

From: [Diane Jameson](#)
To: [Clerk](#)
Cc: [Public Health](#); [Board of Health](#)
Subject: [External Sender] A Survey Is Not Public Protection — Re: Board of Health Agenda Item HL34.5
Date: July 8, 2026 2:29:19 PM

Dear Chair and Members of the Board of Health,

Please accept this submission for the public record regarding Board of Health Agenda Item HL34.5.

A Survey Is Not Public Protection

The public process included an online survey from September 13 to 26, 2024, about Billy Bishop Airport and Toronto's waterfront.

But a survey is not public protection.

Even if RESA is treated as airport compliance, the public still has not seen the assessment, process, and proof needed to show that public health, public safety, cumulative impacts, air quality, waterfront land use, and the public interest have been protected.

And consultation is not meaningful if it is not followed by public-health assessment, public-safety assessment, land-use planning, economic best-use analysis, accountability, and proof that public land, public water, and the public interest have been protected.

The Medical Officer of Health warned in 2013 that any change to airport operations or related transportation infrastructure should ensure existing health impacts are reduced.

That recommendation should be the starting point now — not another afterthought.

It should have been addressed before approval — not after approval, and not after construction begins.

Since the 2013 Medical Officer of Health recommendation, the evidence has become more urgent.

The community now has air-quality evidence showing ultrafine particle spikes associated with airport activity.

That evidence should not be treated as background.

It should trigger assessment.

Known evidence should trigger action — not just acknowledgement.

Before RESA proceeds, Toronto needs to show how public health, public safety, cumulative effects, air quality, and the surrounding waterfront community have been assessed and protected.

A runway safety mandate known for years should not be treated as a blank cheque on public waterfront land.

Passenger safety matters.

But public safety cannot stop at the runway edge.

Runway safety is being funded.

Public safety remains unaddressed.

Public safety cannot be separated from public health.

A runway safety project beside homes, schools, parks, marinas, ferry routes, islands, public waterfront space, and dense urban communities is not a complete safety plan unless the surrounding public has been independently assessed and protected.

Where is the independent Health Impact Assessment?

Where is the integrated public-safety assessment?

Where is the review of air quality, noise, emergency access, environmental impacts, alternatives, cumulative effects, climate resilience, economic best use, and the long-term future of Toronto's public waterfront?

Where is the proof that existing airport-related health impacts will be reduced — not ignored, shifted, or made worse?

Airport surveys and untested economic narratives should not decide the legacy of 210 acres of public waterfront.

Economic narratives are not public-interest proof.

Toronto's waterfront is not just an airport edge.

It is public land. Public water. Parks. Islands. Homes. Schools. Marinas. Ferries. Recreation. Clean air. Climate resilience. Public life.

It is one of Canada's most important public destinations.

That creates a responsibility: to assess, protect, and plan it in the public interest.

And yet, the protection of Toronto's public waterfront has not been elevated to the level of importance it deserves.

This should not be scoped only as an airport infrastructure matter.

It should be scoped as a public waterfront decision involving public health, public safety, housing, land use, environmental impacts, lake-bed impacts, shoreline protection, economic best use, climate resilience, public access, emergency access, and democratic process.

Toronto Islands could be a year-round public jewel — for residents, visitors, and future generations.

A completed public waterfront could serve a city, strengthen a province, and become a

national legacy.

An airport on public land can serve passengers.

But public land should serve the public.

Before more public money, public water, or public waterfront land is committed to Billy Bishop Airport, the public deserves assessment, process, and proof.

A survey is not an assessment.

A survey is not a planning process.

A survey is not consent.

A survey is not public protection.

Airport compliance is not public protection.

Runway safety is not waterfront safety.

Runway safety is not public safety.

Runway safety is not complete unless the surrounding public waterfront has also been assessed and protected.

Safety does not stop at the runway edge.

Toronto's waterfront future should not be surveyed instead of assessed.

Toronto's public waterfront vision is too valuable to be treated as secondary to airport compliance.

I respectfully ask the Board of Health and Toronto Public Health to ensure that the public-health, integrated public-safety, cumulative-impact, air-quality, emergency-access, RESA alternatives including EMAS, waterfront land-use, public-access, economic best-use, and public-interest questions on Toronto's waterfront are answered before RESA construction proceeds.

Sincerely,

Diane Jameson
Toronto waterfront resident

Written Submission to the Toronto Board of Health

Agenda Item HL34.5

Public Health Protection Must Precede Further Airport-Related Construction

Submitted by Diane Jameson

Toronto waterfront resident

Chair and Members of the Board of Health,

Please accept this submission for the public record regarding Agenda Item HL34.5.

Executive Request

The item before the Board is necessary—but it is not sufficient if airport-related construction and decisions continue before the evidence is acted upon.

I respectfully ask the Board of Health to:

- support the comprehensive health study contemplated by the item;
- request that the Medical Officer of Health report publicly before RESA construction proceeds on:
 - current airport-related health impacts;
 - RESA construction impacts;
 - cumulative impacts;
 - vulnerable populations;
 - the adequacy of the pre-construction baseline; and
 - the public-health protections required for the surrounding waterfront community;
- request independent and integrated public-health and public-safety assessments;
- request clear, publicly reported pre-construction baseline measurements for air quality, ultrafine particles, noise, traffic, emergency access, water-related impacts, and cumulative community exposure;
- identify which public authority is responsible for assessing, overseeing, and protecting the surrounding community before and during construction;
- call on the City of Toronto, the Province of Ontario, and the Government of Canada to use every lawful option available to pause RESA construction until public health and public safety have been independently assessed, publicly reported, and protected; and

- request that, if the proposed RESA design or construction plan cannot demonstrate adequate protection of public health and public safety, the responsible governments and agencies assess and publicly report on safer alternatives.

1. The public-health standard was established in 2013

Public health cannot start with jets, airport growth, or construction as the baseline.

In 2013, the Board of Health required that a Health Impact Assessment be added to the work examining noise, environmental, and traffic-congestion impacts associated with the proposed introduction of commercial jets. The Board recognized that conventional technical studies were not sufficient to answer the broader question of how airport operations and expansion could affect human health.

The resulting Toronto Public Health report concluded that the airport, even in its existing form, contributed to air-quality and noise-related health concerns. It also identified potential effects involving traffic safety, water quality, climate change, feelings of safety, and public enjoyment of the waterfront.

The Medical Officer of Health recommended that:

- changes to airport operations and associated transportation infrastructure should ensure that existing health impacts are reduced; and
- the City should plan for the “most health-supporting use of the airport lands” upon expiry of the Tripartite Agreement.

These were not passing observations. They were official, evidence-based public-health recommendations.

They should have governed subsequent decisions involving airport growth, infrastructure, land use, and the extension of the Tripartite Agreement.

They should govern the decisions being made now.

2. The evidence has become more urgent

The peer-reviewed University of Toronto study conducted in partnership with the Bathurst Quay community identified Billy Bishop Airport as a significant source of ultrafine particles measured in the neighbourhood.

That study was not a rumour, a complaint, or a survey.

It was evidence.

The City and every responsible level of government are now on notice that airport-related ultrafine-particle exposure is a legitimate public-health concern requiring assessment and response.

Known evidence should trigger assessment.

Known evidence should trigger protection.

Known evidence should trigger action.

The City cannot reasonably claim that it did not know there were airport-related air-quality concerns. The issue is no longer whether concerns have been raised. The issue is whether those concerns have been independently assessed and acted upon before further exposure and construction occur.

3. RESA addresses runway safety, not the complete public-safety picture

Runway End Safety Areas serve an important aviation-safety function by providing cleared areas beyond runway ends for aircraft that overrun or undershoot a runway. The Toronto Port Authority states that Billy Bishop Airport must achieve RESA compliance by 2027.

Runway safety matters.

But runway safety is not the same as public safety.

RESA compliance does not, by itself, answer the wider questions facing the surrounding community:

- What are the existing airport-related health impacts?
- What will construction add to those impacts?
- What are the cumulative effects of airport operations, construction, traffic, noise, ultrafine particles, emergency-access constraints, and other waterfront activity?
- Which populations are most exposed or vulnerable?
- What thresholds would require mitigation, redesign, suspension, or other action?
- Who has independent authority to protect the public if impacts exceed those thresholds?

A minimum runway mandate is not a complete public-safety plan.

4. The necessary public-health protections have not been established

There is still no new independent Health Impact Assessment addressing existing airport operations, the RESA project, cumulative impacts, and the changing waterfront context.

There is still no integrated public-safety assessment examining the risks beyond the runway ends and beyond the airport property line.

There is still no clearly identified, independently controlled, and publicly reported pre-construction baseline covering:

- ultrafine particles and other air pollutants;
- construction and operational noise;
- truck and passenger traffic;
- emergency access and response;
- marine and waterfront interactions;
- drinking-water and water-quality concerns;
- vulnerable populations; and
- cumulative health and quality-of-life impacts.

The January 2025 Tripartite Amending Agreement requires the Toronto Port Authority to complete the RESA Environmental Assessment and to develop construction and traffic-management plans before construction begins. It therefore confirms that significant planning and protective details remained to be completed after the agreement authorizing RESA construction and extending the airport term had been executed.

This sequencing matters.

Public-health assessment, baseline evidence, protective thresholds, oversight, and enforceable mitigation should inform the decision to proceed. They should not be developed only after the principal political and contractual decisions have already been made.

Construction must not come first and protection later.

5. The Environmental Assessment does not replace a Health Impact Assessment

The Toronto Port Authority completed a project-specific Environmental Assessment process for RESA. That process may provide environmental and engineering information relevant to the project.

But an Environmental Assessment is not automatically equivalent to an independent Health Impact Assessment.

A Health Impact Assessment asks broader and more explicitly human questions:

- Who will be affected?
- Which groups are most vulnerable?
- How will physical, social, environmental, and cumulative conditions affect health?
- Are benefits and burdens distributed fairly?
- What alternatives would best protect and improve health?
- What measures must be established before implementation?

Toronto Public Health itself described HIA as a recognized process for evaluating the health implications of a policy or decision, including effects on different groups and on physical, cultural, and social well-being.

Similarly, measuring or modelling air quality is not the same as demonstrating that there will be no adverse public-health impact on the surrounding waterfront community.

Monitoring can identify what is happening.

It does not, by itself, determine what level of exposure is acceptable, who is responsible for responding, or what action must occur when conditions deteriorate.

6. Airport status is not a public-health exemption

Federal aviation jurisdiction may govern the runway requirement and many aspects of airport operations.

It does not follow that the surrounding public loses its right to public-health assessment, safety protection, transparent decision-making, and accountable oversight.

Nor does a federal safety requirement automatically establish that the proposed design, construction method, operating plan, or timeline is the only acceptable means of compliance.

The airport's operational boundaries do not contain its external effects.

Air does not stop at a property line.

Noise does not stop at the runway edge.

Traffic, emergency-access constraints, construction effects, and cumulative exposure extend into residential communities, public parks, streets, waterways, and other public spaces.

Airport status is not a public-health exemption.

If the proposed RESA design or construction plan cannot demonstrate adequate protection of public health and public safety, the responsible governments and agencies must examine and publicly report on safer alternatives, including different designs, construction methods, operating measures, phasing, timelines, and other lawful means of meeting the runway-safety objective with fewer impacts on the surrounding community.

Where responsibilities overlap, governments must coordinate.

Jurisdictional complexity cannot become a reason for leaving the public without a responsible health-and-safety authority—or for treating one selected compliance option as beyond public scrutiny.

7. The institutional and accountability flags are now clear

The evidence is known.

The assessment gaps are documented.

Earlier public-health recommendations remain directly relevant.

Important protective plans and baselines were not established before the agreement authorizing construction and extending the airport term.

The project is moving toward implementation before independent public-health assessment and integrated public-safety protection have been demonstrated.

Responsibility is divided among a federally constituted airport operator, the federal government, the Province, and the City.

These circumstances raise serious public-health, safety, governance, legal-risk, and public-accountability questions.

Proceeding is not neutral.

Every responsible level of government must be prepared to explain:

- what it knew;
- what evidence it considered;
- what it independently assessed;
- what remained unresolved;
- who was responsible for protecting the public;
- what thresholds would require action; and
- why it permitted construction to proceed before public health and public safety were independently protected.

Putting these questions on the public record does not predetermine a legal conclusion.

It does establish that the evidence, risks, and unresolved gaps were raised before construction—and before governments made the choice to proceed without demonstrating that the public would be adequately protected.

8. Consultation and monitoring are not substitutes for protection

The public has repeatedly been offered consultation, studies, liaison committees, monitoring, management plans, and future reporting.

Those processes may contribute information.

But public process is not public protection unless it produces:

- independent assessment;
- accountable public oversight;
- clear baselines and thresholds;
- transparent reporting;

- enforceable mitigation;
- a named authority responsible for intervention; and
- action before preventable exposure occurs.

Consultation is not assessment.

Monitoring is not protection.

A future management plan is not a pre-construction safeguard.

The public should not have to experience harm before governments decide what protection was required.

9. The Board should strengthen the item from study to protection

The study requested through this item is necessary.

It can assemble evidence on ultrafine particles, noise, transportation emissions, airport proximity, health outcomes, and health-system burdens.

But a study must not become a reason for continued delay while airport-related construction and decisions proceed.

The Board should connect the study directly to:

- the present RESA construction timeline;
- existing airport-related exposures;
- independent pre-construction baselines;
- cumulative-impact assessment;
- protection of vulnerable populations;
- public reporting;
- intergovernmental accountability; and
- a clear decision rule for whether and under what conditions construction may proceed.

Known evidence must not be studied indefinitely while exposure continues and the physical project becomes a fait accompli.

Proposed Board of Health recommendations

I respectfully request that the Board of Health adopt or move recommendations substantially as follows:

1. The Board of Health request the Medical Officer of Health to report publicly, before the commencement of RESA construction at Billy Bishop Toronto City Airport, on:

a. current airport-related health impacts on surrounding waterfront communities;

- b. anticipated RESA construction-related health impacts;
 - c. cumulative impacts involving air quality, ultrafine particles, noise, traffic, emergency access, water-related effects, airport operations, and construction;
 - d. impacts on vulnerable populations;
 - e. the adequacy and independence of the proposed pre-construction baseline, monitoring, mitigation, and reporting framework; and
 - f. the public-health protections required before, during, and after construction.
- 2.** The Board of Health request the Medical Officer of Health to identify the public authority responsible for independent health oversight, public reporting, and intervention where monitoring identifies elevated or unexpected impacts.
 - 3.** The Board of Health request that the City establish or require an independently governed and publicly accessible pre-construction baseline and monitoring framework, including clear thresholds, response protocols, and stop-work or corrective-action provisions where necessary to protect health and safety.
 - 4.** The Board of Health request the Medical Officer of Health to work with Health Canada, Transport Canada, the Province of Ontario, and other relevant public agencies to ensure that airport-related and RESA-related health and safety impacts are assessed cumulatively rather than in isolation.
 - 5.** The Board of Health call on the City of Toronto, the Province of Ontario, and the Government of Canada to use every lawful option available to pause RESA construction until public health and public safety have been independently assessed, publicly reported, and protected.
 - 6.** The Board of Health request that, if the proposed RESA design or construction plan cannot demonstrate adequate protection of public health and public safety, the responsible governments and agencies assess and publicly report on alternative designs, construction methods, operating measures, phasing, timelines, and other lawful means of achieving the runway-safety objective with fewer impacts on the surrounding community.

Conclusion

The first duty of government is public protection—not protecting an airport from public accountability.

The most valuable public waterfront land in the city should be held to the highest standard of public value, public health, and public safety.

Public health and safety are irreplaceable.

Toronto's waterfront legacy depends on them.

The public is depending on the Board of Health—and on every level of government—to finally put the public first.

Diane Jameson

Toronto waterfront resident

From: [Diane Jameson](#)
To: [Board of Health](#)
Subject: [External Sender] Peer-Reviewed University of Toronto Air-Quality Study on Billy Bishop Airport — Supporting Material for Item HL34.5
Date: July 13, 2026 7:51:02 AM

Dear Chair and Members of the Board of Health,

Please accept the following peer-reviewed University of Toronto air-quality study as supporting material for Item HL34.5 and associate it with the item's public record:

“Aircraft Activities and Ultrafine Particle Concentrations near a Regional Airport in Toronto, Canada,” published in ACS ES&T Air on June 18, 2024.

The study identifies Billy Bishop Airport as a major source of ultrafine-particle pollution in the surrounding Bathurst Quay neighbourhood.

<https://pubs.acs.org/doi/10.1021/acsestair.3c00114>

Thank you,

Diane Jameson

From: [Diane Jameson](#)
To: [Board of Health](#)
Subject: [External Sender] McGill Ultrafine-Particle Health Study — Additional Supporting Material for Item HL34.5
Date: July 13, 2026 7:52:58 AM

Dear Chair and Members of the Board of Health,

Please accept the attached peer-reviewed McGill-led study as additional supporting material for Item HL34.5 and associate it with the item's public record:

“Airborne Nanoparticle Concentrations Are Associated with Increased Mortality Risk in Canada,” published in the American Journal of Respiratory and Critical Care Medicine in 2024.

The study associates long-term exposure to outdoor ultrafine particles with increased non-accidental mortality and estimates that ultrafine-particle exposure contributes to approximately 1,100 premature deaths annually in Toronto and Montreal.

PubMed record:

<https://pubmed.ncbi.nlm.nih.gov/38924496/>

Thank you,

Diane Jameson

From: [Diane Jameson](#)
To: [Board of Health](#)
Cc: [Councillor Moise](#); [Councillor Matlow](#); [Councillor Saxe](#); [Councillor Malik](#); [Councillor Fletcher](#); [Tom Davidson](#)
Subject: [External Sender] Urgent — For the Public Record — HL34.5 — Key Public-Health Evidence
Date: July 13, 2026 8:37:58 AM

Dear Board of Health Clerk, Chair Moise, Councillor Matlow, Councillor Malik, Councillor Saxe, and Councillor Fletcher,

Please place this correspondence, including all links below, on the public record for Agenda Item HL34.5 and circulate it to members of the Board of Health.

These materials are central to the Board's decision:

Toronto Medical Officer of Health report and recommendations (2013):
<https://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-64222.pdf>

Full technical Health Impact Assessment prepared for Toronto Public Health (2013):
<https://www.toronto.ca/wp-content/uploads/2017/11/9202-billy-bishop-airport-golder-associates-health-impact-assessment-report.pdf>

Peer-reviewed University of Toronto airport air-pollution study, conducted in collaboration with the Bathurst Quay Neighbourhood Association, Toronto Public Health, and PortsToronto:
<https://pubs.acs.org/doi/10.1021/acsestair.4c00155>

University of Toronto and Bathurst Quay Air Quality Study
<https://positivezero.civmin.utoronto.ca/bqna/>

McGill Health research on ultrafine particles and premature mortality:
<https://www.mcgill.ca/newsroom/channels/news/ultrafine-particles-linked-over-1000-deaths-year-canadas-two-largest-cities-358211>

The evidence already exists. It should be acknowledged and acted upon.

Airport safety does not equal public safety.

A full, independent cumulative health and public-safety assessment is needed now, before construction begins.

Thank you for your immediate attention.

Sincerely,

Diane Jameson
Bathurst Quay resident