

Councillor Cressy, Chair Toronto Board of Health  
Board members,  
Toronto City Hall  
100 Queen St. East

January 17, 2022

Re: HL 33.3 Response to COVID-19

Good Morning Board of Health members and City staff.

Being able to stay home, being able to say you have one, is probably the most important Canadian social value next to our love of Medicare.

This has never been truer than in a pandemic.

It's why I argue that our City, including the Board of Health, **must advocate for a federal emergency rent supplement program in the thousands to be able to transition people from shelters**, and from the street and encampments into safe housing – while we wait for social housing to be built.

Being able to protect yourself from COVID infection should not be dependent on your postal code, your income, or your ability to purchase good masks or rapid tests.

The same applies for people who are sick with COVID.

I wish to focus remarks on the city's strategy to isolate most homeless people in situ, in shelters/respites/shelter-hotels, unless they somehow, magically can get into the very full Recovery Hotel site.

In recent correspondence from SSHA this statement was made:

*"...health and public health experts have stated that it is no longer possible or advisable to try to move all clients who may have been exposed to COVID-19."* (Sinead Canavan correspondence to Cathy Crowe/SHJN January 13, 2022)

This decision is being equated by doctors, nurses, and shelter workers to "letting COVID rip" through the shelter system. The numbers speak for themselves. On December 31, 2021, 16 shelters were in outbreak. On Friday January 14, 44-50 shelters were in outbreak with 401 people infected.

The decision to downsize the Recovery Hotel/Isolation Program, where homeless people were cared for 24/7 by health professionals, from ~160 rooms to 60 was ill-advised in an unpredictable global pandemic.

The reality of the isolation in situ model is perhaps unimaginable to you.

Despite protocols there are poor infection control practices, inconsistent indoor masking, screening, and testing. N95s for shelter clients are only being provided as of this week (and thank you for that). Worst case in-situ isolation scenarios include an infected person(s) kept at one edge of a large, gymnasium type space. Meanwhile, in some cases new admissions to shelters in outbreak are allowed to continue.

Shelters that purport to be able to isolate in fact cannot.

Imagine being ill, with muscle aches, fever and chills, a cough, shortness of breath, sore throat, headache, chest pain, vomiting, diarrhea and on top of that you are not in a room of your own. You might be on a cot not even a bed surrounded by strangers. No friends or family to care for you. No health care staff.

Here is what a young woman told Ben Cohen of the Toronto Star:

*“After my boyfriend and I were put in isolation, nobody came to check on us for 18 hours. I had to use a plastic bag to urinate in. Nobody came. I didn’t get a drink of water until the next day.”*

I’m sorry to tell you that I hear numerous reports such as this.

Now imagine if you are not COVID +ve but staying with many people around you who have COVID in an indoor space with an airborne virus. This is just a public health disaster.

The SSHA correspondence included an encouraging statement, that the city is *“working with health partners to explore options to increase dedicated isolation and recovery space as needed.”*

**It is imperative you provide this expanded isolation/recovery space urgently.** I like to use the word infirmary as it is more understandable. **You need to pivot.**

**The ideal would be establishing full capacity at the existing Recovery Hotel Program.**

Other options could include or be a combination of a **tiered level of isolation/support/infirmary** which must include health care and harm reduction staffing.

- Requesting federal/provincial provision for the use of field hospitals which are reported as underused.
- Repurposing one of the Sprung domes, now used as Respite shelters, for isolation/infirmary purposes.

- Utilizing another public building like the Better Living Centre or community centres for an infirmary site.
- Expanding the infirmary/medical unit capacity at Seaton House for this purpose (for men); another site for women, another site for families with children.

**Please consider consulting with Doctors without Borders to resolve this need.**

Sincerely,

Cathy Crowe, RN, C.M.

[cathyacrowe@gmail.com](mailto:cathyacrowe@gmail.com)