support proper isolation, infection control and follow up in shelters. This has to be hands on, not just in the form of a memo to encourage people to wear masks.

We are alarmed at the snail pace of vaccination rollouts given the congregate and risk even in hotel shelters.

Several ways to improve this are: provide more substantial incentives, publish vaccination schedules, partner more effectively with community groups to support vaccination uptake and appoint a homeless vaccination czar to coordinate the effort. One day clinics in a shelter should be followed up with an easily accessible community clinic such as at the St. Lawrence, John Innis or Regent Park Community Centre.

In closing, aerosolized COVID transmission should be a stark warning that all homeless people should be relocated from congregate shelter sites as soon as possible. That means you need more hotels and more rent supplements for housing. Infectious disease doctors are now recommending N95 mask when on TTC or in grocery stores. Cloth masks are not adequate. Surely, that is a red flag for congregate shelters. Get people out of them and don't plan to decant hotel shelters back to congregate sites when this is all over.

I have to wholeheartedly agree with Dr. Kashif Pirzada, an emergency physician in Toronto who said: "In Canada we've always been reactive. We've always done things a little too late, a little too little."<sup>2</sup>

Sincerely,  
Cathy Crowe, RN, BAAN, MEd, C.M.

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<sup>2</sup> CBC. As supply of N95-style respirators grows, some say it's time to upgrade our masks. March 27, 2021.