

VOLUME 2 OF 5

Court File No. CV-25-00000750-0000

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

JOINT TRANSCRIPT BRIEF

(Application Hearing, returnable April 16, 17, and 20, 2026)

March 13, 2026

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Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Peter Sweeney** on his affidavits dated June 6, 2025, and July 2, 2025, taken via Zoom videoconference on consent of the parties on July 11, 2025.

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ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.
SHANNON DOWN, Ms.

MERCEDES PEREZ, Ms. Amicus Curiae

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1 July 11, 2025

2
3 PETER SWEENEY, AFFIRMED

4 CROSS-EXAMINATION BY MS. PEREZ:

5 1. Q. Good afternoon, Mr. Sweeney. My name
6 is Mercedes Perez, I've been appointed as *amicus*
7 *curiae* in this court proceeding. My role is to assist
8 the court by putting forth evidence and submissions on
9 behalf of persons living at the encampment whose
10 capacity to instruct a lawyer may not be present, or
11 who otherwise haven't retained a lawyer in this
12 proceeding.

13 My understanding is that you've affirmed two
14 affidavits in this court proceeding so far: your first
15 affidavit sworn on June 6th, 2025, as well as a second
16 affidavit, sworn on July 2nd, 2025, is that correct?

17 A. It is.

18 2. Q. And you have those two affidavits in
19 front of you?

20 A. I do.

21 3. Q. Okay, and just to let you know, the other
22 document that I'll probably be referring you to during
23 my cross-examination is the PECH Report.

24 A. Okay.

25 4. Q. Which I believe is exhibit A or B. I think

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1 it's exhibit A to your first affidavit, so if you just
2 want to have that in ready access that would be great.

3 The first thing I want to do is draw your
4 attention to a December 2024 CBC news article, and
5 Ashley is going to help me by pulling that up on the
6 screen so you can see it.

7 MS. SCHIUTEMA: Is it up now?

8
9 BY MS. PEREZ:

10 5. Q. It is. I can see it. Mr. Sweeney, can you
11 see it?

12 A. I can.

13 6. Q. Thank you. This is an article from the CBC
14 online. It's dated as having been posted on December
15 13, 2024. And it's titled, "Advocates call for more
16 shelter beds as cold weather sets in; region says it
17 knows there aren't enough." Now it looks like you
18 were interviewed for this news article, do you recall
19 that?

20 A. With Aastha? Yes, I recall this.

21 7. Q. Okay.

22 A. I don't recall all of the specifics,
23 but I do recall having the conversation, yes.

24 8. Q. Okay, and do you recall seeing this news
25 article after the fact?

1 A. I don't, actually.

2 9. Q. Okay, do you want to take a minute to read
3 through it?

4 A. Sure, if you'd like -- find that
5 helpful.

6 10. Q. It's up to you.

7 A. Okay.

8 11. Q. I'm going to point you to a couple of
9 statements that are attributed to you.

10 A. That's fine.

11 12. Q. But if you want to read the whole thing
12 first, that's fine.

13 A. Okay.

14 13. Q. Okay, so if we go to page 2 of this article,
15 towards the bottom of the page, you're quoted as
16 saying that:

17 "The Region is currently facing a complex
18 situation where the number of homeless
19 individuals vastly exceeds the housing
20 supports the Region can provide."

21 Do you recall making a statement like that?

22 A. I do.

23 14. Q. Okay. And is that still true today?

24 A. Yes. The number of individuals
25 experiencing homelessness is -- remains higher than we

1 currently have the resources to find permanent housing
2 for everybody.

3 15. Q. Thank you. And also, just staying on this
4 same page, at the bottom of the page, there's another
5 statement attributed to you that:

6 "This complex situation where the number of
7 homeless individuals vastly exceeds the
8 housing supports that the Region can
9 provide, has in turn caused an increase in
10 encampments over the last few years."

11 Do you recall making that statement?

12 A. I do.

13 16. Q. Okay. And is that still true today?

14 A. I believe so, yes.

15 17. Q. Okay. And finally, if we go to page 3 of
16 this news article, just at the top of the page, again
17 you're quoted as having said that:

18 "The inflow into homelessness in the Region
19 will continue to increase until there is an
20 adequate amount of affordable and accessible
21 housing to meet the needs of homeless
22 individuals."

23 Do you recall making that statement?

24 A. I do.

25 18. Q. Okay. And is that still true today?

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1 A. The PiT count would suggest the inflow
2 continues to be a challenge, which is why our Plan to
3 End Chronic Homelessness is hoping to address both the
4 inflow and the outflow.

5 MS. PEREZ: Okay, I'd like to have this CBC
6 article marked as exhibit 1 to this cross-
7 examination.

8 MR. LOKAN: That's fine.

9 MS. PEREZ: Thank you.

10
11 EXHIBIT NO. 1: CBC article titled, "Advocates call
12 for more shelter beds as cold weather sets in, region
13 says it knows there aren't enough." Dated December
14 13, 2024

15
16 BY MS. PEREZ:

17 19. Q. Now, Mr. Sweeney, I'd like to ask you to
18 turn to paragraph 30(b). So "B" as in "Bob" of your
19 first affidavit.

20 A. All right, let me just get my first
21 one.

22 20. Q. Yeah, your first affidavit.

23 A. Sorry, what was the number, again,
24 Mercedes?

25 21. Q. 30(b) as in "Bob".

1 A. Yeah.

2 22. Q. 30, three-zero. Yeah.

3 A. Correct, yes.

4 23. Q. Okay, so in this paragraph you're stating
5 that one purpose of the site-specific bylaw is to
6 respect the *Charter* rights of those persons who were
7 residing at the encampment, as of the date that public
8 notice of the bylaw was provided. In other words, as
9 of April 16, 2025, correct?

10 A. Yes, that's correct. That's in the
11 affidavit.

12 24. Q. Okay. And in order to avoid *Charter*
13 violations, the site-specific bylaw requires
14 identification of those persons who were residing at
15 the encampment as of April 16th, correct?

16 That's not in that specific paragraph but
17 that's part of the ---

18 A. Sorry, can you repeat the question for
19 me? I was looking for something and wasn't
20 (indiscernible).

21 25. Q. Okay. So in order to avoid *Charter*
22 violations, the site-specific bylaw requires
23 identification of those persons who were residing at
24 the encampment as of April 16th?

25 A. I'm not -- there's no question there,

1 I'm sorry.

2 26. Q. That's the question. So in order to avoid
3 *Charter* violations the site-specific bylaw requires
4 that all persons who were residing at the encampment
5 as of April 16th, 2025, are identified?

6 A. So I would -- my response to that is
7 that in order for us to provide the services intended
8 for the existing residents, there needs to be a
9 mechanism to identify who those people are.

10 27. Q. Okay. You've indicated at paragraph 49 of
11 your affidavit ---

12 A. Mm-hmm.

13 28. Q. --- that, "site management by limiting
14 population growth in the encampment is, therefore, an
15 important element of the bylaw from my team's
16 perspective." So that means that in order to ensure
17 that the *Charter* rights of existing residents as of
18 April 16th are not violated, you can't let anyone else
19 in, is that correct?

20 A. I don't see a reference to *Charter*
21 rights in this particular section of the affidavit. I
22 can tell you the practical reasons for why we feel
23 that way.

24 29. Q. Okay.

25 A. (Indiscernible).

1 30. Q. Sorry, I had asked you whether one purpose
2 of the bylaw was to avoid *Charter* violations of the
3 existing residents, which is a statement you seem to
4 agree with at paragraph 30(b) of your affidavit. And
5 ---

6 A. Correct, and yes, I understand what
7 you're asking me. I'm not understanding the
8 referencing back to *Charter* rights as I'm not a
9 *Charter* rights expert. I can give you an answer as to
10 why 49 is in there.

11 31. Q. Okay. Well, let me just move on. Exhibit B
12 to your affidavit is the site-specific bylaw, which
13 I'm sure you're familiar with, right?

14 A. I am.

15 32. Q. Okay. The bylaw is designed to facilitate
16 the site management goal that you reference at
17 paragraph 49 of your affidavit by prohibiting any
18 person who was not resident at the encampment, as of
19 April 16th, from erecting a shelter, or otherwise
20 residing at 100 Victoria Street, is that correct?

21 A. That's correct.

22 33. Q. Okay. Now, at paragraph 25 of your first
23 affidavit you've written that:

24 "On April 16th of this year, there were
25 approximately 40 people regularly residing

1 at the property and approximately 23 tents
2 counted by security personnel that day."

3 So I note that you use the word
4 "approximately" to describe the number of people as
5 well as the number of tents. So does that mean that
6 you don't know the exact number of people who were
7 residing at the encampment on April 16th?

8 A. No, the word "approximately" in this
9 case is acknowledging that there are individuals
10 throughout the period of time that have come and gone,
11 and do not always stay every day at the encampment.
12 And so the reference there is an attempt to capture
13 that, as it exists with the tents and the structures
14 that are on the site.

15 34. Q. So in other words, on April 16th, 40 people
16 may have been counted, but that may have missed some
17 residents who just happened not to be on the premises
18 that day?

19 A. So on April 16th, through the
20 documentation that my outreach staff have, we were
21 confident that there were approximately 40 individuals
22 who would be considered as current residents at 100
23 Victoria.

24 35. Q. Okay, but you're acknowledging that there
25 may have been people missed on that day, who may not

1 have been on site, for whatever reason?

2 A. I'm acknowledging that in that 40, that
3 we considered through our case notes to have been
4 existing residents, not all of those 40 stayed at 100
5 Vic at a regular basis, night after night.

6 36. Q. Okay. So you agree that fluctuations of
7 people residing at encampments is actually a very
8 typical feature of encampments? The numbers can be
9 dynamic; they can change from day-to-day? You agree
10 with that?

11 A. That's my understanding from my
12 experience in this work and conversations with my
13 team.

14 37. Q. Okay. And one thing that's well known is
15 that typically those numbers can increase in the
16 spring and summer, for example?

17 A. Yes.

18 38. Q. Okay. And another possible and frequent
19 scenario is that a person may leave the encampment
20 where they've been residing for whatever reason, for a
21 day or night or two, but then return in a couple of
22 days?

23 A. That's my understanding.

24 39. Q. Okay. And sometimes the reason for that is
25 they may have secured a shelter bed for one or two

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1 nights, and then it's no longer accessible to them, so
2 they come back to the encampment?

3 A. That could be a reason. I don't have
4 information to explain all of the unique circumstances
5 for that behaviour.

6 40. Q. So if one intended purpose of the site-
7 specific law is to respect the *Charter* rights of
8 persons residing at the encampment as of April 16th, is
9 there not an implicit acknowledgement that the *Charter*
10 rights of persons who were resident at the encampment,
11 either on April 17th, or just were missed in the count,
12 their *Charter* rights are not being respected?

13 A. So I think it's clear in my overall
14 narrative of my -- both of my affidavits, we are
15 committed to supporting and providing the supports
16 necessary and needed, and to the degree that we have
17 them for all people who are experiencing chronic
18 homelessness across Waterloo Region, within the full
19 envelope of our budget. And whether or not, or where
20 an individual is residing does not preclude them from
21 being -- from engaging with our outreach staff to
22 develop individualized housing plans.

23 41. Q. Right, but the site-specific bylaw permits
24 prohibiting people from erecting shelters at 100
25 Victoria street after April 16th, correct?

1 A. Correct.

2 42. Q. Okay. And it doesn't group those -- it
3 doesn't classify those people as existing residents as
4 of April 16th, correct?

5 A. Can you repeat the question, please?

6 I'm not ---

7 43. Q. Well, the site-specific bylaw only
8 recognizes, "existing residents" as people who were
9 there as of April 16th. So anyone who arrives on April
10 17th doesn't fall within that group?

11 A. By that definition, that's correct.

12 44. Q. Okay. And so your specific mandate -- I
13 know you say that your, of course, your team is going
14 to try and help as many people as possible, but that's
15 not actually required under the site-specific bylaw?
16 Or it's not mandated under the site-specific bylaw?

17 A. The site-specific bylaw is only one
18 component within the scope of our work. We are a
19 service system manager for housing and homelessness,
20 and are provincially legislated, and mandated to
21 coordinate the housing stability system across
22 Waterloo region, and that is where we have the
23 delegated authority and responsibility to support all
24 of those who are experiencing chronic homelessness to
25 the level of resources that we have made available to

1 us through various sources.

2 45. Q. Paragraph 48 of your first affidavit, you
3 talk about how if there's an inflow of new individuals
4 arriving at the encampment as of December 1st, it would
5 be increasingly difficult, if not impossible, for your
6 team to re-settle these individuals appropriately
7 because of the tight time constraints. And then you
8 note:

9 "I want to avoid causing unnecessary trauma
10 to individuals who join the encampment and
11 then are forced to move somewhere else
12 shortly after, especially in circumstances
13 where there has not been sufficient time for
14 an IHP to be developed and implemented for
15 that individual."

16 A. Mm-hmm.

17 46. Q. So you acknowledge that it is traumatizing
18 for an individual to be rushed into an IHP?

19 A. No, that's not what I'm acknowledging.

20 47. Q. Sorry, so you've written:

21 "I want to avoid causing unnecessary trauma
22 to individuals who join the encampment and
23 then are forced to move somewhere else
24 shortly after, especially in circumstances
25 where there has not been sufficient time for

1 an IHP to be developed and implemented for
2 that individual."

3 So are you not acknowledging that for some
4 individuals, being rushed into an IHP can be
5 traumatizing?

6 A. What we are saying in this part of the
7 affidavit is that the potential of showing up to an
8 encampment that is about to be deemed inaccessible
9 makes it difficult to develop a fulsome IHP in the
10 timeframe available to us before that particular
11 location is no longer available to them.

12 48. Q. Right, and that would be traumatizing?

13 A. The reference to avoiding unnecessary
14 trauma is to not have a situation where individuals
15 only have a few days or a short period of time before
16 where they are staying is no longer available to them.

17 49. Q. Okay, so in other words non-residents,
18 as opposed to existing residents as of April 16th, but
19 non-residents, so everyone else who might find
20 themselves at the encampment after April 17th, they
21 might be traumatized by that process? Because they
22 don't have access to sufficient time for an IHP to be
23 developed and implemented.

24 A. There will be -- in the particular case
25 of the number 48, we're referring to individuals who

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1 may arrive at the encampment where there is
2 insufficient time available to develop either the
3 relationship, or the necessary components of an
4 Individual Housing Plan before that location is no
5 longer a place they can stay.

6 50. Q. And so to avoid that situation and that
7 potential trauma, the Region's approach is to exclude
8 non-residents from the group of existing residents
9 and all the opportunities they may get in terms of
10 USW support, IHPs, guaranteed access to some form of
11 housing?

12 A. So the outreach support and the IHPs
13 that are being developed by my staff on 100 Vic is
14 only one portion of the work we're doing across
15 Waterloo Region. And so IHPs and outreach support is
16 being provided, to the extent we can do so, across
17 Waterloo Region, including at 100 Vic and in other
18 locations as well.

19 And so individuals residing, or experiencing
20 chronic homelessness elsewhere, will still have the
21 opportunity to engage with our staff, to develop IHPs
22 within the limits of the resources we have available
23 to us. And that is true across the Region, and across
24 the communities in Ontario.

25 51. Q. And so you're saying that would also be

1 true of people who arrive at the encampment after
2 April 17th?

3 A. That's correct.

4 52. Q. Right, so then the site-specific bylaws
5 focus on separating out existing residents from non-
6 residents is not that necessary, because you're still
7 doing your work?

8 A. We're still doing our work, and in this
9 particular case, we know that 100 Victoria, as has
10 been directed to us and told to us, is required for
11 another use so we are now able to say to people, "This
12 location is no longer available to you as of this
13 date." And we can start working towards developing
14 plans that are consistent with that date. And if
15 individuals arrive after that, that becomes more
16 challenging within the context of that date, and that
17 is the extent of the reason for the bylaw being set up
18 the way that it is.

19 53. Q. Okay. So when is the date where it
20 might become practically impossible to engage in this
21 UHW, IHP process with someone? Is it November 1st?
22 Is it October 1st? Is it July 1st? Is it April 17th?
23 In other words, if you have people coming into the
24 encampment, and I'm just thinking of comments in your
25 affidavit where you said enforcement, at least thus

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1 far, has been approached with a light touch. So you
2 have people coming in; they're erecting shelters. If
3 they arrive on April 30th, are you saying you could
4 probably still get through the process with them of
5 developing an IHP, but August 30th is too late, or
6 September 30th is too late? I'm just trying to
7 understand, when does it become too late?

8 A. So I'm -- as I referenced in my
9 affidavits, I can't and won't generalize how
10 Individual Housing Plans can be applied to a
11 population. Individuals whose unique and individual
12 circumstances have to be taken into account. They are
13 complex and each of the individuals that we do our
14 best to support have their own unique needs, and there
15 is not a one size fits all in terms of how long that
16 can take to develop those plans.

17 54. Q. Right, so for some individuals it might
18 not take very long, and then for others it could take
19 a few weeks, maybe? Or two months? And then for
20 other individuals it might be much more challenging?

21 A. That's correct. Each individual has
22 their own unique needs and timeline.

23 55. Q. And in terms of the work of your USW
24 team, is it not of great benefit to them in carrying
25 out their work, in trying to help people and develop

1 these IHPs that they are able to attend at the
2 encampment, which is a defined space, at a specific
3 location where they likely have a better chance of
4 meeting up with the people they're trying to find?

5 A. So our USWs are -- do their work in a
6 mobile way and have the ability and the skills to
7 access folks where they're at, and that can include
8 100 Vic as a current encampment, or other locations
9 around the community. So they engage where people are
10 at and that's how they approach the work.

11 56. Q. Sure, and I know that they are
12 professional and doing they're very best, but in
13 terms of meeting people where they're at, you have to
14 know where they're at. And it is true that for
15 unsheltered individuals living rough on the street,
16 they're not always at the same place. They might be
17 sleeping in one place one night, and then another
18 place another night, it's not exactly easy to find
19 them during the day either. But at the encampment
20 there's a greater chance that you're going to find
21 the people that you're working with, is that not the
22 case?

23 A. So again, that's a broad
24 generalization, in my view, of the work. And there
25 are circumstances where individuals, regardless of

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1 where they're choosing to spend the night, can be on
2 some days more accessible than others. So we don't
3 have a broad generalization of how accessible people
4 are or are not depending on where they are residing,
5 given some of the transient nature or behaviours.

6 57. Q. Okay. And do you agree that being
7 forcefully evicted from your home, even if that home
8 is a tent on a vacant municipal property, can be
9 harmful and traumatizing to people?

10 A. I think, in my personal view, the work
11 that we're trying to do here is to build enough time
12 and resources so that nobody experiences a -- has an
13 experience that feels forced in any way. We are -- we
14 know through our efforts as professionals and those
15 who consult with individuals across the community that
16 these things take time and that they're complex which
17 is why, from a housing perspective and a social
18 services perspective, the bylaw included a request to
19 council for both time and additional resources to
20 support people off -- as best we can, knowing that we
21 had a date where this location would no longer be
22 available.

23 58. Q. So I understand that the plan is to try
24 and avoid forced evictions from 100 Victoria Street,
25 but my question was do you agree that being

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1 forcefully evicted from your home, even if it's a
2 tent on a vacant municipal property is harmful and
3 traumatizing, or can be harmful and traumatizing to
4 people?

5 A. I think any experience, in my view, of
6 chronic homelessness and all of the adjacent
7 challenges with that, the whole experience can be
8 traumatizing. And we acknowledge that that might be
9 the case and we try to approach this work, as much as
10 we can, with a dignified and trauma informed lens.

11 59. Q. You've told us in your affidavit that
12 there's this December 1st start date for the Region to
13 take over the property and start preparing it for the
14 eventual construction and whatever other work
15 Metrolinx will be doing in March of 2026. So as of
16 November 30th, if there are still either existing
17 residents or non-residents on the property, they'll
18 be forcefully evicted?

19 A. My role and my understanding, and the
20 acknowledgement within my affidavit, is it has been
21 communicated that the site is required by Metrolinx by
22 March 31st. My colleagues in facilities and transit
23 have indicated that in order for the Region to turn
24 that site over by the end of March of 2026, they would
25 need the period of time from December 1st onward to do

1 site remediation.

2 My responsibility and my mandate is to
3 provide housing supports within the envelope of
4 resources that we have, and our goal is to ensure that
5 everybody who is at 100 Vic is aware that at a certain
6 they will no longer be allowed to -- or be permitted
7 to tent there. And we're going to be providing those
8 services up to and including that point in time. And
9 if individuals are no longer residing at 100 Vic and
10 still experiencing chronic homelessness on December 1st
11 and afterwards, we will continue to offer the supports
12 and services that we can through our mandate in
13 housing and social services.

14 60. Q. Okay, but my question was about any
15 resident, existing resident, or non-resident who's
16 still on the property with their tent on November 30th.
17 So is your answer that you just don't know what will
18 happen to them because it's not your role? Or do you
19 know what will happen to them as of that date?

20 A. My answer to that is my responsibility
21 to is to provide for all of those who wish to take us
22 up on offers. The option is to move somewhere else
23 because that is no longer going to be available to
24 them. I am not responsible or neither have the
25 mandate within my portfolio for bylaw enforcement, or

1 security, or transit, or any other items related to
2 the site or site management. Simply the housing and
3 social services, and so that is what we're focusing
4 on.

5 61. Q. You said in your affidavit that you've
6 visited the encampment yourself, and you get regular
7 updates from your team of USWs. Do you agree that
8 there are people currently residing at the encampment
9 who struggle with symptoms of serious mental illness?

10 A. So I don't have access to the specific
11 case notes, so I can't comment on the clinical -- any
12 clinical diagnoses or clinical conditions of anybody
13 residing at 100 Victoria. I do know however, in the
14 three years of being in this role that the overlap
15 between mental health and addictions, and chronic
16 homelessness is significant and often times they are
17 co-present in a number of the folks that we are trying
18 to support. But I can't comment on the specifics of
19 any single individual living at 100 Vic in the last
20 three years, or currently.

21 62. Q. Right, so I wasn't asking you for specific
22 information about specific diagnoses, but just based on
23 what you know, would you agree that currently at the
24 encampment there are people who are struggling with
25 mental health, cognitive and/or addiction issues?

1 A. Yeah, we know through the time to end
2 chronic homelessness, the point-in-time count, and the
3 work that we do with funded partners that many
4 individuals who are experiencing chronic homelessness
5 and living in encampments, or in any other sort of
6 transient scenario -- many of those individuals, I
7 don't have a percentage, can also have -- can be
8 dealing with mental health, addictions, and acquired
9 brain injury. So we know that exists in the
10 population we serve, but I can't comment or predict to
11 what degree that exists in a specific site or
12 location. Whether that be a shelter or a specific
13 encampment.

14 63. Q. Okay. Your team of USWs, they've interacted
15 with at least some of the people residing at the
16 encampment, correct?

17 A. Correct.

18 64. Q. They've been able to talk to them, sometimes
19 more than once, is that correct?

20 A. Yes.

21 65. Q. Okay. And so, just based on their
22 observations, would it be fair to say that there are
23 people residing at the encampment who face challenges
24 in managing their activities of daily living? So
25 things like bathing, dressing, ensuring that they're

1 drinking, eating properly, maintaining their mobility?

2 A. So again, my understanding and my
3 experience is that individuals residing in encampments
4 often exhibit those challenges, which is why one of
5 the reasons that it's important to ensure we both have
6 time to develop the relationships, and understanding
7 the unique needs of individuals to support them
8 through an experience of chronic homelessness is
9 really important.

10 66. Q. Okay. And then just on a similar vein, has
11 it been the observation of the members of the USW team
12 that there are people at the encampment currently who
13 are struggling with their ability to manage
14 instrumental activities of daily living? So things
15 like managing their finances, keeping appointments
16 including medical appointments, taking their
17 medication, managing their transportation needs?

18 A. Again, those sound like challenges that
19 my team experiences or sees within the general
20 population of people they serve at locations across
21 Waterloo Region, regardless of location.

22 67. Q. Okay. And struggles with activities of
23 daily living and/or instrumental activities of daily
24 living, that would also make it challenging in the
25 development and implementation of an IHP because it

1 requires people to keep appointments, fill out
2 paperwork, undertake the range of administrative tasks
3 that might be involved in that process. Would you
4 agree there's some challenges there?

5 A. The development of IHPs can range from
6 relatively easy to incredibly complex, based on a
7 whole host of unique circumstances that individuals
8 present themselves with.

9 68. Q. Would it be fair to assume that the more
10 complicated and complex IHPs are often for the higher
11 acuity needs individuals?

12 A. They -- the reasons for the complexity
13 of an IHP, in my understanding, are not always related
14 to clinical conditions, but certainly would include
15 those.

16 69. Q. Okay. And again, from the observations of
17 the members of your USW team, would it be fair to say
18 that there are people living at the encampment who
19 struggle to even understand the requirements of the
20 site-specific bylaw and what it might mean for them?

21 A. Again, I can't comment on the cognition
22 levels of individuals who interact with my
23 professional staff. Those are not case notes that I
24 have access to, and nor that are shared beyond the
25 clinical and professional designation -- or

1 relationships with our professional staff. So I can't
2 make generalizations or assumptions on the individual
3 and unique circumstances of individuals currently
4 residing at 100 Victoria.

5 70. Q. Okay. At paragraph 15 of your first
6 affidavit, you've described that the development and
7 implementation of IHPs require the USW to be able to
8 communicate and converse -- well, you've written that:

9 "The USW will consider how an individual
10 initially became unhoused, the specific
11 factors in that individual's life which have
12 prevented them from accessing housing, and
13 the needs and preferences of that individual
14 in accessing housing, and based on those
15 considerations, the USW works with the
16 unhoused individual to come up with an IHP."

17 So that process really does require the USW
18 to be able to communicate and converse with people to
19 understand their history, why they're homeless, what
20 their housing and other basic needs are, what their
21 housing preferences might be, what types of support
22 they might need or want, correct?

23 A. Yes, that's my understanding.

24 71. Q. Okay. So if they can't do that it will be
25 practically impossible for them to build rapport and

1 develop an IHP for a particular person?

2 A. So I -- the USWs are all trained,
3 registered professionals with experience working with
4 unhoused populations. And a part of their job is, to
5 the greatest extent possible, to develop Individual
6 Housing Plans for all those willing to engage in that
7 process. I also understand that the complexities of
8 the experience of homelessness can make the
9 development of those plans challenging in some
10 circumstances.

11 72. Q. Would you agree that the forced eviction, or
12 even the prospect of forced eviction can be
13 particularly harmful to persons who are already
14 struggling with mental health, cognitive, and/or
15 addiction challenges?

16 A. Yes, we hear stories of individuals in
17 this community who are in situations similar to that,
18 and they talk about some of the challenges that they
19 face, which again is why, in this particular case, it
20 was important from a housing perspective, to provide
21 both the community and the residents who were existing
22 there with as much notice as possible, and additional
23 resources to support them off of that site. Much like
24 we would do and have done, and I referenced in my
25 affidavit when other locations where people were

1 residing no longer became viable or available to us,
2 most recently the King Street shelter.

3 73. Q. In your first affidavit, and I can take you
4 to the paragraph if needed, but you've said that IHPs
5 recognize that individuals experiencing homelessness
6 commonly require staged approaches to re-integration
7 into more permanent forms of housing. You recall
8 talking about that in your first affidavit?

9 A. I do.

10 74. Q. Okay. So you've included as exhibit A to
11 your first affidavit the Plan to End Chronic
12 Homelessness?

13 A. Mm-hmm.

14 75. Q. A Roadmap to Functional Zero by 2030.
15 There's no mention or endorsement in that report on a
16 staged approach to re-integration into more permanent
17 forms of housing, correct?

18 A. I don't know. I'd have to re-read the
19 entire report to confirm whether or not there is a
20 reference to staged housing, or if it was referenced
21 in a different way.

22 76. Q. Okay. So if I'm correct that it's not in
23 there, it's not in there. You just can't confirm that
24 right now?

25 A. Yeah, I can't confirm or deny that that

1 is the case without having to go back and re-read the
2 entire Plan to End Chronic Homelessness document.

3 77. Q. Do you agree that a staged approach is not
4 appropriate for everyone?

5 A. Could you rephrase that, please? That
6 feels like a double negative.

7 78. Q. Do you agree that a staged approach is not
8 always appropriate for every single person? In other
9 words, for some people a staged approach where you
10 start in a motel and then eventually move on to
11 supportive housing of some sort, that's a good
12 approach, but for some people that won't be a good
13 approach. In other words, going to a motel first is
14 not going to work for them?

15 A. I agree that a staged approach is not
16 always necessary and is based on the unique needs of
17 individuals. I will also acknowledge that in some
18 cases a staged approach is what's required from an
19 availability of resources and is always up to the
20 individual that we're engaging with to accept or not.

21 79. Q. Okay, so you said that a staged approach is
22 not always necessary based on the unique needs of an
23 individual. But sometimes it's more than that, a
24 staged approach would actually be harmful to an
25 individual because they simply are not going to manage

1 in a shelter bed or a motel without the necessary
2 supports. Would you agree with that?

3 A. No, I would say the idea of a staged
4 report -- or sorry, staged support within the context
5 of 100 Vic and the context of this affidavit is
6 acknowledging that a broad set of tools is required
7 and resources to support those tools, knowing that
8 there is no one path that fits all. And we work with
9 individuals, that's why they're called Individual
10 Housing Plans, to understand those unique needs and
11 try to develop a pathway that meets those needs. And
12 those look different for different people under
13 different circumstances.

14 80. Q. So a person who struggles with behavioural
15 issues or addiction issues who's been to a motel
16 before; they've been kicked out due to behavioural
17 issues. Are you saying that staging them through a
18 motel is still appropriate?

19 A. My response to that is that feels like
20 a generalization of a scenario that I can't affirm one
21 way or the other. What I can tell you, however, is
22 that inherent in the additional resources that we
23 asked council for and were granted, acknowledged that
24 motels can be an effective short-term tool to help
25 people off the street and are best utilized with

1 social supports attached to them, which is why the
2 notional budget for any motels included resources for
3 social supports, and they were not just for the
4 nightly fee of a motel room.

5 81. Q. But the social supports that can be offered
6 in a motel might be totally insufficient for some
7 people who have a much higher level of support needs.

8 And I'm thinking, for example, of the type of person
9 who really needs a supportive housing placement in
10 supportive housing, where there is staff on site 8
11 hours a day, 12 hours a day, some of them are 24 hours
12 a day. That type of individual is not going to -- a
13 motel where, you know, there might be a nurse coming
14 in once a day, but she has to see everyone. You know,
15 she might be seeing that person for 10 minutes.
16 That's not sufficient for that type of person, would
17 you agree?

18 A. I would agree that individuals require
19 different levels of social supports and those social
20 supports we build in to the Individual Housing Plans
21 based on people's needs and the availability of those
22 resources, whether or not -- regardless of where
23 they're coming from or going to.

24 82. Q. Okay, but in other words, for some people a
25 motel, even with some supports, is not going to be

1 sufficient even as an interim step to more supportive
2 housing down the road?

3 A. I would argue that in circumstances in
4 our experience, the opportunity and option to have a
5 motel with a bed, a locked door, and a shower, is for
6 some people preferable to a tent in an encampment.

7 83. Q. It might be preferable from their
8 perspective and your perspective, but whether it's
9 appropriate housing that's actually going to keep them
10 housed may not actually end up being the case?

11 A. We have never suggested that motels are
12 permanent housing. They are a form of interim shelter
13 and supports to help people build a pathway to
14 permanent, more supportive housing.

15 84. Q. The Plan to End Chronic Homelessness, which
16 again, is exhibit A to your first affidavit discusses
17 what is called, "deeply therapeutic housing," which is
18 -- this is defined for example at page 14 of the
19 report, which I believe is page 65 of the numbers at
20 the top of the page, Ashley. I think it's page 65 if
21 you're following those numbers.

22 MS. SCHIUTEMA: I've got a 114 at the top of
23 the page, Mercedes. What's the page number
24 -- oh, this is page 16 of the report, you
25 said it's page 14?

1 MS. PEREZ: 14, yes.

2 MS. SCHIUTEMA: Okay.

3
4 BY MS. PEREZ:

5 85. Q. Okay. So there's a definition there of
6 deeply therapeutic housing?

7 A. Mm-hmm.

8 86. Q. (Indiscernible) that's designed to provide
9 support for people with the highest level of acuity.
10 This includes, but is not limited to, individuals with
11 significant, complex substance use, concurrent mental
12 health needs, or who are otherwise medically fragile
13 and are homeless. So that type of housing is what is
14 necessary for some people who might be residing at the
15 encampment. Would you agree?

16 A. Yes, I agree that that was a -- again,
17 you can see that that this is part of the -- we refer
18 to the PECH Report, including definitions for
19 community and particularly for our council to
20 understand what it is that we're talking about, and I
21 believe the example -- or the definition is self-
22 explanatory.

23 87. Q. Okay. And then if we just go down to page
24 57, that should be a reference to the number at the
25 bottom of the page, but I don't know if we're looking

1 -- are you able to just make that a little bigger?

2 MS. SCHIUTEMA: Can you see it okay?

3 MS. PEREZ: Yeah. I'm just not seeing the
4 c-- I think ---

5 MS. SCHIUTEMA: I can open the other
6 version?

7 MS. PEREZ: Well, maybe I'll just ask Mr.
8 Sweeney, he might remember this.

9
10 BY MS. PEREZ:

11 88. Q. If it's okay, I'll just ask you, you might
12 remember ---

13 A. Give it a shot.

14 89. Q. --- this reference. So there's a section of
15 the PECH Report which recognizes that there's a need
16 to create new permanent, affordable, and supportive
17 housing, and this includes a need for deeply
18 therapeutic housing to ensure that those with the
19 greatest depth of need are supported to stay housed.
20 And there's a statistic that's cited that currently
21 there are 570 supportive housing units, which are
22 meeting 50% of the current need. Do you remember
23 those figures? We can look for it if you don't.

24 A. No, I see it here in front of my
25 screen.

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1 90. Q. Oh, okay.

2 A. Yeah.

3 91. Q. (Indiscernible).

4 A. You've just highlighted it; I can see
5 it.

6 MS. SCHIUTEMA: It's there, yeah
7 (indiscernible) point three.
8

9 BY MS. PEREZ:

10 92. Q. So it's just my eyes. Yes, I'm seeing it
11 now too. Okay, so how long -- do you know
12 approximately how long the wait list is to get one of
13 these 570 supportive housing units?

14 A. I don't currently know the answer to
15 that. I would have to reach out to my staff to find
16 that out.

17 93. Q. Okay. So I'd like to ask for an undertaking
18 that we be provided with the waitlist for getting a
19 spot in one of these 570 supportive housing units.

20 MR. LOKAN: I take it, Mercedes, your
21 question is how long the wait list is?

22 MS. PEREZ: Yeah, how long the waitlist is.

23 MR. LOKAN: As time, not the list itself,
24 but how long a period of time?

25 MS. PEREZ: Yeah, how long is a person

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1 typically on that waitlist before they can
2 get one of these units?

3 MR. LOKAN: Okay, we'll give that
4 undertaking to the best of our ability.

5 MS. PEREZ: Okay.

6
7 --- **UNDERTAKING**

8
9 BY MS. PEREZ:

10 94. Q. And, Mr. Sweeney, if a person at the
11 encampment is given priority for any existing openings
12 in some type of housing, whether it's a motel, or
13 transitional housing, or deeply therapeutic housing
14 where there's otherwise a waitlist, that means that
15 the people who are already on that waitlist would get
16 bumped down the list, correct? Because the encampment
17 residents are being prioritized.

18 A. So I do not agree with the notion that
19 the encampment residents are being prioritized
20 relative to the waitlist.

21 95. Q. So are you saying that when a USW prepares
22 an IHP for one of the encampment residents, if the
23 plan is that they should get a transitional housing
24 unit, they just -- their name just goes on the regular
25 wait list? They're not prioritized?

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1 A. So they are -- the additional time, and
2 the additional resources were intended to create
3 additional capacity across the entire housing
4 stability system to provide a greater opportunity to
5 ensure that the individuals residing at 100 Vic, as of
6 April 16th, would have the opportunity to choose an
7 alternative shelter option if they so choose.

8 96. Q. Okay. So you mentioned in your first
9 affidavit, I think this is at paragraph 41, that the
10 Region allocated an additional \$814,333 in net new
11 funding to provide additional accommodation for this
12 specific group of people; in other words, the
13 encampment residents, correct?

14 A. Yes, so the ---

15 97. Q. Yeah.

16 A. --- additional \$814,333 is net new
17 funding to the entire housing stability system. To
18 our overall homelessness budget. We indicated to
19 council, that if indeed this location was no longer
20 going to be available by December the 1st, our
21 recommendation from social services and housing in
22 particular was to provide us with both time and
23 additional resources across the system, to provide the
24 best opportunity to support those who were currently
25 residing at 100 Victoria to take up different offers,

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1 knowing that it wouldn't be available to them as of
2 December the 1st.

3 98. Q. Okay, but that money is not being used to
4 build new housing, or is it?

5 A. No, we have a \$500,000,000 capital
6 budget to add 2500 new affordable housing units over 5
7 years. We've actually exceeded that target and we're
8 now extending that. These dollars are not for capital
9 builds of new affordable housing.

10 99. Q. Okay, so can you help me understand how this
11 additional \$814,000 creates capacity within the entire
12 system as a whole so that there's more opportunity for
13 the encampment residents to get housing without
14 bumping anyone else down a waitlist?

15 A. Certainly. The calculus on the
16 \$814,000 was developed by adding net new resources for
17 a suite of options that we knew would add capacity.
18 Those could include additional funds for motel rooms
19 for a transitional period of time. They include the
20 option for additional, what we call, rent supplements,
21 so these are for folks who, well, need a rent
22 supplement. And additional resources for costs
23 related to supportive housing beds. And so they are
24 added to the overall system, which was intended to
25 create an influx in capacity to be able to give us the

1 best chance to support individuals who are currently
2 residing at 100 Victoria to take up alternative
3 locations options by December the 1st.

4 100. Q. Okay, so if I understand your answer,
5 the money can be used to fund additional motel rooms
6 and add capacity to the system that way?

7 A. Motel rooms, rent supplements, and
8 supportive housing specifically.

9 101. Q. Yeah.

10 A. However ---

11 102. Q. I was asking just about the motel
12 rooms. So that's one thing, one area where you can
13 build capacity. You can actually get more rooms, is
14 that what you're saying?

15 A. That's correct.

16 103. Q. And then you also said, the third thing
17 you said was additional resources for supportive
18 housing beds. Does that mean additional beds
19 somewhere in supportive housing?

20 A. So the idea is -- maybe I'll just take
21 a step back. The net new resources are not tied
22 specifically to X number of motel rooms, X number of
23 rent supplements, or X number of supportive housing.
24 We communicated to council that those three tools
25 offer -- are very helpful in a situation like this,

1 for short-term transitions and this bucket of
2 resources will likely be used for one of those three
3 things, or a combination of those three things. They
4 are not prescribed on how they will fully be utilized.
5 Once we are -- once we've, you know, expended those
6 resources, we will communicate back to council how
7 they were actually used.

8 104. Q. And it says that the funding -- and you
9 mentioned this in your evidence a few minutes ago,
10 that the funding is for a transitional period; what's
11 the transitional period? Is it April 16th to November
12 30th?

13 A. So I don't have the numbers right in
14 front of me, unfortunately, but I can tell you the --
15 a portion of the net new resources will be fully
16 annualized into our following budget, so they will
17 carry on in perpetuity, and a portion will need to be
18 re-allocated within an existing envelope by the end of
19 2027. Sorry, by the beginning of 2027.

20 So a year -- a portion of them -- I'd have
21 to go look to tell you the exact amount.

22 105. Q. Okay.

23 A. A portion will be annualized fully in
24 perpetuity, and a portion we will need to re-allocate
25 within the system after -- yeah, in 2027.

1 106. Q. Okay, so sorry, this is just my own
2 ignorance with the language you're using.

3 A. Sure.

4 107. Q. So when you say, "Fully annualized,"
5 that means that a portion of the \$814,000, some
6 portion of that will continue to be part of the
7 budget? In other words, let's say it's \$400,000, you
8 have \$400,000 for this fiscal period, but you're for
9 sure getting another \$400,000 in the next fiscal
10 period?

11 A. That's correct.

12 108. Q. Is that what you mean?

13 A. That's correct.

14 109. Q. Okay. This amount of housing though,
15 sorry, this amount of funds -- just so I understand it
16 in a practical way, are you able to say -- I mean how
17 many motel rooms does that fund for how long?

18 A. So as I previously answered, this is
19 not tied to a binary of we only have X number of motel
20 rooms for Y period of time. We have articulated to
21 council that these are the areas that we know through
22 experience can be helpful, and given that we now had a
23 deadline, which we had communicated broadly and widely
24 across the community, that at some point these lands
25 were going to be used for another purpose, now that we

1 had that clarity, we told council that we're -- you
2 know, in order for us to have our best chance to
3 support people during this transition time, we need as
4 much lead time as possible and we need new resources,
5 and the net impact or the effect of that request is
6 what came out in the bylaw.

7 110. Q. I heard you say earlier when I was
8 asking you about the appropriateness of the staged
9 approach and how you determine that, you referred to
10 both the needs, the specific needs of the specific
11 individual, but you also refer to the resources that
12 are actually available. Do you recall that?

13 A. I do.

14 111. Q. Okay. So the staged approach and,
15 ultimately, the IHP for a particular person is not
16 just determined by their needs, it's determined by
17 what might be available in the system at the time?

18 A. That is a truism in supporting
19 individuals like this every year, in every community
20 across the country.

21 112. Q. Okay, but it also means for some
22 people, again, they might get a motel room that
23 doesn't fit their needs. What they really need is
24 deeply therapeutic housing, and so in a couple of
25 days, or by the end of the week, or in a few weeks,

1 they cycle back into homelessness. Would that be
2 fair, that that's a scenario that can happen?

3 A. That's a scenario that can happen.

4 113. Q. Okay. And I just wanted to ask you a
5 few more questions. In your first affidavit, you've
6 provided a chart -- there's several charts ---

7 A. (Indiscernible).

8 114. Q. Yeah, there's several.

9 A. Yes.

10 115. Q. I'm referring to the one that follows
11 paragraph 75.

12 A. Okay.

13 116. Q. So you've listed here ---

14 A. Yeah. Yes.

15 117. Q. --- the shelters and transitional
16 housing, *et cetera*?

17 A. Yeah.

18 118. Q. So are you able to tell me which of the
19 shelters provide only nighttime access, and which
20 provide -- are shelters where people can stay day and
21 night?

22 A. So in the example that we have here, if
23 you go down the column listed as, "Regular capacity"
24 ---

25 119. Q. Yes?

1 A. --- the only ones that -- actually,
2 regardless, the only areas where there is not a 24/7
3 operation is the winter warming centres which are
4 designed to be open during the evening only. The
5 remainder of those shelters listed are 24/7
6 operations.

7 120. Q. And I just want to make sure that we're
8 talking about the same thing.

9 A. Sure.

10 121. Q. So when you say that they're open 24/7,
11 does that mean that people can sleep there at night
12 and hang out during the day, but they may not have a
13 bed for the next night? Or does that mean if you get
14 a bed then you can just continue to stay there, that
15 bed is yours?

16 A. So the operational guidelines for the
17 keeping of belongings and the length of stay varies.
18 So for example, you may have a shelter that, you know,
19 as long as you're back by a certain time all is good.
20 There are others where it's a much more -- feel like a
21 much more residential environment. So those operating
22 guidelines are dependant on the contracted operator
23 that we fund.

24 122. Q. I'm just trying to understand what is
25 meant by, "Regular capacity?" In other words, if one

1 of these says the regular capacity is 80 spots, is
2 that 80 spots for the same individuals because they
3 have a bed assigned to them, or is that 80 spots that
4 become available every day?

5 A. So again, it depends. That's the
6 number of beds that are funded and available.

7 123. Q. Okay. So that was really my first
8 question when I said which offer nighttime and which
9 -- it's my fault, I didn't word it correctly, but
10 that's what I was trying to understand. Which of
11 these shelters provide a person with a bed that is
12 theirs for some period of time exceeding a day or two,
13 and which are shelters where you basically have to go
14 in every night and hope you get a bed?

15 A. So again, the operating principles and
16 guidelines of each of these shelters are unique to the
17 organizations that are running them, and they have
18 different guidelines on what type of conditions are
19 required in order to, you know, save a bed, so to
20 speak.

21 124. Q. Okay.

22 A. And so there's not, you know, for
23 example, Erbs Road is a specific example that I will
24 call -- you know, there is a residency agreement, and
25 if individuals abide by the residency agreement, then

1 they are free to come and go. And they have a key,
2 and they lock their tiny home. Others are more
3 emergency shelter based and there are different
4 expectations and guidelines that the operator puts in
5 place.

6 125. Q. Okay, and so do you know what the
7 waitlist is for someone to hope to get a placement at
8 Erbs Road?

9 A. So Erbs Road is generally full. And
10 with the exception -- you know, we generally have --
11 it's either full or there's a cabin or two that are
12 available, and they generally get picked up and filled
13 pretty quickly. We do not hold a waitlist *per se* for
14 Erbs Road specifically.

15 126. Q. So there's no waitlist, but what are
16 the chances -- like, how often does a spot become
17 available, do you know that?

18 A. I don't know off the top of my head.

19 127. Q. Okay, is that something that you could
20 find out?

21 A. I could ascertain the frequency of bed
22 vacancy and the length of time to fill that bed.

23 128. Q. That would be helpful. I'd like an
24 undertaking, Mr. Lokan, with respect to Erbs Road,
25 both on -- maybe Mr. Sweeney can repeat what he said.

1 The frequency of a unit coming up and the time it
2 takes to fill it.

3 A. In average terms.

4 129. Q. In average terms is fine.

5 MR. LOKAN: Yeah, we'll give that.

6
7 --- **UNDERTAKING**

8
9 BY MS. PEREZ:

10 130. Q. And then your affidavit at paragraph
11 77, mentions, "time-limited transitional housing."
12 What do you mean when you're referring to that?

13 A. Can you give me a second just to find
14 it?

15 131. Q. Yeah.

16 A. Thanks.

17 MS. SCHIUTEMA: I've got it up on the screen
18 too, Peter, if that's helpful?

19 THE WITNESS: I do, I just want to make sure
20 I'm in the right section. Was that Ashley, or --
21 sorry, 77?

22
23 BY MS. PEREZ:

24 132. Q. Yeah.

25 A. Sorry, I'm still ---

1 133. Q. So you're referencing transitional
2 housing and then you mention there's 112 spaces across
3 four sites.

4 A. Yeah.

5 134. Q. (Indiscernible) provides time-limited
6 housing. So what is mean by, "time-limited
7 transitional housing?" What is transitional housing
8 and what's time-limited about it?

9 A. Well, so again, it's somewhat dependant
10 on an individual. The reason for that explicit
11 wording in an affidavit is to articulate that this is
12 indeed transitional housing, this is not permanent
13 housing. And so the idea is that, for some
14 individuals, we are able to provide them with a place
15 to stay that has a level of certainty, but not
16 permanence, and we build out Individual Housing Plans,
17 and we work with them to build out Individual Housing
18 Plans to -- the idea is that it is exactly as it's
19 articulated. It is a place for transition.

20 135. Q. Okay.

21 A. We have, you know, specific programs
22 and services to try to support people. And
23 recognizing, again, through their unique circumstances
24 that some folks need a stop along the way.

25 136. Q. And are there waitlists to get one of

1 these spaces in these four sites?

2 A. My assumption is that there is, I don't
3 know the extent of that waitlist, and again, that is
4 something we could certainly find out for you.

5 137. Q. Okay, so I'd like an undertaking as to
6 the waitlist for the transitional housing across these
7 four sites.

8 MR. LOKAN: We'll give a best-efforts
9 undertaking.

10
11 **--- UNDERTAKING**

12
13 MS. PEREZ: That's my last question. Thank
14 you, Mr. Sweeney.

15 THE WITNESS: You're welcome. Thank you.

16 MR. LOKAN: I'm just wondering if this might
17 be a helpful time for a brief break? I'm
18 thinking mostly of the reporter.

19 MS. DOWN: A bathroom break might be a good
20 idea.

21 THE WITNESS: How long?

22 MS. DOWN: Is 5 minutes sufficient?

23 THE WITNESS: Sure.

24 MS. POLLARD: That's great.

25 MR. LOKAN: We'd better check ---

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1 MS. POLLARD: That's great, yeah.

2 MR. LOKAN: Okay.

3 MS. PEREZ: Okay, thank you.

4
5 --- BREAK

6
7 MS. DOWN: I'm ready to resume if you are,
8 Peter?

9 THE WITNESS: I am.

10
11 CROSS-EXAMINATION BY MS. DOWN:

12 138. Q. Is it okay if I refer to you as Peter?

13 A. Of course, Shannon.

14 139. Q. Okay.

15 A. If I can refer to you as Shannon?

16 140. Q. Absolutely.

17 A. Okay, yeah, we're good.

18 141. Q. Ashley, can you put up the -- I'm just
19 going to go through -- so your position is
20 Commissioner of social services at the Region?

21 A. Community services, to be correct.

22 142. Q. Sorry, community.

23 A. That's okay, I get it wrong too.

24 143. Q. Okay. And Ashley if you can put on the
25 screen-share -- okay. So we're just going to go

1 through -- this is from your LinkedIn profile and I
2 just wanted to review that with you.

3 So when you were at -- sorry, Ashley are you
4 able to enlarge that just slightly? And then scroll
5 down. I'll be going from the bottom up. Okay, so you
6 can stop there.

7 So at St. Mary's General Hospital
8 foundation, can you just tell me briefly what your
9 role was there?

10 A. So I was the president of our
11 foundation, which is a separately incorporated entity,
12 and my job was to raise -- work for a team that raised
13 money to support the hospital.

14 144. Q. Okay, so this isn't a role that really
15 had anything to do with homelessness or housing?

16 A. That's correct.

17 145. Q. Okay. And Ashley can you scroll up,
18 please? And then the St. Joseph's health system
19 international outreach program ---

20 A. Yeah.

21 146. Q. --- that was concurrent with the time
22 you were at St. Mary's?

23 A. It was. It was two roles at the same
24 time, yeah.

25 147. Q. Okay, and what was involved with the

1 international outreach program?

2 A. I led a separate incorporated non-
3 profit international development program based out of
4 Hamilton, and we ran health care projects in Haiti,
5 and Uganda, and Guyana.

6 148. Q. Okay. And what was your role in
7 relation to those projects?

8 A. I was the president of the non-profit,
9 and so my role was -- well, I was sort of the
10 executive lead of all of those projects; I was not the
11 clinical lead.

12 149. Q. Okay. So again, not directly involved
13 with homelessness, *per se*?

14 A. That's correct.

15 150. Q. And then it looks like up until 2022
16 you were at -- so was the YMCA of Cambridge,
17 Kitchener, Waterloo was that rebranded as Three Rivers
18 or are those two different organizations?

19 A. Yeah, it's -- so Cambridge, Kitchener,
20 and Waterloo in 2020 merged with the YMCAs of
21 Stratford/Perth and the YMCA of Guelph to become the
22 YMCA of Three Rivers, and I was the CEO of the larger
23 of the three that merged and continued on as the CEO
24 of the merged organization.

25 151. Q. And did the YMCA -- were they a housing

1 provider?

2 A. We're not.

3 152. Q. Or was there homelessness services
4 provided as part of that work?

5 A. Nope.

6 153. Q. Okay. And then you've been
7 commissioner of social services since June 2022, so
8 three years and two months it says there?

9 A. That's a LinkedIn glitch because I
10 think it's three years and one month, but that's fine.

11 154. Q. That's fine close enough, close enough.

12 A. Yeah, correct.

13 155. Q. All that to say, you wouldn't consider
14 yourself like, an expert in homelessness?

15 A. I do not.

16 156. Q. Okay. And your role as Commissioner is
17 not an on the ground role? Like, while you do mention
18 in your affidavit that sometimes you do go to the
19 encampment, your role is really supervisory and more
20 at the administrative level?

21 A. That's correct, however, in my career,
22 I have learned from the benefit of understanding the
23 impact of the work that we -- that I lead. And I've
24 always endeavoured to try to understand it from as
25 close to the delivery model as possible, which is why

1 I have, over my career, made a point of trying to
2 understand and be present. But yes, I have executive
3 and legislative authority over the entire community
4 services budget and I'm responsible ---

5 157. Q. Okay. And your education background
6 is, I think I saw, political science and an MBA?

7 A. Correct.

8 158. Q. Okay. So when you're providing
9 opinions in your affidavit about, you know, dangers of
10 encampments or issues around homelessness, it's not
11 based on any sort of expertise? It's just your
12 personal opinion?

13 A. It's my professional opinion gleaned
14 over the last three years of overseeing the housing
15 stability and the homelessness program across Waterloo
16 Region.

17 159. Q. And the USWs who work with the homeless
18 population, do they report to you directly?

19 A. They do not.

20 160. Q. Okay. And do they report to one level
21 below you?

22 A. The USWs report to a supervisor.

23 161. Q. Okay?

24 A. The supervisor reports to a manager,
25 Chris, who you know, and Chris reports to a director,

1 Ryan, who you also know.

2 162. Q. Okay. And then Ryan reports to you?

3 A. Correct.

4 163. Q. Okay. And so I'm going to ask you a
5 few questions about Metrolinx. So you talk a little
6 bit about Metrolinx in your affidavit, and you've
7 talked today about the need for this piece of property
8 for the Metrolinx project with the Kitchner
9 transportation hub?

10 A. Mm-hmm.

11 164. Q. And on paragraph 28 of your affidavit,
12 you state that ---

13 A. The first one, Shannon?

14 165. Q. Yes, sorry, your first affidavit.

15 A. Okay, yeah.

16 166. Q. You state that, "Metrolinx has informed
17 the Region it requires the property as the first step
18 to develop the (indiscernible)." So this is a
19 foundational, sort of, step?

20 MS. SCHIUTEMA: I've got the wrong affidavit
21 up, sorry.

22 THE WITNESS: No, it's okay.

23 MS. SCHIUTEMA: I'm going to pull it up.

24 THE WITNESS: (Indiscernible).

25 MS. SCHIUTEMA: Shannon, can you tell me

1 what paragraph you're on?

2 THE WITNESS: Ashley, I've got it.

3 MS. SCHIUTEMA: Oh, you've got it? Okay.

4 THE WITNESS: Yeah, paragraph 28, I've got
5 it Ashley, thank you.

6
7 BY MS. DOWN:

8 167. Q. Is that accurate?

9 A. That is accurate in my understanding,
10 which is then backed up and supported by the affidavit
11 of Doug Spooner, who is my colleague, who has the
12 responsibility for this program.

13 168. Q. Okay. Ashley I'm going to ask you to
14 put up the CBC article. This is an article, and you
15 may not have read it, it's from recently, July 11th.

16 A. No, I haven't seen this one. Like,
17 today?

18 169. Q. Sorry, no that's not correct. The date
19 must be wrong. It must've been the date that I
20 accessed it.

21 A. Oh, April 17th.

22 170. Q. It's actually from April.

23 A. Yeah, April 17th, okay.

24 171. Q. Yeah, so this talks about -- and Ashley
25 if you can scroll down -- this talks about the project

1 councillor Colleen James is quoted in it, and it talks
2 about the fact that this project was originally
3 announced in 2016?

4 A. Okay.

5 172. Q. Is that your understanding? Like, this
6 project's been a long haul?

7 A. Yes, that is my understanding.

8 173. Q. Okay.

9 A. Prior to my arrival here at the Region.

10 174. Q. Okay, in fact the article goes on to
11 say that the Region was supposed to start the project
12 with Metrolinx in 2020, and then in 2021, and when you
13 joined as commissioner in 2022, do you recall that
14 during the previous encampment case, the Region's
15 position was that they urgently needed the property
16 for the Kitchener transit hub?

17 A. No, I don't recall the specifics of
18 that court case that was launched prior to my arrival.

19 175. Q. Okay. You started in June though, of
20 2022?

21 A. Yeah.

22 176. Q. Okay. So you would've been around
23 because I think the case was heard in November?

24 A. Correct.

25 177. Q. So as Commissioner were you aware --

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1 because that property, that encampment would have been
2 under your, I guess, your responsibilities. Were you
3 aware that, at that time, the Region was -- their
4 position was that they needed the land? The reason
5 the case happened was because the Region needed the
6 land urgently for the transportation hub?

7 MR. LOKAN: I'm sorry, I'm just going to
8 object, Shannon. You're saying again and
9 again, "urgently," and I haven't seen that
10 in a document. So if you have a document
11 that says that that is the Region's
12 position, and if Mr. Sweeney knows about it,
13 fair enough.

14 MS. DOWN: Okay.

15 MR. LOKAN: But otherwise ---

16 MS. DOWN: I can tell you it was in the
17 affidavits of the Region's experts, or the
18 Region's staff at the time that it was
19 urgently needed in 2022.

20 MR. LOKAN: You can tell me that it's in an
21 affidavit that is not in the record in this
22 case.

23 MS. DOWN: That's fine. Can I get an
24 undertaking from Mr. Sweeney to confirm that
25 the Region, at that time, position was that

1 they needed the land in 2022 urgently?

2 MR. LOKAN: Well ---

3 MS. DOWN: When the project was expected to
4 start.

5 MR. LOKAN: What I can do is I'll give an
6 undertaking to give the date that the Region
7 expected the project to start as of the date
8 of the hearing in the last court case. Does
9 that work?

10 MS. DOWN: That's fine.

11
12 --- **UNDERTAKING**

13
14 BY MS. DOWN:

15 178. Q. In March of 2024, Peter, do you recall
16 meeting with a group at the Social Development Centre
17 to talk about the need for the encampment to be shut
18 down because the property was needed for the transit
19 hub?

20 A. I recall being at a meeting in March of
21 2024 at the Social Development Centre. I believe you
22 were there as well.

23 179. Q. Yes.

24 A. That one? I recall.

25 180. Q. Yeah, and so ---

1 A. I recall that meeting. That was an *ad*
2 *hoc* meeting, yes.

3 181. Q. Yeah, and what was the -- do you recall
4 the subject of that meeting? What was talked about?

5 A. My recollection of that meeting was
6 that there were a number of things that were discussed
7 including a repeated acknowledgement from me, that I
8 had made publicly and in council chambers, that my
9 understanding from my colleagues in the Regions was
10 that at some point in the future 100 Vic would be
11 required for other uses, and that was the nature of
12 the conversation was to re-confirm that
13 acknowledgement. That there would be a time where
14 this would no longer be available to people to tent.

15 182. Q. Okay. And you had mentioned in the
16 first part of your examination that one of the things
17 that is important is to provide people with as much
18 notice about the closure and the need to move on. At
19 that time, was that being communicated to the
20 residents of the encampment directly through the USWs?

21 A. I don't -- I can't comment on whether
22 or not -- like, what was being said from the outreach
23 workers to the residents. I will say that -- and
24 repeat what I said repeatedly, is that from my
25 understanding as the Commissioner of community

1 services, the land where the encampment at 100 Vic was
2 currently in place would not be available in
3 perpetuity. There would come a time that my
4 understanding is that Metrolinx would require it.
5 And, at the time that we had clarity on when that date
6 was firm, we would communicate that when we could.
7 What we could, when we could. And that was the
8 commitment in March, and we followed up with that a
9 year later once we did have a date.

10 183. Q. Okay, so there was no direction, as far
11 as you know, to the USWs to be communicating to the
12 residents at that time that a closure was coming at
13 some point in the future?

14 A. The USWs have known as part of their
15 work that the land in which they were providing
16 supports to individuals, or attempting to provide
17 supports to the greatest extent possible, was not
18 going to be available for tenting in perpetuity.

19 184. Q. I'm going to draw your attention to the
20 screen, the article that's being shown on the screen
21 right now. This is an article that's from the Record.
22 Louisa D'Amato.

23 A. Okay.

24 185. Q. And it's about the project, sorry,
25 Metrolinx in general and the various improvements.

1 And the article is essentially saying -- quoting
2 another article which we'll look at in a second, a
3 Trillium article. But the essence of it is saying
4 that GO is changing their focus, Metrolinx is changing
5 their focus from a number of different capital
6 projects. That there is again going to be delays, the
7 two-way service is not happening, and that everything
8 -- all the projects that have been planned have been
9 pushed back. Had you read this article, or were you
10 aware of it?

11 A. I have not read this article.

12 186. Q. And if we go to the -- there's an
13 article in the Trillium that this quotes, and we'll
14 take a look at that. And this article is from June
15 10th, it's fairly recently, and it talks about a number
16 of (indiscernible) at Metrolinx. There's quotes,
17 anonymous quotes from people working at Metrolinx
18 saying that a number of projects that were underway
19 have been pushed back significantly because they've
20 ended a partnership with the organization Deutsche
21 Bahn that they were working with. And at the bottom,
22 it says, "Metrolinx is pivoting to focus on Lakeshore
23 East and Lakeshore West." And that, "The Barrie,
24 Kitchener, and Stouffville lines will be addressed in
25 the next phase of the minimum viable project." So has

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1 there been any updates from Metrolinx on the timeline,
2 that you're aware of?

3 A. Shannon, I think you know that this is
4 not my area of responsibility or mandate in the
5 Region. I don't have information to help you clarify
6 dates and issues related to Metrolinx.

7 187. Q. But obviously the timelines of this
8 inform the work that you're doing, so are you saying
9 that you're not involved in any meetings or
10 discussions with other senior people at the Region
11 talking about when the project is expected to go
12 forward, or any changes to that schedule?

13 A. That's correct. We're working with a
14 confirmed request from Metrolinx that they require the
15 land for their work on the Kitchener transit --
16 Kitchener central transit hub by March of 2026. And
17 that's the date that I have and we indicated -- and as
18 I indicated in my previous cross-examination, from a
19 social services and housing perspective, we've always
20 said that when and if there is a firm date, it would
21 be exceedingly helpful to have as much time as
22 possible ahead of that date and additional resources
23 to support the transition of individuals off 100 Vic,
24 and that's where we are today as well.

25 188. Q. Okay, but I think it's fair to say that

1 this project has been a moving target for a decade?

2 A. Again, not my area of responsibility,
3 or focus, or mandate here at the Region.

4 189. Q. Okay. And there's no certainty that it
5 is actually -- like, when you say it's a firm date,
6 that's not what's being communicated necessarily by
7 Metrolinx?

8 A. Metrolinx ---

9 190. Q. Because they actually put in the letter
10 that they'll update you. You know, that it's subject
11 to change?

12 A. Metrolinx has confirmed to us that they
13 require the site by March 30th. That, to me ---

14 191. Q. Right, but ---

15 A. From my perspective, and then I have
16 been told by my colleagues what that means and that is
17 the -- that is where we're at. And my goal has always
18 been, to the extent that I have any influence and
19 control over elements of this, that when and if that
20 land is required that we have as much time and
21 resources to support people as best we can.

22 192. Q. Okay. I want to go to the letter, the
23 Metrolinx letter. Ashley it's in the exhibits, if you
24 go to the index, I think you can click on it and see
25 the exhibits.

1 A. Sorry ---

2 193. Q. Exhibit I.

3 MR. LOKAN: So this is exhibit I to the
4 Spooner affidavit?

5 MS. DOWN: Yes.

6 MS. SCHIUTEMA: Sorry, I don't think
7 Spooner's is bookmarked, so just give me a
8 minute to get there. I can't seem to click
9 into it. Oh, it's in volume 2, that's why.

10 MS. DOWN: I might be able to pull it up.

11 MS. SCHIUTEMA: Getting there, sorry. Okay,
12 we're there.

13 MS. DOWN: Sorry, can you go back up to the
14 very top?

15

16 BY MS. DOWN:

17 194. Q. Okay, so this is dated December 18th, so
18 why was the notice only provided to the residents in
19 April, if that was an important part of helping them
20 transition?

21 A. So, can you go down to the bottom of
22 the letter, please, Shannon? There's no indication of
23 who was cc'd on this.

24 195. Q. It's to the Region.

25 A. So I don't recall when I was first

1 informed of this. I want to make that point. And the
2 response to this involved a number of my colleagues
3 outside the sphere of community services. So once
4 there was a date announced there was obviously some
5 work internally and with our council to map out what
6 was going to be required next. The end result of that
7 was a site-specific bylaw, which went through its
8 normal processes, and we were able to communicate that
9 on April 16th. And that was the earliest date that I
10 as Commissioner of social -- community services and
11 responsible for housing, was in a position to comment
12 on the date and the resulting bylaw.

13 196. Q. But you said previously that you knew
14 this date was coming and as soon as you had a firm
15 date, you would work with people to let them know and
16 to start taking action on it. So this looks like the
17 Region, and you're part of the Region, had notice that
18 this was going to be required in December 18th, and yet
19 there's no notice to the residents for a period of
20 five months?

21 A. So I will reiterate what I actually
22 said, Shannon, which was I committed to sharing what
23 we could, when we could. And I work for an
24 organization that is governed by the *Municipal Act*,
25 which requires that certain elements of the business

1 of the Region are conducted by regional council in
2 closed session, and I am bound by that. And so I have
3 always said when I have a date that I can share, I
4 will share it, and I did that.

5 197. Q. So what was the reason that the date
6 couldn't be shared?

7 A. So again, Shannon, I'm bound by the
8 *Municipal Act*. I can share -- I shared what I could
9 share from a confidentiality perspective, what I
10 could, when I could.

11 198. Q. So can you be more specific about that?
12 What provision of the *Municipal Act* are you relying on
13 in saying that you couldn't share this date? Like, of
14 a project that was announced in 2016 that apparently
15 everybody was aware of? You're saying you talked
16 about it with your staff, they were aware of it. Why
17 couldn't it have been shared with residents prior to
18 April 17th, or April 16th, 2025?

19 MR. LOKAN: Shannon ---

20 MS. DOWN: I'm just not understanding that
21 answer.

22 MR. LOKAN: Sure, Shannon, I suggest that
23 you get this witness's answer on the record,
24 to the extent that he is able, but the
25 answer may require some consultation with

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1 other members of the Region.

2 MS. DOWN: Okay, can I get an undertaking to
3 understand what the reason was for not being
4 able to share this information with the
5 people that it affected prior to April 17th?
6 At any point between December 18th and April
7 17th, 2025?

8 MR. LOKAN: Between, sorry, the date of ---

9 MS. DOWN: April -- sorry, December 18,
10 2024, when the letter was received, and
11 April 17th, when it was communicated to the
12 people living at the encampment.

13 MR. LOKAN: Okay, we'll do that by way of
14 undertaking.

15
16 --- **UNDERTAKING**

17
18 BY MS. DOWN:

19 199. Q. Is it fair to say, Peter, that the
20 current provincial government is pressing
21 municipalities to close down encampments?

22 A. I have not experienced pressure from
23 the provincial government to close down encampments in
24 my role.

25 200. Q. Okay. Are you aware of any

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1 discussions, any meetings, between the Region and the
2 province regarding this or other encampments?

3 A. I am not.

4 201. Q. Okay. And did the Region apply for
5 funding from the provincial government that was tied
6 to closures of the encampment?

7 A. We applied for funding where there was
8 a request to submit a pledge related to encampments
9 and we submitted that, and I believe you have access
10 to that letter.

11 202. Q. Okay. And just tell me in ---

12 A. I'd have to go look at it again,
13 Shannon.

14 203. Q. Okay, but what was the general nature
15 of the pledge?

16 A. I'd have to go -- I'd prefer you to
17 pull it back up. This was back in December and we're
18 in July.

19 204. Q. Okay.

20 A. Thank you.

21 MS. SCHIUTEMA: It's up. Are we going to
22 mark all these as exhibits at the end?

23 MS. DOWN: Oh, yeah, I guess I should've
24 been doing that.

25 MR. LOKAN: Some of them are already in the

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1 record. The letter ---

2 MS. DOWN: One of our -- yeah, the only ones
3 that weren't in the record are the articles
4 from the Trillium and the Record.

5 MR. LOKAN: Even the Record article I think
6 may be in one of the affidavits.

7 MS. SCHIUTEMA: The Record article is in
8 David Alton's; the Trillium article is not.
9 I don't think this Ministry pledge is in the
10 record.

11 THE WITNESS: Ashley, you have the screen,
12 could you roll down to the second page of
13 this? Because the first page, Shannon,
14 talks about our commitment through the Plan
15 to End Chronic Homelessness, and the
16 investments we are making, and our
17 commitment to continue to do our best, as it
18 says right there, to continue to support
19 unsheltered people living in encampments to
20 hopefully transition.

21
22 BY MS. DOWN:

23 205. Q. Okay.

24 A. It's -- yeah.

25 206. Q. Okay. So when this pledge was

1 provided, that was just part of a request to the
2 province for funding?

3 A. That's correct.

4 207. Q. And is there -- what are the reporting
5 requirements back to the province on that funding?

6 A. I don't have those handy. I would have
7 to -- what do you call it? Undertake to find that out
8 for you.

9 208. Q. So you don't know anything about the
10 reporting requirements? Like, whether you're required
11 to report on how many people have been moved out of
12 encampments in the next year?

13 A. I'm not ---

14 209. Q. If you don't know you can ---

15 A. No, I'm not aware of any ask to report
16 back to the provincial government on any data related
17 to encampments and transitioning people out.

18 210. Q. Okay, can I get an undertaking to let
19 us know if there is reporting requirements that are
20 conditional -- that this money was conditional on
21 reporting requirements from the Region regarding how
22 many people have been moved out of encampments?

23 MR. LOKAN: So, I'm going to be careful on
24 this undertaking because I think it should
25 be a fairly narrow one. That is to say

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1 reporting requirements that show that
2 funding is conditional on closing of
3 encampments?

4 MS. DOWN: So my understanding, and Peter
5 can correct me, was that this pledge was
6 required. There was some funding that was
7 available from the provincial government;
8 the Region was required to provide a pledge
9 regarding activities towards -- how the
10 money would be used in terms of encampments.
11 And then I'm asking if there's specific
12 reporting requirements tied to that, that
13 the region is required to report back to the
14 province.

15 MR. LOKAN: It's just that it's normal for
16 funding to be accompanied by reporting
17 requirements.

18 MS. DOWN: Yes.

19 MR. LOKAN: And what's relevant to this case
20 is if there was -- or potentially relevant
21 -- if there was a reporting requirement that
22 indicates that there's a tie between the
23 funding and the closing of encampments. So
24 if ---

25 MS. DOWN: So we can narrow it to reporting

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1 requirements related to encampment closures,
2 or movement of people from -- out of
3 encampments.

4 MR. LOKAN: Okay, we'll give that
5 undertaking.

6
7 --- **UNDERTAKING**

8
9 MS. DOWN: Okay.

10 MS. SCHIUTEMA: So some of these documents
11 are in our responding record, which we just
12 filed, they're not in our motion record.

13 MS. DOWN: Okay, (indiscernible).

14 MS. SCHIUTEMA: This one ---

15 MS. DOWN: I think this would be the third
16 exhibit then because we had Peter's ---

17 MR. LOKAN: We haven't actually ---

18 MS. DOWN: --- LinkedIn profile, would be
19 the first one.

20 MR. LOKAN: Okay. LinkedIn profile is fine
21 because he identified that he knew that. So
22 that's exhibit 1.

23
24 EXHIBIT NO. 2: LinkedIn profile of Peter Sweeney
25

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1 MS. DOWN: We had the CBC article. It's
2 exhibit 2. That was the article about the
3 delays to Metrolinx, to the Kitchener
4 transit hub.

5 MR. LOKAN: I'm not sure that we marked
6 that.

7 MS. DOWN: Okay, can we mark that as exhibit
8 2?

9 MR. LOKAN: Did Peter recognize it?

10 THE WITNESS: I do not recognize this
11 article.

12 MS. DOWN: Okay. So you'd never read it?
13 You haven't -- okay.

14 MS. POLLARD: I have noted that we marked it
15 as exhibit number 1 back when Ms. Perez was
16 examining Mr. Sweeney.

17 MS. SCHIUTEMA: I think it's a different
18 article.

19 MS. POLLARD: A CBC article?

20 MS. SCHIUTEMA: It's a different CBC
21 article, yeah.

22 MS. POLLARD: A different one? Okay, my
23 mistake.

24 MR. LOKAN: So I think for this one, it
25 does, as I recall, have Peter's quotes, but

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1 he doesn't recognize the article, so perhaps
2 we give it a lettered exhibit so it's easier
3 to follow on the record. Is that fine?

4 MS. DOWN: Yeah, that's fine. We can call
5 it exhibit A.

6 MR. LOKAN: Yeah.

7
8 EXHIBIT A: CBC article related to Metrolinx delays
9 and the Kitchener transit hub

10
11 MS. DOWN: And then, I believe, the Record
12 article, Ashley was in ---

13 MS. SCHIUTEMA: I think it's in David's ---

14 MS. DOWN: The Louisa D'Amato editorial?

15 MS. SCHIUTEMA: That was in David Alton's.

16 MS. DOWN: Okay.

17 MS. SCHIUTEMA: I don't think the Trillium
18 one is, though.

19 MR. LOKAN: Okay, so we don't need to mark
20 the one that is in the David Alton
21 affidavit. "We're getting left behind."

22 MS. DOWN: We'll mark the Trillium one as
23 exhibit B.

24 MR. LOKAN: B? Okay.

25 MS. DOWN: Sure.

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1 MR. LOKAN: So, does this quote Mr. Sweeney?

2 MS. DOWN: No, it doesn't, it's just about
3 the Metrolinx plans. It's linked to the
4 Louisa D'Amato article.

5 MR. LOKAN: So we'll mark that as exhibit B.
6 Because I'm not sure anyone's identified
7 that yet. Thank you.

8
9 EXHIBIT B: The Trillium article regarding Metrolinx
10 delays

11
12 BY MS. DOWN:

13 211. Q. Okay, so back to the encampment. Let's
14 talk about it for a little bit. So is this encampment
15 the largest encampment in the Region, as far as you're
16 aware?

17 A. As far as I'm aware, yes.

18 212. Q. Okay, and you did mention other
19 encampment closures in your affidavit in a number of
20 spots, specifically referencing ones in Kitchener and
21 Cambridge. Would you agree that other municipalities
22 have take more aggressive approaches to shutting down
23 encampments than the Region has?

24 A. I would agree that other municipalities
25 have taken different approaches.

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1 213. Q. I don't know if it's just me, but I'm
2 having trouble hearing you. Anybody else?

3 A. Am I too far away?

4 214. Q. Yeah, I think so.

5 A. Sorry, can you repeat the question,
6 Shannon?

7 215. Q. Would you agree that other
8 municipalities have taken more aggressive approaches
9 to shutting down encampments than the region has in
10 the past?

11 A. I would agree that other municipalities
12 have taken different approaches, yes.

13 216. Q. For example, would you characterize the
14 environment in Cambridge as being hostile to
15 encampments?

16 A. No, I wouldn't characterize -- I
17 wouldn't use language like that.

18 217. Q. Okay. Is it fair to say that Cambridge
19 has regularly moved to shut down encampments withing
20 their properties?

21 A. I can think of a couple of instances
22 where encampments in the municipality of Cambridge
23 have been closed down.

24 218. Q. Okay.

25 A. Soper Park is one.

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1 219. Q. And the 150 Main encampment that was on
2 regional land, but within the City of Cambridge ---

3 A. Yes?

4 220. Q. --- was there pressure from the City of
5 Cambridge with respect to closing down that
6 encampment?

7 A. We -- I never experienced pressure from
8 another level of government. We had a number of
9 individuals who lived adjacent to that program. The
10 neighbourhood was certainly, as I recall, vocal in its
11 opposition to the encampment at 150 Main.

12 221. Q. Okay. So you're saying the city was
13 neutral? They weren't taking any position about that
14 encampment?

15 A. No, I said I didn't feel, and I didn't
16 receive any pressure from another level of government
17 to act.

18 222. Q. Okay. We're you aware of the general,
19 I guess, the politics of the situation in terms of the
20 stance or the position that Cambridge was taking at
21 that time, in your role as Commissioner of community
22 services?

23 A. Yes, I recall voices in the City of
24 Cambridge being frustrated with the existence of 150
25 Main.

1 223. Q. Right, and so were they advocating for
2 it to be shut down?

3 A. We certainly received correspondence
4 from members of the public that were frustrated with
5 the existence of the encampment and wondering why it
6 was still in place.

7 224. Q. Okay.

8 A. Much like we ---

9 225. Q. Okay. And were the communications from
10 the city? Like, the council for the City of
11 Cambridge?

12 A. I don't recall ever receiving
13 correspondence from elected officials advocating for a
14 certain action at 150 Main. I do recall being aware
15 that elected officials in Cambridge, area municipality
16 elected officials were hearing from their constituents
17 about their concerns with respect to the existence of
18 the encampment at 150 Main.

19 226. Q. Okay. And they were passing those
20 messages along to you?

21 A. They were ---

22 227. Q. Or the Region?

23 A. Yeah, they were -- they were -- I was
24 aware of them. I don't recall getting a specific
25 note, but it doesn't mean I couldn't have either.

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1 228. Q. Okay. And when other -- the lower-tier
2 municipalities have closed encampments like the
3 Kitchner, the Roos Island encampment ---

4 A. Yeah.

5 229. Q. --- the Soper Park, *et cetera*
6 (Indiscernible). That creates pressure on the Region
7 to absorb -- because you're responsible for finding
8 those people somewhere to stay? It falls on you? So
9 it creates more pressure on the Region, is that fair
10 to say?

11 A. So in those circumstances, our USWs,
12 our outreach team endeavour to go to those encampments
13 to make connections with folks, to do what they can,
14 to provide them with supports where they can, and make
15 sure they're aware of their options. And if an
16 encampment is closed down beyond -- anything beyond
17 our control, I understand that those -- what happens
18 is those individuals make their own decisions. And
19 some continue to tent elsewhere, and some choose, if
20 possible, to access the housing stability system. So
21 the number of people who are looking for support
22 doesn't increase when an encampment -- a specific
23 encampment might shut down.

24 230. Q. Okay, but if the people -- okay.

25 A. Like, it doesn't add net new people to

1 the list of -- the number of people that we're trying
2 to support.

3 231. Q. Okay, fair enough. So that's a good
4 segue into the next topic. So I'm going to look at
5 example E to your first affidavit. Or, sorry, exhibit
6 E to your first affidavit ---

7 A. Okay.

8 232. Q. --- which is the infographic from the
9 most recent point-in-time count.

10 A. Mm-hmm.

11 233. Q. So this is October 20, 2024, and it was
12 a comprehensive count of the number of people
13 experiencing homelessness. And the overall number was
14 2,371 as we see at the top of the infographic. And
15 you'd agree with that?

16 A. I do.

17 234. Q. Okay. And there's some numbers to the
18 right, but I think it's more helpful to look at it --
19 you have the chart, I think, which shows the previous
20 one and the current one.

21 A. Yeah, from the report?

22 235. Q. Yeah, that's actually from a staff
23 report ---

24 A. A staff report, yeah.

25 236. Q. --- as of May 6th, yeah.

1 A. Yeah.

2 237. Q. On page 37.

3 A. Mm-hmm.

4 238. Q. Okay. So there it tells us -- it
5 breaks it down quite clearly. So if we're looking,
6 people living in encampments or living rough, if we go
7 down four lines in the chart, it looks like in
8 September 2021, it was 412. And then when we go to
9 October 2024, that's 1,009. So that number does not
10 count people in any of the other categories? That's a
11 distinct category, is that correct?

12 A. Yeah, my understanding of the data is
13 that's a distinct category, a subset of the total.

14 239. Q. Okay. And at that same point in time,
15 in emergency shelters we have 446 people?

16 A. Mm-hmm.

17 240. Q. And 221 in transitional housing?

18 A. Okay.

19 241. Q. And 153 staying in motels?

20 A. Mm-hmm.

21 242. Q. So those are sort of the available
22 options for people who are experiencing homelessness,
23 in terms of getting off the street, is that fair to
24 say?

25 A. That's correct.

1 243. Q. Okay, so for those 1,009 people,
2 they're all potentially the inflow into the emergency
3 shelters, transitional housing, and the motels?

4 A. Yes, that's correct.

5 244. Q. Okay.

6 A. My understanding as well, yes.

7 245. Q. And so at that time, at that point-in-
8 time count, it would only be a very small number of
9 those 1,009 people that would be able to go into
10 shelter, or interim housing, or motels because, as we
11 can see there, if we look at those numbers of people
12 who were already using those three options on that
13 date, they're very high capacity in terms of what the
14 available numbers would be? Is that fair to say?

15 A. It is.

16 246. Q. Okay. So we have a lot of people who
17 are not going to -- let's suppose they work with a
18 USW, they have an IHP, there is no outlet for them
19 because they're one of the 1,009, they're competing
20 with a bunch of -- a large number of people for
21 exceedingly limited resources. So they may work,
22 engage, have an IHP developed and nothing could
23 happen? Is that fair to say?

24 A. Yeah, so I mean, I think we're pretty
25 clear in the context of the PiT count and the Plan to

1 End Chronic Homelessness that an exceptional challenge
2 in this work is the dramatic rise in inflow. And any
3 effort to end chronic homelessness in the next five
4 years, which is our stated goal, as you know, is going
5 to have to deal with these challenges both from a
6 supply side and a demand side, in terms of reducing
7 the number of people that flow into the system,
8 creating flow out of the system because again, as I
9 believe you know, there's a challenge of moving people
10 out because of a lack of affordable housing. This is
11 the calculus in Waterloo Region as it is in many
12 communities across the country.

13 247. Q. So how do you know that the \$800,000 in
14 the budget that's been allocated, the additional
15 money, is going to be enough to provide the space in
16 the system for the people being the defined residents?

17 A. Like, where did we come up with that
18 number? Is that specifically what ---

19 248. Q. Mm-hmm. Because you said it's not
20 allocated towards specific things, it's just a pot of
21 money.

22 A. It is a pot of money and it is also --
23 it had to be based on some formula. And so we took
24 the number of individuals that we wanted to create
25 capacity for, which is in my affidavit at that time,

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1 was 40. We have a rough idea -- rough, we have a very
2 clear idea on the investments required for motels with
3 social supports, for rent supplements, and for
4 supportive housing beds. And so we did a calculus on
5 what some combination of those three would be and
6 that's what we put forward to council, with the
7 understanding that, you know, we would allocate those
8 as needed and they may not shake out in a perfect,
9 formulaic way.

10 249. Q. Okay, is it possible for us to get a
11 copy of that budgeting, that costing exercise?

12 A. We included a budget in the council
13 report, and whatever is in the open council report is
14 accessible -- is publicly accessible.

15 250. Q. Okay, but this doesn't actually show
16 specifics like numbers of beds, or like how many
17 people it's meant to -- (indiscernible) it's a pretty
18 rudimentary sort of budget. Like, it just sort of
19 says X amount for ---

20 A. Yes, it was the number that we came up
21 with, it was the number that council approved, and
22 it's designed to create a bit of capacity in the
23 system, knowing full well that there will continue to
24 be people experiencing chronic homelessness, and we're
25 trying to support those that are in a location that we

1 know is no longer going to be available as of December
2 the 1st.

3 251. Q. Okay. So it could be that it wouldn't
4 have been enough because, presumably, you developed
5 those numbers in advance of the council meeting?

6 Like, that would've been in a staff report that
7 would've been in development for, I'm assuming, weeks
8 or months before that. Sometime maybe between the
9 December 18th receipt of the Metrolinx letter and the
10 council meeting in April. How would you know that
11 there was going to be 40 people at the site on April
12 17th?

13 A. I would have to go back and look at the
14 work that went into that, and I would have to
15 endeavour to pull up the methodology that was used,
16 and I will ---

17 252. Q. Okay.

18 A. I can -- to the best of my ability, I
19 can do that.

20 MR. LOKAN: I'm going to say, if you're
21 asking for an undertaking, Shannon, that
22 we'll take that under advisement. In
23 particular, I don't know whether there's
24 confidentiality concerns over draft
25 calculations and documents along the way

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1 that lead to a final, but I will take that
2 under advisement.

3 MS. DOWN: Okay. I guess what I'm trying to
4 find out is how do we know that it's going
5 to be enough money to do -- I would like to
6 -- yes, we would like that undertaking.

7 MR. LOKAN: It's under advisement. I think
8 you're also assuming that it was only on
9 April 17th that the Region knew that there
10 were approximately 40 residents and that may
11 not be a safe assumption.

12 MS. DOWN: Right, well I think that Mr.
13 Sweeney's previous testimony acknowledged
14 that the numbers, the population in the
15 shelter, sorry, the encampment varies
16 significantly from time to time.

17
18 --- UNDER ADVISEMENT

19
20 BY MS. DOWN:

21 253. Q. And so was that date partly chosen
22 because if it was later, say May, we know that there's
23 -- I think it's fair to say that there's a seasonal
24 aspect to encampments, that they blossom and grow in
25 the spring and they get smaller in the wintertime? Is

1 that fair to say?

2 A. There was a couple of questions there,
3 Shannon.

4 254. Q. Okay. So first of all, is it fair to
5 say that encampments grow in the spring and summer and
6 their size reduces in the late fall and early winter?

7 A. Yeah, I'd say that in this part of the
8 country, in my three years working here, that seems to
9 be a trend that we see ---

10 255. Q. Okay.

11 A. --- in encampments across the
12 community, regardless -- not specifically to ---

13 MR. LOKAN: Sorry, I think that the witness
14 may have asked -- sorry, answered a
15 different question than was asked. Not
16 whether you see an increase, but whether
17 because there was an increase was a factor
18 in the decision.

19
20 BY MS DOWN:

21 256. Q. So I'll ask that as my second question.
22 I realized I kind of combined two.

23 A. Yeah.

24 257. Q. So he's answered the second part; I'll
25 go back to my first question. So was the April 17th

1 ---

2 A. Can I just ---

3 258. Q. Yeah, go ahead.

4 A. Can I just be clear? What I believe I
5 just answered was: do I acknowledged that there's
6 seasonality with respect to encampments related to
7 weather and weather patterns in this community. And I
8 said yes, that is my experience. I've seen that.

9 259. Q. Yeah, when you say weather patterns, we
10 mean like, the seasons?

11 A. Seasonal patterns, I should say.

12 260. Q. The seasonal patterns.

13 A. Not weather.

14 261. Q. Yeah.

15 A. Thank you.

16 262. Q. Yeah.

17 A. Yes.

18 263. Q. Okay. And so yes, so you would agree
19 that in the spring and summer the encampment would be
20 expected to grow in size? On an annual basis, like
21 that is an annual cycle?

22 A. That would be consistent with what I
23 have observed and have been counselled by my staff in
24 the last three years at encampments in general across
25 Waterloo Region.

1 264. Q. And so the April 17th date, to choose
2 that date because that was the date the bylaw was put
3 on the agenda council. Why was that date chosen?

4 A. I'm beholden to council dates and
5 reporting requirements in terms of releasing of
6 agendas. That's not -- those are set. Those are
7 previously set and staff reports fall in line
8 accordingly.

9 265. Q. Okay. I'm sorry, in terms of -- I
10 maybe didn't phrase that properly. So the decision to
11 make April 17th the cutoff date for existing residents,
12 why was it that? Like, it could've been May 17th, it
13 could've been June 17th; why was it April 17th?

14 MR. LOKAN: It's actually the 16th, Shannon.
15

16 BY MS DOWN:

17 266. Q. 16th, sorry. So it could've been a
18 month later? Like, that would've been an option. You
19 could've had the meeting and then said, in a month
20 we're going to say the cutoff day is May 16th. Why was
21 it chosen to be April 16th?

22 A. So my role in this was to ensure, to
23 the degree that I could, that included in the staff
24 report and the bylaw itself, that there were
25 provisions for both time, some runway, and additional

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resources to support people. Other elements including dates and wording of bylaw were not within my purview.

267. Q. Okay. It could've been a different date? There was no magic about that date necessarily?

A. Again, I'll go back to my previous answer. I wasn't ---

268. Q. You weren't involved in that decision making (indiscernible)?

A. I was aware of things coming forward, as I am a member of the executive team here at the Region. My role and responsibility was to provide input from a housing and social services perspective, which is what I did.

269. Q. When we looked at that number of people living unhoused, that 1,009 number, and we know that this is the biggest encampment in the Region, when it closes down, if the people who are currently not in shelter or transitional housing, those 1,009 people, where are they? From what you understand from your work with the USWs *et cetera*?

A. Sorry, where are who? Can you repeat that?

270. Q. So we know that there's 1,009 people living unsheltered, completely unsheltered, and so outside of this encampment where are those people?

1 Where are they? Where are they living?

2 A. So I don't have access to the raw data
3 and I'm -- of, you know, specific location. So the
4 point-in-time count, as you know, is conducted -- was
5 back conducted in October through a survey and this
6 represents the number of individuals who, in that
7 conversation and in that survey, identified that they
8 were living rough.

9 271. Q. Okay. Are you aware through the
10 reports that you get from your USWs or the
11 interactions that you have with them that there are
12 any other significant sized encampments in the Region
13 where people are gathering?

14 A. I'm not aware of another encampment of
15 the size and scope of the one located at 100 Victoria.

16 272. Q. Okay. So is it your understanding that
17 these people are pretty scattered then, throughout the
18 Region?

19 A. My understanding is that -- well, so
20 I'm acknowledging that 1,009 individuals identified on
21 October 24th, whatever day it was, that that day or
22 that night before they were living rough. I don't
23 have access to data that would be able to pinpoint
24 where they -- those individuals who indicated that
25 they were living rough were actually staying.

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1 273. Q. Okay, but I'm just trying to understand
2 like, as Commissioner of community services this is
3 part of your purview, right? And you talk about the
4 fact that the reason unsheltered workers are going to
5 work with all the people who are experiencing
6 homelessness --- so I'm just trying to understand --
7 like, surely you must get informed through your staff
8 about the picture of that unsheltered homelessness.
9 And I'm trying to understand can you ---

10 A. Yes.

11 274. Q. Can you give me some idea of what that
12 looks like in the Region, I guess?

13 A. Yeah, so I can -- my understanding,
14 through reports and conversations with my team, is
15 that there are, at any given time, a number of
16 encampments throughout Waterloo Region. Some are more
17 active than others. Some are more entrenched than
18 others. And the largest of those, in my full time
19 here at the Region of Waterloo has been at 100
20 Victoria.

21 275. Q. Okay. And where are some of the other
22 ones that you're aware of, currently?

23 A. Given the transient nature of those
24 shelters, and the degree to which they pop up and
25 down, I don't have a real-time listing for you to give

1 to you today.

2 276. Q. Okay. And so that must be quite a
3 challenging environment for the USWs to try and
4 service that part of the population, given what you
5 just described, that transient nature and that they're
6 popping up and down?

7 A. Yes, this is difficult work. For
8 everybody in this sector.

9 277. Q. Okay. And how many USWs are currently
10 on your team?

11 A. We have -- was it listed in the
12 affidavit?

13 278. Q. Yeah, so if you go to -- sorry,
14 paragraph 20 of your second affidavit.

15 A. Yeah, I was just ---

16 279. Q. Which is on page 6.

17 A. Yeah. Sorry, my first or my second,
18 Shannon, sorry?

19 280. Q. Second. Second affidavit.

20 A. Okay. Oh, I haven't gone to my second
21 yet. I believe it's six. Yes, it's six.

22 281. Q. Yeah. Paragraph 20, so it says six.
23 So those six people are responsible for connecting
24 with -- their primary people that they're working with
25 would be those 1,009 people who are living unsheltered

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1 in encampments, or living rough across the Region?
2 Also, people in emergency shelters, is that part of
3 their role?

4 A. It is.

5 282. Q. Okay, so that's another, I think like,
6 450, is that correct?

7 A. So ---

8 283. Q. Or so?

9 A. Well, the six unsheltered workers that
10 are Region of Waterloo staff are not the only
11 individuals working in street outreach across Waterloo
12 Region. As you probably know, we have funding
13 arrangements with a number of partners who provide
14 some of this outreach and so the entire, if I can use
15 the word "caseload," does not fall to the Region's six
16 unsheltered workers.

17 284. Q. Okay. It's still a big -- like an
18 enormous responsibility to have that many people for
19 six workers, to try and ---

20 A. Which is ---

21 285. Q. Like, when your ---

22 A. Yeah, and so even just a couple of
23 years ago these positions did not exist. It was one
24 of the reasons we put forward a budget expansion to
25 regional council, and yes, it's a challenging

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1 environment for these individuals to work. It's a
2 challenging environment for anybody who's working in
3 this sector. And ---

4 286. Q. Yeah, and so a couple years ago, so in
5 2023 that was when the USW team was formed?

6 A. That's correct.

7 287. Q. Okay, and how many people were on the
8 team at that time?

9 A. My recollection is we started with two.

10 288. Q. Okay. Do you know when ---

11 A. I would like to confirm that.

12 289. Q. Okay. Do you know when ---

13 A. I'd have to undertake to confirm that
14 outside of this conversation.

15 290. Q. Okay, you can confirm how many USWs
16 there were in 2023?

17 A. We ---

18 291. Q. And also, can you tell me when it
19 expanded beyond two?

20 A. Is that an Andrew point?

21 292. Q. I'm asking you first, and if you don't
22 know ---

23 A. No, I don't.

24 293. Q. --- then I guess I'm asking for an
25 undertaking.

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1 A. No, Shannon, I don't have access to the
2 specifics of when each of those individual roles was
3 filled, but we would certainly have that information.

4 294. Q. Okay, and you say that they've been
5 continuously providing services since that time in
6 2023; were there ever stoppages to that work? Like,
7 times when they were not going to -- sorry, to the
8 work at the encampment, so specifically at 100 Vic.
9 Were there times when they were not providing services
10 to 100 Vic?

11 A. No. Since the inception of the
12 program, 100 Vic -- individuals residing at 100
13 Victoria would have been part of their mandate. The
14 -- it would have been part of their mandate since that
15 time.

16 295. Q. Okay. So there were never times where
17 they were told not to go there? Like, I seem to
18 recall at some point, and I don't have a specific
19 citation for this in the materials, so I'm just asking
20 you because I seem to remember being at a meeting at
21 some point and heard that the USWs had been told not
22 to go to the encampment because there was some health
23 and safety risk?

24 A. There -- I would need to go back and
25 look, but I do know that there have been instances --

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1 I can't give you any specifics, where there were
2 concerns about some of the behaviours exhibited at 100
3 Vic and so I do have a legal responsibility to ensure
4 the health and safety of my staff. So if there were
5 times where my staff were not on site due to health
6 and safety risk it would've been under the guise of
7 health and safety legislation.

8 296. Q. Okay. So there may have been some
9 stoppages where workers were not going onto the site,
10 but you don't remember the specifics?

11 A. So the -- supporting individuals at 100
12 Victoria have been part of the ongoing mandate of our
13 unsheltered workers since inception.

14 297. Q. Okay. And currently, in your affidavit
15 at paragraph 21 ---

16 A. Second one again?

17 298. Q. First affidavit, I think.

18 A. Okay, thank you.

19 299. Q. Oh, no, sorry, go back to -- on the
20 second one, paragraph 21, you mention that you're
21 confident that any resident who's been there for more
22 than a week would have had supportive conversations,
23 or received offers for them. And I think you
24 mentioned, and I can't remember exactly where it is,
25 but they're there everyday. Like, that the USWs are

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1 there everyday, and I think your evidence was that it
2 is between 11:00 and 1:00 every day?

3 A. Yeah, so what's your question?

4 300. Q. So is that 11:00 to 1:00 schedule,
5 first of all, has that been the schedule since 2023?

6 A. No, that is -- my understanding is that
7 schedule has -- the daily visits in that 11:00 to 1:00
8 time frame has just been in the last few months.

9 301. Q. Okay. So is it maybe since the April
10 17th date? Or before that?

11 A. It was before that.

12 302. Q. Okay.

13 A. It was before that, but I can confirm
14 that for you.

15 303. Q. Okay. And how many of the USWs are
16 there on that schedule?

17 A. There's three USWs that I would say are
18 regularly attending.

19 304. Q. Okay. And is that 11:00 to 1:00, is
20 that sort of set in stone? Like, that's their regular
21 hours they're there?

22 A. No, I believe that's just a general
23 practice.

24 305. Q. Okay. Are they able to go there, say,
25 in the evenings? Or on weekends?

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1 A. If they're scheduled to do so.

2 306. Q. Okay. And are there schedules, like
3 shift schedules to work in the evenings and the
4 weekends as well for the USWs?

5 A. I don't know what their regular looking
6 schedule. My understanding is that they have regular
7 schedules and then they fill out their, sort of,
8 caseload within that -- those shifts on a weekly
9 basis.

10 307. Q. Okay. So do you know whether they're
11 like 9-5 workers or if they are on shift work?

12 A. I'd have to check that with you.

13 308. Q. Okay, can I get an undertaking
14 regarding their schedules? Days of work and hours of
15 work? Not for individuals but just for
16 (indiscernible).

17 MR. LOKAN: The ---

18 THE WITNESS: For the team?

19 MR. LOKAN: Okay. Yes, we'll provide that.

20

21 --- UNDERTAKING

22

23 BY MS. DOWN:

24 309. Q. Okay. And so I guess my question is,
25 if they're going there sort of a regular time, say

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1 between 11:00 and 1:00, like if an encampment resident
2 is sleeping late and doesn't get up until later in the
3 day or if they're out at appointments, or in search of
4 food, they may not be there. They may not overlap
5 with them, if they're there during the daytime and the
6 encampment resident is outside. So how are you so
7 confident that they must have reached everybody?

8 A. So I have a high level of confidence
9 that the -- because of the priority nature of
10 individuals residing at 100 Vic to ensure that they're
11 connected with services for those that wish to, as I
12 stated in my affidavit, I am confident. And I also
13 know that the relationships with members of -- people
14 who are living rough and living in encampments do take
15 time to develop into scenarios where offers are -- can
16 be made, which is why we've added both the time and
17 the resources to this program. But my -- yeah.

18 310. Q. Okay. So when you say, "Priority
19 nature," so is the consequence of that that some of
20 those other 1,009 people who are not -- the ones who
21 are not living in the encampment are not getting
22 access to the same level of service then from the
23 USWs?

24 A. So given the fact that we know that
25 this location is no longer going to be available for

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1 individuals to tent as of December the 1st, the
2 outreach resources that we are allocating within the
3 community -- we want to make sure that we are paying
4 particular attention in supporting those individuals,
5 much like we would if there was a shelter that was
6 closing down and we had a date and time on that.
7 That's a natural way that we allocate scarce resources
8 in a time of exceptional need.

9 311. Q. Okay. So it is a natural consequence
10 of that issue of having finite resources, that when
11 you have a system priority like 100 Vic, or closing an
12 encampment that those people are getting more
13 attention and then there's a bunch of people that are
14 getting less attention?

15 A. The challenge of our system, whether it
16 be our regional outreach staff, or our shelter
17 providers, or our funded outreach staff, we are in an
18 environment where we have limited resources and
19 exceptional needs. And we constantly are working on
20 supporting those folks that need it in the moment and
21 again, right now, much like if we had a shelter
22 closing, like we've done a number of times in the last
23 number of years, we want to make sure that we're
24 supporting those that are currently in an environment
25 or location that we know definitively is not going to

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1 be available to them after a certain period of time.

2 And again, we've done that a number of times and

3 that's a part of the sector that we work in.

4 312. Q. And sometimes because of those
5 closures, like, for example, in a shelter or if an
6 encampment is closing and there aren't additional
7 resources, those people are, you know, in terms of
8 what their options are, it could be just that they're
9 sleeping rough, they're on the streets, they don't
10 have anywhere else to go? Is that accurate?

11 A. So we do know that with time and
12 resources we have had -- we've seen scenarios where we
13 have been able to support people out of shelters into
14 other -- closing shelters into other accommodations.
15 And we know that one of the key success factors is as
16 much time as possible, and so this is a similar
17 approach here at 100 Vic and knowing full well that,
18 you know, that time that is required is valuable, and
19 so we use it as judiciously as possible to try and
20 support people as best we can.

21 313. Q. Right. Maybe I didn't phrase my
22 question because I don't think you answered what I was
23 asking. Like, I'm talking about not the people who
24 are in the shelter where you're transitioning them
25 into something else, but the people for whom are

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1 coming to there, and you're saying, "Sorry the doors
2 are closed, you can't come in because we're focused on
3 getting the existing people out." So the people that
4 are being turned away because the door is closed, and
5 you've talked about the fact that, you know, if we
6 have a finite number of resources and we're focused on
7 those -- what I'm saying is the people that are not
8 already in the shelter or already in the encampment,
9 they're being turned away and there is a chance that
10 they're going to end up on the street living rough?

11 A. So I'm not -- you're talking about a
12 door being closed to people; can you be specific in an
13 example?

14 314. Q. Yes, you said that when you're closing
15 a shelter, you're not going to let anybody new in.
16 You're going to say, "We're transitioning everybody
17 out of the shelter, nobody new is coming in." So if I
18 walk up to the door, if I'm a homeless person, if I'm
19 experiencing homeless, and I walk up and I'm told,
20 "King Street is closing, you can't stay here." Is
21 that not -- am I not understanding how that works?

22 A. No, you're understanding how that
23 works. And I -- we do know that in an area where the
24 number of -- the demand for services outstrips the
25 supply that we do know that we do everything we can to

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1 offer all of the resources we have, and
2 consequentially, there are individuals who choose not
3 to take us up on our offers, and there are times where
4 we are overcapacity withing our overall system. That
5 is an unfortunate reality of the housing stability
6 system in Waterloo Region and across the country, as
7 you know.

8 315. Q. Okay. And to be clear, I'm not talking
9 about someone who's choosing not to, I'm talking about
10 someone who's actually coming to the shelter to try to
11 access it, but it's been closed, so they're being
12 told, "There's no new admissions, you've got to go
13 somewhere else." And I'm saying in the context of
14 that 1,009 number, that person may not have anywhere
15 else to go, so they might be ending up sleeping on a
16 street corner?

17 A. Yeah, so I can say that within our
18 shelter system itself is often near capacity, and
19 there are also many, many times where there is room
20 within that system and we try our best to provide
21 everybody that needs it with a bed somewhere, and
22 there are occasions, yes, where the system is
23 overcapacity, and that generally happens, you know,
24 obviously when there's an increased demand. That
25 often happens in the winter which is why we add winter

1 warming and surge capacity. But depending on the
2 shelter itself, there's generally some availability of
3 space withing the system on any given night.

4 316. Q. Fair enough. But the numbers
5 themselves would demonstrate that there's no capacity
6 in the system to -- like, it's not even close. When
7 the system is operating at even moderate capacity,
8 it's not going to have room for the 1,009 people who
9 are living outside of the shelter system, unhoused?

10 A. Yeah, I acknowledged in my first
11 affidavit the whole section on the overall number of
12 people experiencing chronic homelessness in this
13 community relative to shelter capacity.

14 317. Q. Okay.

15 A. That's a function -- that's an
16 unfortunate and sad function of our system, as we both
17 know.

18 318. Q. And so some of those people, when
19 you're -- in the example of closing a shelter, some of
20 those people who cannot access it because it's being
21 restricted, that you're saying, "We're not taking any
22 new admissions," they might be the people who end up
23 somewhere like 100 Victoria Street?

24 A. Yeah, so my understanding is people
25 have transitioned in and out of 100 Victoria Street

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1 over the last three and a half years for a variety of
2 reasons that are as unique as the individuals that
3 they are. In the last year alone, we've helped
4 support 43 people who were at one point residing at
5 100 Victoria into alternative shelter. But I don't
6 want to generalize why people end up, you know,
7 specifically at 100 Victoria.

8 319. Q. Okay, but in this sort of hypothetical
9 I have, where there's a shelter closing and someone
10 ends up at 100 Victoria because that's the only
11 option, maybe, that they have, there isn't room in the
12 system which is possible because of the numbers, if
13 100 Victoria is also closed to new people then that
14 person quite likely is going to be living on the
15 street? They're not going to necessarily be able to
16 set their tent up anywhere?

17 MR. LOKAN: Shannon, could I -- I'm just not
18 sure that you've laid a factual foundation
19 for any of this because you're talking about
20 shelter closure; I'm not even sure there has
21 been any since April 16th.

22 MS. DOWN: While there haven't been, but it
23 is a frequent -- well, I guess I can ask
24 Peter this.
25

1 BY MS. DOWN:

2 320. Q. Are shelter closures happening with
3 some reasonable frequency within the Region, let's
4 say, in the last five years?

5 A. No. In fact, the shelter capacity has
6 increased significantly since the Valente case and the
7 budget, the homelessness budget has more than doubled
8 in the last -- in that period of time. So the number
9 of available beds and the resources available to
10 people experiencing homelessness in this community
11 have both risen.

12 321. Q. Okay, so have there been any shelter
13 closures in the last two years?

14 A. There have been shelter openings and
15 closures that are well documented. King Street
16 shelter is one that was a temporary shelter that was
17 committed for two years. We extended that by seven
18 months and it closed on March 31st. But again, the --
19 in my affidavit, outlines the overall shelter capacity
20 system, and when we look at this work, we try to look
21 at the overall system, which has increased
22 significantly in the last three to four years.

23 322. Q. Right, was there an immediate
24 replacement for that shelter when it closed? The King
25 Street shelter?

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1 A. There was not. The shelter itself was
2 scheduled to close after two years. We extended it by
3 seven months and then it closed and the overall
4 shelter capacity remains significantly higher than it
5 was even three years ago.

6 323. Q. So help me out with the math here. So
7 you closed a shelter, but you're not -- I asked you if
8 a new one opened up to replace it.

9 A. We didn't -- yeah. We did not close
10 the King Street shelter and immediately open another
11 shelter. That was never ---

12 324. Q. Okay, but you're saying the overall
13 numbers went up?

14 A. The overall numbers have gone up since
15 2022.

16 325. Q. Okay, since it closed in March -- when
17 the King Street shelter closed in March, was that a
18 reduction in the number of emergency shelter beds?

19 A. It was a reduction; I would have to do
20 the math because there will be -- there are some
21 offsets in other locations. I don't have that -- I
22 only have my affidavits in front of me, but I can
23 certainly give you the plus and minus for the overall
24 system. (Indiscernible) yeah.

25 326. Q. Okay. So I think it is relevant to the

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1 situation we have, like if there's a shelter closing
2 and there isn't a new one that's opening up before or
3 immediately after there's going to be a gap where
4 people need somewhere to go. And if the system -- if
5 we have 1,009 people who are living unhoused and a 50-
6 bed shelter, or a 100-bed shelter closes that's going
7 to increase (indiscernible). They've got to go
8 somewhere. If they're going to an encampment, if
9 they're not going to an encampment, where are they
10 going?

11 MR. LOKAN: Shannon, don't you need to ask
12 if there's any closures foreseen between
13 April 16 and December 1?

14 MS. SCHIUTEMA: Should we ask about the
15 warming centres? Maybe that's a good
16 question Peter can answer. Tell us about
17 the closing of the warming centres?

18 THE WITNESS: Sure. What's the -- sorry,
19 Ashley, I'm not trying to be (indiscernible)
20 there's a lot flying around here. I'm happy
21 to answer a question that you put to me
22 specifically. I'm doing my best here.

23
24 BY MS. DOWN:

25 327. Q. When did the winter warming centres

1 shut down?

2 A. At the end of April.

3 328. Q. Okay.

4 A. Which was a month later than originally
5 scheduled. Winter warming generally runs until the
6 end of March.

7 329. Q. Okay, and how many people were using
8 those? Or how many beds did we have in the winter
9 warming centres?

10 A. Can you give a minute to look? To pull
11 up the shelter capacities.

12 330. Q. Sure, we can go back to that chart.

13 A. Yeah, there's a chart. I'm trying to
14 remember -- if somebody remembers where it is, that
15 would be helpful?

16 MR. LOKAN: It's following paragraph 75 of
17 the second --

18 THE WITNESS: Yeah.

19 MR. LOKAN: --- sorry, the first affidavit.

20 THE WITNESS: I got it, yeah. So yeah, the
21 capacity at the thresholds winter warming
22 centre was 30 and the one run by porchlight
23 was also 30. And those were both scheduled
24 to close at the end of March and we extended
25 that by one month.

1
2 BY MS. DOWN:

3 331. Q. Okay. And so what happens to people
4 when the warming centres close? Like, where are
5 those people going?

6 A. So as a reminder, the winter warming
7 are overnight only locations for people to come out of
8 the cold. And so those folks, I don't have specific
9 case notes on where each and every one of those
10 individuals is currently residing.

11 332. Q. So they could be at an encampment, they
12 could be people who showed up at 100 Vic, for example,
13 after the ---

14 A. Again, I don't have details on where
15 those individuals who were accessing those shelters at
16 the end of April have ended up. That information
17 would be in case notes with my outreach staff, if we
18 have them.

19 333. Q. Okay, so when I did ask you like,
20 shelters closing, is it a -- it may be infrequent, but
21 does it happen with some regularity like that shelters
22 open for a period of time, they close, another shelter
23 opens, it closes? In your experience since you've
24 been Commissioner, has that happened on more than one
25 occasion?

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1 A. Yes, I think I've been pretty clear in
2 regional council meetings that since the pandemic
3 there have been a number of shelter openings and
4 closings due to both pandemic impacts, some additional
5 resources that came into the system and then exited
6 the system, mostly at a provincial and federal level,
7 and our experience has been those temporary, emergency
8 shelters have been -- you know, it's been a
9 challenging environment to operate in, both for the
10 people we're trying to support, but those
11 neighbourhoods. And King Street shelter would be an
12 example of that.

13 334. Q. Okay, and is it your general impression
14 that that is creating increased inflow into places
15 like 100 Victoria Street?

16 A. No. I don't believe that I have data
17 that suggests that there's a one-for-one correlation
18 between individuals in one shelter and a specific
19 encampment.

20 335. Q. I want to ask you, was a harm reduction
21 approach part of the closing philosophy of the Region
22 when it comes to dealing with encampments, and
23 shelters, and people experiencing homelessness?

24 A. Sorry, is a harm reduction approach --
25 I missed your next word there?

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1 336. Q. Sorry, consistent with the Region's
2 approach to dealing with the issue of homelessness?

3 A. So I think from a housing and
4 homelessness perspective we recognize that a certain
5 portion -- percentage of this population that we're
6 serving is also working through sometimes some pretty
7 significant addictions issues. And acknowledging that
8 as (indiscernible) in a housing first environment,
9 people need that support. And so, you know, we know
10 that, you know, we have locations where harm reduction
11 is part of the effort and work. I'd say that's a
12 community response, community initiative, not
13 specifically to the Region of Waterloo as an entity.

14 337. Q. Okay. So I don't know -- I'm not sure
15 whether you're saying that it's consistent with the
16 Region's approach to homelessness, or not? I can't
17 tell from your answer whether that's a yes, or a no?

18 A. Well, I guess I can acknowledge that we
19 recognize, I certainly recognize as Commissioner of
20 community services that harm reduction is an important
21 element to supporting people that are experiencing
22 chronic homelessness.

23 338. Q. Okay, thank you. And so would you
24 agree if I defined harm reduction as sort of a
25 practical, real-world approach that recognizes that

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1 there may be negative consequences associated with
2 certain high-risk situations, or behaviours, but we
3 can't always implement an ideal solution so we try to
4 minimize the harm while we work towards that ideal
5 solution. Is that a fair description of what harm
6 reduction is?

7 A. Yes, I think it's -- to me it's
8 recognizing where potential harms could exist and, to
9 the degree that you have a locus of control, to
10 minimize those risks and the resources to do so, we
11 should attempt to do that. I would ---

12 339. Q. Isn't it also looking at relative harm
13 though? Like, often harm reduction is talking about
14 what are the relative harms, so for example, a
15 consumption and treatment site is a harm reduction
16 model that says while people are not ready for
17 abstinence-based treatment, we're going to support
18 them while they are using, even though we recognize
19 that there's harms with that it's better if they're
20 doing it in a supportive environment than doing it
21 alone.

22 A. Yeah, I understand.

23 340. Q. We're looking at it relative.

24 A. Yeah, I understand the idea of
25 relativity and relative harm. I'm also not an expert

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1 in harm reduction, safe supply, or any of those other
2 sort of, clinical approaches to supporting people
3 particularly in this case with addictions.

4 341. Q. Okay, and fair enough. But I'm looking
5 at maybe a broader version of ---

6 A. Okay.

7 342. Q. --- harm reduction. And so would you
8 say that emergency shelters are a form of harm
9 reduction strategy?

10 A. I think if we talk about emergency
11 shelter as a place for individuals to get inside, have
12 access to, you know, warmth and a meal and social
13 supports to help them transition into something
14 eventually more permanent, then it's an important
15 element of the housing stability system. They are
16 intended to be temporary and emergency in nature, and
17 they play an important role in the system, but they
18 are not the answer to every single element of solving
19 chronic homelessness.

20 343. Q. So doesn't that fit within the
21 definition of harm reduction? It's not the ideal
22 solution but it's better than maybe someone living
23 unsheltered?

24 A. Yes, I would say. And in that
25 definition of harm reduction, an emergency shelter

1 would fit for some people as a place that is
2 relatively less harmful than other scenarios.

3 344. Q. Okay. And would you also agree that an
4 encampment could be considered a harm reduction
5 strategy, if you're looking at the comparison between
6 living in an encampment and living unsheltered? Like,
7 living rough in the streets, someone who's ---

8 A. So can you ---

9 345. Q. --- crouched in a doorway.

10 A. So again, I think I would ask you to
11 help me understand, in that question, the difference
12 between living rough and living in an encampment?

13 346. Q. Well, in an encampment I can set up my
14 tent, I maybe have some survival equipment that I'm
15 able to collect. If I'm living on the street I can't
16 -- you know, if I'm living in a doorway I might have a
17 blanket, I might have a piece of cardboard, but I'm
18 exposed to the elements. So it's the people that
19 maybe you see when you're walking down the street and
20 they're lying literally on the side of the street.
21 They don't have any belongings, any tent.

22 A. So my response to that is in my role we
23 believe that finding ways for people to access inside
24 supports is our focus. And, you know, I also
25 recognize that individuals, particularly in this

1 population, can and do make their own choices of
2 whether or not they access our system and they make
3 decisions on relative choices. Far from me to suggest
4 in an individual circumstance like that what somebody
5 might feel is a relatively safe or less harmful for
6 them in those moments, in those individual cases.

7 347. Q. So I'm not really talking about
8 people's choices. I'm talking about people such as
9 the 1,009 people who are living outside of the shelter
10 system, outside of the housing system completely, who
11 may not have access to any resources. So I'm not sure
12 that's a choice they're necessarily making, unless
13 you're saying those 1,009 people are all choosing to
14 do that?

15 A. No, what I'm -- my response to your
16 question is that what I believe you're asking me to do
17 is comment on the relative harms or not of, in your
18 words, sleeping rough in a doorway versus sleeping
19 rough in an encampment. And I would say that I'm not
20 in a position to comment on the relativity of those
21 two choices.

22 348. Q. But you agree that ---

23 A. Or those two circumstances.

24 349. Q. Okay. But you did agree with me that
25 an emergency shelter is a form of harm reduction.

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1 It's not an ideal solution but it's better than
2 sleeping rough. So you were able to comment on that?

3 A. I am able to comment on that, because
4 in my view, in my professional view, it's a programmed
5 intervention into a system designed to support people,
6 and it comes with resources, procedures, and
7 professional staff to support people through. And so
8 I am able to comment on that, versus the absence of
9 those things.

10 350. Q. Doesn't the encampment have that with
11 the trailer and the unsheltered workers going there to
12 help them? Help the people at the encampment?

13 A. I would not characterize the encampment
14 as an equivalent of a contracted 24/7 professional
15 staff environment of an emergency shelter.

16 351. Q. I'm not saying it's comparable, but is
17 it not a step up? So we're talking about relative
18 comparisons. Is it not a step up from someone
19 sleeping in a doorway?

20 A. I don't know if I have an opinion on
21 that -- an answer to that. That feels like a
22 suggestion on one versus the other, and again, my view
23 is I'm not in a position to comment on the relative
24 steps between those two circumstances that you've
25 outlined.

1 352. Q. But you did comment on it when it came
2 to the shelter, so it's interesting that you feel
3 confident about that, but when it comes to an
4 encampment where the Region is providing services, the
5 Region is providing some support, you're not willing
6 to make that relative comparison. It's fine I can
7 move on.

8 A. Can I just do a time check here? Just
9 so I'm understanding what's happening in the next five
10 minutes?

11 353. Q. Sure.

12 A. So we're scheduled until 5:00, correct?

13 354. Q. Yeah. I mean I've probably got more
14 than five minutes worth of questions left, but I'll
15 try and get through as many of them as I can, and then
16 we're going to have to leave the rest to, I guess, a
17 second examination at some point in the future.

18 MR. LOKAN: I do have a few questions in re-
19 exam, but I expect that's about 5 minutes.
20 So Shannon, I'm going to ask you to wind up
21 as soon as you reasonably can.

22 MS. DOWN: Okay.

23
24 BY MS. DOWN

25 355. Q. So in your first affidavit ---

1 A. Yeah.

2 356. Q. --- at paragraph 94 to 98, which
3 starts, I think, on page 89.

4 A. Yeah, just give me a second here. 94
5 to 98, yeah?

6 357. Q. Yeah. So if you scroll down, you're
7 talking about some of the risks you see at the
8 encampment, scroll down to there. So talking about the
9 deaths at the encampment and in one of the paragraphs
10 you're talking about violence at the encampment.
11 Incident reports surrounding violence. Are those
12 issues that are tracked in the emergency shelter system
13 as well?

14 A. Yes, there's -- my understanding is,
15 there's a duty to report from our emergency shelter
16 providers on incident management. They have an
17 incident management system.

18 358. Q. Okay, and do you see those reports?

19 A. I don't see those reports regularly,
20 but when there are critical incidences, I'm generally
21 made aware of them.

22 359. Q. Okay. And so are you aware of deaths
23 that have happened, say within the last year, within
24 the emergency shelter system in Waterloo Region?

25 A. I don't know the timeframe, but I have

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1 been made aware of deaths within our shelter system,
2 yes.

3 360. Q. Okay. And in the interim housing
4 system? Properties like University Ave?

5 A. Again, within -- across our entire
6 system I have been made aware of deaths in those
7 locations. I can't say for certain if I've been made
8 aware of every single one. But they would be
9 documented somewhere.

10 361. Q. Okay, can I have an undertaking to
11 provide us with how many deaths have occurred in the
12 emergency housing system, the transitional housing
13 system, or the motels that the Region funds within the
14 last calendar year?

15 MR. LOKAN: That's going to be an under
16 advisement because there may be some
17 complexities in providing -- determining and
18 providing that number.

19 MS. DOWN: Okay.

20 MR. LOKAN: But that ---

21 MS. DOWN: Best efforts to try and provide
22 that to us.

23 MR. LOKAN: It's an under advisement.

24
25 --- UNDER ADVISEMENT

1
2 BY MS. DOWN:

3 362. Q. In terms of violence, does the Region
4 receive reports of incidents of violence within the
5 shelter system that you fund?

6 A. Yes, there is an incident management
7 program in place and a duty to report. I can't say
8 right now what the parameters of that are, Shannon,
9 but again, happy to provide that.

10 363. Q. Okay, if we can get an undertaking for
11 that as well?

12 MR. LOKAN: Same answer. Under advisement.

13 MS. DOWN: (Indiscernible).

14 MR. LOKAN: You're asking for the 12 months
15 leading up to whatever we're at today? July

16 ---

17 MS. DOWN: Yes.

18 MR. LOKAN: The beginning of July.

19 MS. DOWN: Yes.

20 MR. LOKAN: Under advisement.

21
22 --- **UNDER ADVISEMENT**

23
24 BY MS. DOWN:

25 364. Q. Are those issues that cause you

1 concern? That would cause you to say you want to shut
2 down those services if they were happening to some
3 frequency, or the same frequency that it's happening
4 in the encampment?

5 A. So I'm not -- I don't have, currently,
6 a concern about any specific incidences within our
7 shelter system that I would be considering shutting
8 down a shelter.

9 365. Q. Okay. But you do acknowledge that
10 deaths and violence do occur within that system?

11 A. Yes, I do. And I will point out that
12 from the perspective of this affidavit, it is a
13 statement of fact at this particular location.

14 366. Q. And in terms of paragraph 97, where you
15 said:

16 "I'm not in a position to say what causes
17 these deaths, which is a matter for the
18 coroner, I can say, however, that the
19 encampment environment appears to me to be
20 far from ideal for those who are suffering
21 from major health challenges, and the
22 likelihood that these numbers are
23 underreported is high."

24 What are you basing that statement on?

25 That, "The likelihood that these numbers are

P. Sweeney (Cr.-Ex.) - 127

1 underreported is high." What's your evidence for
2 that?

3 A. So I would say it appears to me that
4 the likelihood that these numbers are reported is high
5 is not a statement of fact, it's a statement of
6 opinion. And my understanding in working in a number
7 of different environments where incidents in general
8 are not often -- there's a reporting challenge and so
9 I'm surmising that even though we do look to track, I
10 believe that there are likely incidents that happen at
11 the encampment that I'm not aware of, or don't get
12 reported to the authorities in those cases.

13 367. Q. Okay, so that's just speculation based
14 on your own personal opinion, not -- as you already
15 said, you're not an expert in this area?

16 A. Yeah, I believe my affidavit represents
17 that.

18 368. Q. I guess I'll stop because you need to
19 do your reply questions, but we've already indicated
20 that we have more questions that we would like to ask
21 Peter at a future date. So we'll stop for purposes of
22 today, but we would like to resume at some point in
23 the future.

24 MR. LOKAN: We'll have to deal with that as
25 we come to it.

1
2 RE-EXAMINATION BY MR. LOKAN:

3 369. Q. Peter, just a few questions in re-
4 examination. And you were asked early in your cross-
5 examination about the count of approximately 40 people
6 and that being the number of residents, and you said
7 "approximately" as of April 16th, 2025. Do you recall
8 being asked that?

9 A. I do.

10 370. Q. And was that a single snapshot on April
11 16th, or did that take into account the time period
12 leading up to April 16th?

13 A. That took into account a short period
14 of time leading up to April 16th, to accommodate for
15 the knowledge that we have that some individuals were
16 staying there more frequently than others.

17 371. Q. Okay, thank you. You were asked
18 whether it was possible that someone would get a motel
19 room, but actually need deeply therapeutic housing,
20 and after a few weeks cycle back to an encampment or
21 sleeping rough. You said, "It could happen." What,
22 if any, steps would the Region be able to take to
23 mitigate against that possibility?

24 A. I think it's inherent in the Individual
25 Housing Plan. Also acknowledging that, you know, our

P. Sweeney (Re-Ex.) - 129

1 outreach staff, both who work for the Region and that
2 we contract with partners, do the best they can with
3 the knowledge that is shared with them in confidence
4 by the people they're working with. And sometimes
5 situations change, and you know, they do their best to
6 maintain contact and records to support people. And
7 if a certain part of the plan doesn't go as well as
8 everybody had thought, we try to circle back and
9 support people through -- into whatever might be the
10 next step, and we would re-evaluate the housing plan
11 at that time, and then do our best to adjust and
12 provide further supports to those people who need it.

13 372. Q. Okay. You were asked about the
14 possibility that instead of introducing the bylaw and
15 announcing the plan on April 16th that you -- what
16 would've happened if you'd done that May 16th, or June
17 16th, at a later date. What challenges, if any, would
18 that create vis-à-vis the December 1st date by which
19 the Region needs it for site remediation?

20 A. So as I indicated, the longer we have
21 to work with individuals who are there, the better.
22 And so the decision to support those people who were
23 existing residents, given the resources that we have
24 available to us, was important. One of the
25 consequences would have been potentially further --

P. Sweeney (Re-Ex.) - 130

1 more people arriving to 100 Vic in the interim and
2 just making that particular body of work just that
3 much more challenging.

4 373. Q. Okay. You were asked a number of
5 questions about the 1,009 indicated as sleeping rough,
6 including in encampments in the point-in-time count.
7 First of all, do you know that that's a stable number
8 over the year?

9 A. I do not.

10 374. Q. Okay. Whatever the number is, and you
11 talked about the challenges to capacity, what is the
12 long-term plan for dealing with those capacity
13 challenges?

14 A. So the long-term plan is set out in the
15 Plan to End Chronic Homelessness, which is a call of
16 action to dramatically support an effort to end
17 chronic homelessness by 2030 across Waterloo Region.
18 And so our goal is to focus, as much as we can, on a
19 number of things. One is upstream prevention, and
20 dedicating our resources to housing outcomes, and
21 shifting less of the resource to managing an acute
22 system, an acute need. To focusing on prevention on
23 one side, and permanent, long-term, stable, supportive
24 housing, and permanent regular housing on the other
25 side.

P. Sweeney (Re-Ex.) - 131

1 375. Q. Okay, thank you. Those are my
2 questions in re-direct.
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6 --- ADJOURNED
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THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.

B. Pollard

P. Sweeney (Re-Ex.) - 132

Barbara A. Pollard
Certified Court Reporter

Photostatic copies of this transcript are not certified and have not been paid for unless they bear the original signature of Barbara A. Pollard, C.C.R., and accordingly are in direct violation of Ontario Regulation 587/91, Courts of Justice Act, January 1, 1990.

EXHIBIT “1”

AD

Kitchener-Waterloo

Advocates call for more shelter beds as cold weather sets in, region says it knows there aren't enough

'We have more people who are homeless than we have supports for,' regional commissioner Peter Sweeney says

[Aastha Shetty](#) · CBC News · Posted: Dec 13, 2024 11:33 AM EST | Last Updated: December 13, 2024



The Region of Waterloo says it knows it does not have enough beds to help keep everyone out of the cold this winter. But staff are working to open a new shelter and come up with plans for extreme weather situations. (Spencer Platt/Getty Images)

As the cold weather sets in, the Region of Waterloo says it's opening a new emergency overnight shelter in Kitchener to help keep people off the street and staff are asking for more money in the 2025 budget for extreme and winter weather preparations.

But advocates say more still needs to be done.

The temporary shelter at 84 Frederick Street is being run by an organization called Services and Housing In the Province, or SHIP. There are 37 beds available with the capacity to add seven more beds during extreme weather conditions.

Including the temporary shelter, there are currently 589 shelter spaces at various locations in Waterloo region's cities.

But a [point-in-time count done on Oct. 22](#) found more than 2,300 people in the community are homeless — a number that has doubled in three years.

David Alton, a lived expertise facilitator at the Social Development Centre, says the problem with opening more shelters is there appear to be barriers at the regional level.

"One barrier is a jurisdictional barrier," they said. The centre has asked if regionally owned buildings like the one at 150 Main St. in Cambridge or part of the regional headquarters building at 150 Frederick St. in Kitchener could be used to house people.

"These are regional properties, so you'd think that the region would be able to leverage these properties to meet the crisis. But unfortunately ... control and access over those properties is not determined by the community services department," Alton said.

“It's not a question really of how long it takes. It's just — if there's nothing, what are you going to do to stay warm? It's part of the reason why in some cities people ride transit through the night because it's a warm place.”

- Jeff Willmer, *A Better Tent City*

Alton says that means bureaucracy has made it difficult to test out new ideas.

"Lower municipalities are not internalizing their responsibility to our unsheltered neighbours," they said.

"Neither is the facilities department or the public health department or the health and safety department, even Grand River Transit. Community services and partners have asked Grand River Transit buses to run overnight. But GRT is putting too many barriers to actually make that happen."

Region aware of bed shortage

Peter Sweeney, the commissioner of community services at the Region of Waterloo, says they know 552 beds is not enough to help everyone.

"We are in a situation where we have more people who are homeless than we have supports for, which is why we see a rise in encampments in the last number of years," he said.

- [More than 2,300 people are homeless in Waterloo region, new point-in-time count finds](#)

- 141
- [A Better Tent City houses 50 people but volunteers say they need more cash to keep it going](#)

"The inflow into homelessness in this community continues to increase and will continue to increase," Sweeney said. "Until we have the proper amount of affordable and transitional housing, we are going to struggle with homelessness in this community for a long time."



The Region of Waterloo says 50 people experiencing homelessness are living at the shelter at 1001 Erbs Road in Waterloo, Ont. Each cabin has its own heating unit. (Carmen Groleau/CBC)

He says staff need a lot more resources to meet [the region's goal to end homelessness by 2030](#). It would require an investment of \$245 million over the next five years.

Sweeney says they are asking regional council to approve an additional \$500,000 in the 2025 budget as part of "an expansion package for the plan to end chronic homelessness." The money will be put toward extreme and winter weather preparations for the new year.

He says those experiencing homelessness currently have the following options if seeking shelter:

- 80 beds at The Bridges in Cambridge.
- 100 beds at the House of Friendship in Kitchener.
- 100 beds at the home of the old Schwaben Club.
- 30 beds at the Edith Mac Shelter in Kitchener.
- 50 cabins at the outdoor shelter at 1001 Erb's Road in Waterloo.
- 30 beds at the oneROOF shelter for youth in Kitchener.
- 10 beds at the Safe Haven Youth Shelter in Kitchener.
- 24 affordable housing spaces at the former Kinsmen Children's Centre in Cambridge.
- 28 transitional housing spaces for Indigenous people at the K-W Urban Native Wigwam Project.
- 80 transitional housing spaces on University Avenue in Waterloo.
- 20 beds at an emergency shelter for women in Cambridge.

Those who want to access the shelters should call First Connect at 519-624-9133. It's available 24 hours a day, 7 days a week.

The region has a list of warming centres on their website which includes most municipal offices, libraries, community centres and malls during business hours. But those warming centres are only open during daytime hours.



A man plays a guitar outside of a cabin in Kitchener's A Better Tent City, an initiative aimed at housing people experiencing homelessness. (Submitted by Jeff Willmer)

Limited options on freezing nights

While there are currently limited options for someone who can't find a warm place to stay on a freezing night, one option is for people to make a friend at A Better Tent City. It's a tiny home community that houses 50 people.

- [Ford pledges tough new legislation to dismantle homeless encampments](#)
- [Province will 'always be there' for Guelph and Cambridge as they clear encampments, premier says](#)

Co-founder Jeff Willmer says each resident who lives there can check-in one guest to stay with them and there's little to no notice required. But, he says, he realizes it's not a solution that will help everyone who needs it.

"People are sort of resigned to the fact that there are limited options and they sort of have to fend for themselves. Certainly there are lots of warming centres open during the daytime. So that's a reasonable solution during the daytime hours. But overnight, the King Street shelter at the old Schwaben Club tends to be the one place people are trying to get into and it's got limited capacity," Willmer said.

"It's not a question really of how long it takes. It's just — if there's nothing, what are you going to do to stay warm? It's part of the reason why in some cities people ride

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EXHIBIT “2”

Contact

www.linkedin.com/in/peter-sweeney-55787817 (LinkedIn)

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Peter Sweeney

Commissioner of Community Services
Kitchener, Ontario, Canada

Experience

Region of Waterloo
Commissioner of Community Services
June 2022 - Present (3 years 2 months)

YMCA of Three Rivers
CEO
October 2020 - June 2022 (1 year 9 months)
Waterloo Region, Guelph-Wellington, Stratford-Perth

YMCAs of Cambridge & Kitchener-Waterloo
CEO
September 2016 - October 2020 (4 years 2 months)
Waterloo Region

St. Joseph's Health System - International Outreach Program
President
September 2010 - August 2016 (6 years)

St. Mary's General Hospital Foundation
15 years 6 months
President
March 2004 - August 2016 (12 years 6 months)

Director of Communications
March 2001 - March 2005 (4 years 1 month)

Skills Canada - Ontario
Manager of Communications
March 2000 - March 2001 (1 year 1 month)

Education

Wilfrid Laurier University
MBA · (2003 - 2006)

Humber College

PRC, Public Relations · (1997 - 1998)

University of Waterloo

BA, Political Science · (1993 - 1997)

EXHIBIT “A”

AD

Kitchener-Waterloo

Raised tracks and a new platform: What it will take to build Waterloo region's new transit hub

'We have to lead transformational projects and this is one of them,' Coun. Colleen James said

CBC News · Posted: Apr 17, 2025 9:35 AM EDT | Last Updated: April 19



A sign on Victoria Road N. near King Street W. notes a vacant lot is the future site of Region of Waterloo transit hub. The region says Metrolinx has said it wants to begin work at the site in March 2026. (Kate Bueckert/CBC)

[comments](#)

Construction of Waterloo region's new transit hub is set to begin in March 2026.

For real this time.

The transit hub at the corner of King Street W. and Victoria Street N. has been more than a decade in the making. The region's acting commissioner of transportation services Doug Spooner says Metrolinx is ready to get shovels in the ground in March 2026.

That means people will start to see demolition begin along the rail corridor this summer, including parts of the former Rumpel Felt Co., building on Victoria St. N.

"We've also got some preparatory work for the Victoria Street modification project and then we need to start getting the site ready," he said in an interview with CBC News

Wednesday.

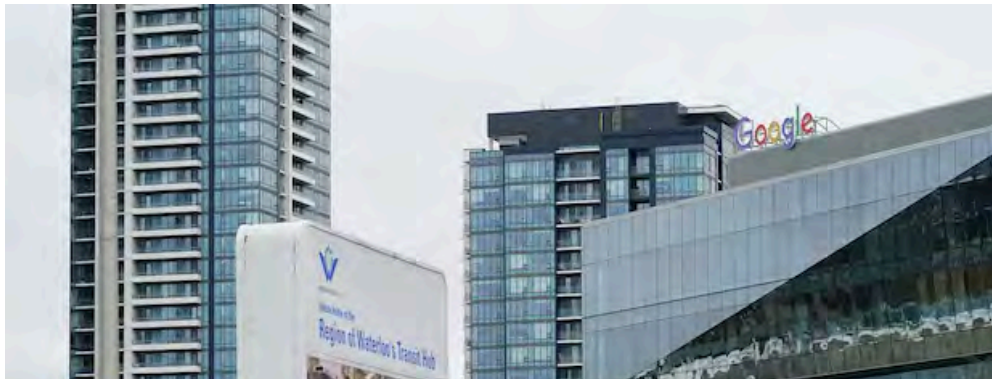
150

Spooner noted heritage aspects of the former factory will be maintained.

"We're looking for mixed-use, development, housing, community use or other uses of that site," he said.

The region has also indicated it plans to [pass a bylaw that would remove people living in an encampment from the 100 Victoria St. N. site](#) by Dec. 1 to begin remediation work ahead of Metrolinx starting its work.

WATCH | *Region makes plans to move forward with transit hub construction:*



Region makes plans to move forward with transit hub construction

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The Region of Waterloo says on-the-ground work to start building the transit hub at King Street W. and Victoria Street N. in downtown Kitchener will begin in early 2026. That means Metrolinx and construction crews will be on site. As part of that work, the region says it will have to move people living at an encampment at 100 Victoria St. N. A new bylaw will go before regional councillors on April 23 that would, if passed, require the site to be vacant by Dec. 1, 2025.

AD

AD

Land purchases date back to 2008

The region began purchasing the 1.6 hectares of land in the area in 2008 with the goal of building a multi-modal transportation hub.

In a Nov. 17, 2015 report to regional councillors, staff said the region had already completed environmental assessments, a preliminary site design, heritage impact assessment, urban design brief and a market scoping and sounding analysis.

The plan is to have it link walking and cycling trails, Grand River Transit buses, the ION LRT, Via, and GO Transit.

After receiving \$43 million from the province for the project in 2016, work was initially [supposed to begin in 2020](#).

It was then [pushed to 2021](#).

Then [pushed again to 2023](#).

[Then, 2025](#).

Now, Spooner says, it's nearly go time and Metrolinx is expected to begin on-the-ground work in March 2026.



The region has shared this artist rendering of what the transit hub could look like when completed. (Region of Waterloo)

Regional Coun. Colleen James, who is also the committee chair of the sustainability, infrastructure, and development committee, said in an interview in December that the new transit hub is necessary because the region expects to grow to one million residents by 2050.

"We have to lead transformational projects and this is one of them," James said.

Raised tracks and a new platform

The work that needs to happen includes seeing Metrolinx raise a section of rail tracks between King Street and Weber Street and relocate the train platform from the current train station between Weber Street and Ahrens Street to its new spot at King Street and Duke Street.

Metrolinx will also construct a diversion track behind 100 Victoria St. N.



Rumpel Felt Company in Kitchener has heritage designation but the part of it not protected by that designation will be demolished as the region plans to build its transit hub in the area. (Kate Bueckert/CBC)

The transit hub, called the Kitchener Central Transit Hub in a staff report set to go before regional councillors at their meeting on April 23, is seen as an opportunity to meld transit, residential and commercial space into one area.

"I like to think about the hub as a gateway to the region. So obviously there's a connection from GO Transit rail and bus, but that comes into GRT buses and trains, Neuron scooters and bikes, really all trips that you know, throughout the region can start and end at the hub," Spooner said.

- [Region of Waterloo purchases land along Victoria Street as part of transit hub project](#)
- [Region starts search for builder of King-Victoria transit hub](#)

As for whether this project will result in two-way, all-day GO trains between Kitchener and Toronto, Spooner says that the two projects are separate.

"We know that the province continues to do work in the corridor between Toronto and Kitchener. So we're hopeful that that will come online. But these projects are not tied together at this point in terms of timelines," he said.

In a recent interview on CBC K-W's *The Morning Edition* with Craig Norris, Waterloo MPP Catherine Fife was critical of the province and Metrolinx for not working faster to bring two-way, all-day as well as weekend GO train service to Waterloo region.

"We have two universities and a college. We have students commuting back and forth — the economic case for weekend and for faster and more reliable service is long standing," Fife said. "We really need to see upgrades to that weekend service."

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EXHIBIT “B”



How Metrolinx's plan to deliver European-style train service went off the rails



[Jack Hauen](#)

Jun 10, 2025 1:04 PM



A passenger leaves the Cooksville GO Station on Monday, Aug. 26, 2024. | Paige Taylor White/The Canadian Press

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00:24:19

The surprise split of a partnership to transform rail travel in southern Ontario was the result of a train wreck years in the making, sources say.

Five sources, including current and former Metrolinx employees, told *The Trillium* that its relationship with Deutsche Bahn, the German state railway company contracted to help massively expand GO train service, deteriorated quickly.

Three years after the GO Expansion project was announced, without explanation, Metrolinx [dropped](#) Deutsche Bahn and another key partner, who together were supposed to run the trains for the next 23 years.

Internally, Metrolinx told its employees that Deutsche Bahn failed to deliver on key milestones, and that the project must now be scaled back to keep it within its “current funding envelope.” Sources, however, say Deutsche Bahn pushed for ambitious, European-style changes, while some of the Crown agency’s leadership resisted, insistent that things work differently in Canada. Deutsche Bahn said Metrolinx ended the contract after a “significant realignment” in the project’s scope.

As a result, sources say, what could have been a continent-leading regional transit project will likely be downgraded to a more straightforward service expansion. Even those most disillusioned with Metrolinx say it’s important — even exciting — but a major missed opportunity, with years of work and untold millions of taxpayer dollars spent on a project whose vision remains murky.

“It could have been an eight out of 10 railway on the global standard,” said one former Metrolinx employee. “But now it’s going to be five out of 10. It’s going to be GO, but better, instead of something new.”

‘This is nuts’

GO Expansion is a dull name for a monumental plan.

Since 1967, GO trains have shuttled workers in the Greater Golden Horseshoe to and from their jobs in downtown Toronto. Outside of rush hour, service is typically limited.

In 2018, however, to contend with a rapidly growing population in the region, Metrolinx prepared a [business case](#) for GO trains to run every 15 minutes, all day, both ways, on the core lines that carry the most people in and out of Toronto: Lakeshore East and West, Kitchener, Barrie and Stouffville. The diesel trains would be electrified, and several stations would be expanded.

Essentially, the agency planned to take the first steps to transforming its commuter train service into a European-style express regional rail system.



A map from the 2018 GO Expansion business case showing future predicted rail service. Metrolinx.

In 2022, the multi-billion-dollar plan became even more ambitious, calling for trains every [three to eight minutes](#) at peak hours — and with the [backing](#) of Premier Doug Ford's government, fully kicked into motion.

“When we first saw it, we were like, ‘This is nuts,’” one former Metrolinx employee said. They and others were granted anonymity by *The Trillium* to allow them to speak freely and without fear of reprisal from Metrolinx or their current employers.

Publicly, Metrolinx was also excited. It pitched GO Expansion in 2022 as a [project](#) “unlike anything before in Canada,” [comparing](#) it to rail in London, Tokyo, Paris and Sydney.

The ambition was not to last.

Metrolinx leadership, in internal town halls held this year and last, outlined plans to “descope” GO Expansion to cut costs, focusing the project on the two train lines running along the shore of Lake Ontario, delaying many improvements to unspecified future dates.

While the agency's GO Expansion [web page](#) still describes a plan for 15-minute service or better on the main lines, sources mourned the more ambitious version of the project, which they said would have made suburban cores feel fully connected to downtown Toronto, and made rail a top choice for riders looking to travel within the Greater Golden Horseshoe.

"And I think that a lot of people within the agency didn't understand that," a former Metrolinx employee said. "Or they didn't want it."

'I don't think anyone really knows exactly what the vision is'

When GO Expansion kicked off in 2022, Metrolinx handed off building out the track, signalling, and infrastructure for GO Expansion to ONxpress Transportation Partners. The conglomerate was made up of Canadian construction company Aecon, French train manufacturer Alstom, Spanish construction company FCC, and Deutsche Bahn.

The group would essentially handle everything but running the trains. Then, in January 2024, Metrolinx outsourced that, too.

The agency [contracted](#) a subset of ONxpress called OOI, or ONxpress Operations Inc., to operate and maintain GO trains for 23 years, starting on Jan. 1, 2025. OOI was made up [mostly](#) of Deutsche Bahn with a minority stake held by Aecon.

Despite the stereotype of German efficiency, Deutsche Bahn has a dim reputation in Europe. Recent analyses found that only between [62.7 per cent](#) and [72 per cent](#) of its trains arrive without significant delays.

Still, the German system is far more advanced than Canada's, where off-peak service is rare and passenger trains have to give way to freight, said Ahmed El-Geneidy, a transportation expert and professor of urban planning at McGill University.

"Their scale is way bigger than us — way, way bigger than us. So they manage a way more complex operating environment than what we have," El-Geneidy said.



Figure A-1: Overview of GO Rail Services After GO Expansion

An internal "configuration state" map from February 2024 detailing planned service expansions. Metrolinx.

Experts from all over western Europe came to Toronto to work for ONxpress on GO Expansion.

"There was a huge pool of talent here in Ontario for the first time — people who were experienced in working on world-class railways," a former Metrolinx source said. "The cream of the crop."

But the Jan. 1 takeover date came and went. It was pushed back, Metrolinx said internally, because Deutsche Bahn wasn't ready to take over.

Then, on May 15, Metrolinx cancelled its contract with OOI altogether. The agency said Alstom would "maintain its role supporting the operations and maintenance of GO Transit and UP Express, to continue delivering the best-in-class service that Ontarians have come to expect."

Behind the scenes, all five sources who spoke with *The Trillium* described an acrimonious relationship between Deutsche Bahn and Metrolinx, with varying degrees of shared blame.

One 40-year veteran of North American rail systems who worked for ONxpress said the Germans had an “autocratic” management style and didn’t want to collaborate. Three younger transit experts who yearn for high-frequency intercity rail said Metrolinx stonewalled the very partners it hired to get it done.

Metrolinx’s interim CEO said Deutsche Bahn “weren't close to being ready” to take over on January 1.

“It was a grand vision,” Michael Lindsay, Metrolinx's interim CEO, said in a June 4 town hall about the 2022 plans. “But what clearly was true, not a year later, was that that consortium, and their ability to work with one another to produce that vision, it wasn't happening.”

But five sources said the partnership was hampered by fundamental differences of opinion on the form and function of passenger rail between Deutsche Bahn and Metrolinx, and a lack of vision and leadership on the project from the Crown agency.

They also said proposals from Deutsche Bahn were received negatively, and that the project’s scope is still unclear because Metrolinx frequently changed its mind on major decisions.

“What type of trains are we going to operate? What is Union Station going to look like? What actual service do you want to provide?” an ONxpress source said.

In town halls, Metrolinx leadership described defining the scope of the project as a major challenge that they hoped to figure out soon.

“We’re getting close to being able to articulate ... what the plan is going to look like and when service-level enhancements arrive,” Lindsay said on June 4.

In the meantime, questions remain about “what to build, and when to build, and how that ties to a plan of operations,” including the cost and feasibility of the service, coordination with freight rail companies that use the same tracks, and how Union Station will handle the increased service, he said.

“I don't think anyone really knows exactly what the vision is,” one senior Metrolinx employee said, “because it has changed so much.”

‘They weren’t really interested in changing the way they ran trains’

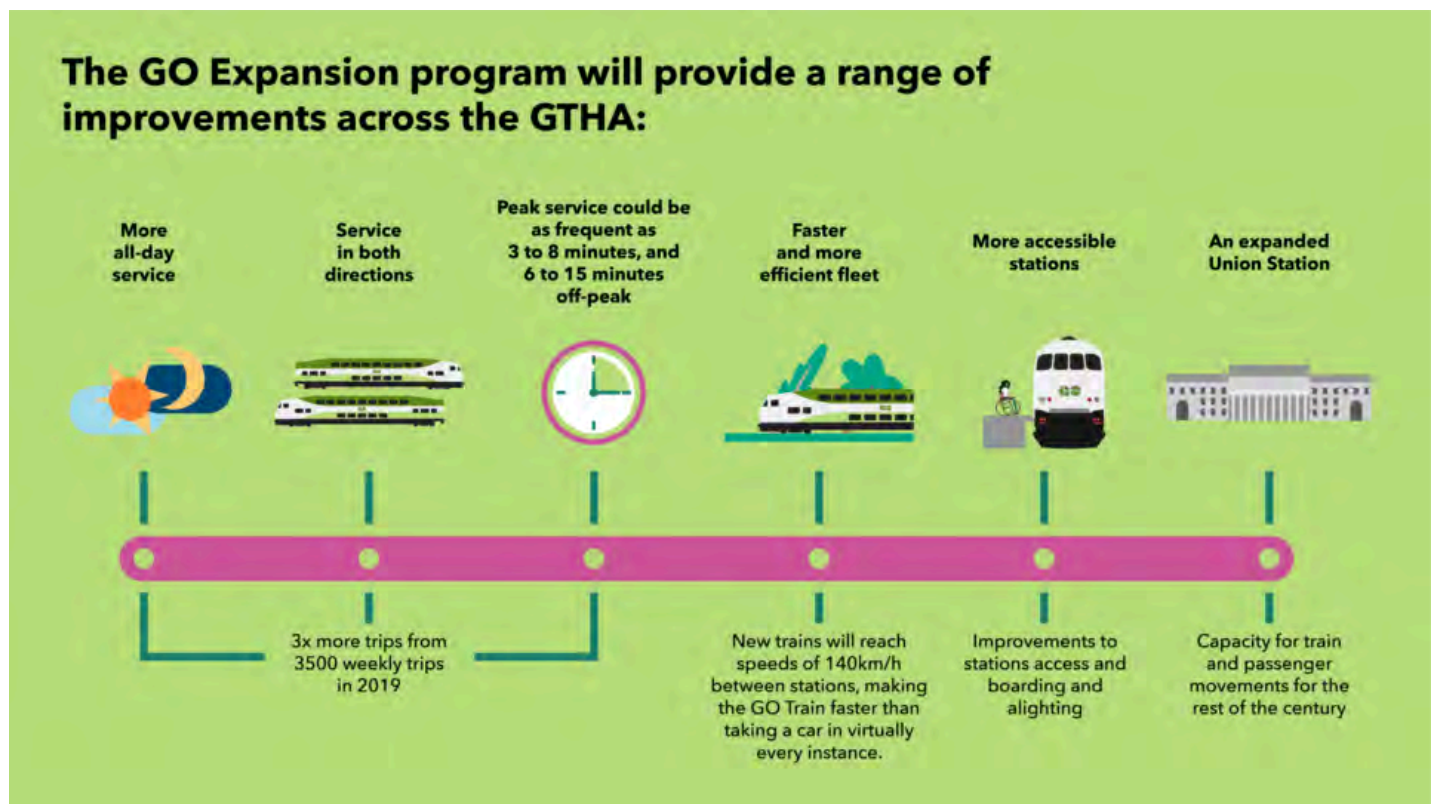
To deliver GO Expansion the way Deutsche Bahn proposed would require a massive mindset shift. But many of GO Transit’s most experienced hands are proud of the commuter system they’ve built, sources said.

"There are a lot of people at GO that think running frequent trains in both directions is a kind of a dilution of their mandate, or an unnecessary frill, or a waste of money," one ONxpress source said.

Even getting buy-in to improve service outside of rush hour was a "huge hurdle," a former Metrolinx employee said. "Trying to break that mould is really difficult."

Sources said Metrolinx regularly pushed back against or added new requirements for Deutsche Bahn's GO Expansion proposals.

"They kept shifting the goalposts of what was considered acceptable," a former Metrolinx employee said. "So for ONxpress to get anything into service, it was basically impossible."



A 2022 infographic proposing GO trains as little as every three minutes during peak service. Metrolinx.

This seemed to confuse Deutsche Bahn's leadership, who thought they had been hired to take a leadership role, according to three sources.

For example, Deutsche Bahn wanted to revamp how crews were scheduled through automation, four sources said. Some crews spend long stretches of time [deadheading](#) or otherwise not carrying passengers — some of which is unavoidable, but it could be improved, several sources said.

One nine-hour shift description viewed by *The Trillium* called for under two hours of time spent working on a train carrying riders.

Metrolinx was not receptive to Deutsche Bahn's proposed German scheduling software and discouraged its use in various ways, four sources said.

Four sources said this was due to a disagreement in strategy. The rail veteran who worked for ONxpress, however, said Deutsche Bahn wanted software that hosted data in Germany, which wouldn't be allowed under Canada's cybersecurity laws.

Even this strong critic of Deutsche Bahn said Metrolinx frequently gave the Germans new requirements focused on improving the agency's "current methodology" instead of transforming it.

"So they weren't really interested in changing the way they ran trains," they said.

Decisions about GO Expansion regularly fell to senior management, which led to frustration among employees who saw key proposals deferred across multiple desks until they ended up at the top or disappeared altogether, three sources said.

"Anybody low down in the organization can say no, but it takes the CEO or senior management level to say yes," a senior Metrolinx employee said.

"So you'd have endless committees, and nobody actually empowered to make a final decision," an ONxpress source said.

Toward the end of its contract with Deutsche Bahn, two sources said Metrolinx would hire for the same roles posted by ONxpress due to a "deep distrust" of its partner, as one former Metrolinx employee put it.

ONxpress employees spent the majority of their time — several people estimated around 70 per cent — responding to comments from Metrolinx or the government, and the minority building a railway, Metrolinx and ONxpress sources said.

During an internal town hall in May, an employee asked why GO Expansion workers "have spun our wheels for years now, continuously fielding changes" to infrastructure plans, "which has driven a significant and concerning lack of progress."

"I feel the frustration here. This has also been a huge challenge for us," Metrolinx vice-president Jake Schabas said.

To decide on infrastructure, the organization has to be “bought in” to the operations plan, he said.

“And the challenge was what we started with three years ago, ultimately, was not something the organization had confidence in,” he said.

“We had a lot of challenges, whether it was the number of trains that were proposed to go over level crossings, to a lack of understanding on the signalling system and a lack of understanding of how Union Station was going to accommodate all these things,” he said.

The bureaucracy may have led to a “clash of cultures” between Metrolinx and Deutsche Bahn, transportation professor El-Geneidy said.

“Usually, in the Canadian context, most of these (operational) decisions are centralized in the head office,” he said.

A senior Metrolinx employee, however, said the agency’s bureaucracy is the cost of a uniquely large North American transit organization with a sterling safety record and good on-time numbers.

“That commitment to operations and safety takes people and time and money,” they said.

A senior Metrolinx employee stressed that those working day-to-day on GO Expansion are largely on the same page.

“But people are far too stuck, especially at a senior level, because they are quote-unquote, ‘railroaders,’ who have been doing this for a long time, and who can't imagine another way of doing things,” they said.

The issues with GO Expansion came from management, that source and others said.

“This wasn't some organic, like, ‘Oh, everybody's realizing that this isn't working,’” they said. “No, it was a very top-down change.”

‘Minimum viable product’

Internal “configuration state” plans from as recently as February 2024 described eventual two-way all-day electrified service on the Lakeshore East and West, Barrie, Stouffville and Kitchener lines.

But at some point, sources said, Metrolinx had “a major rethink” about how the project should be delivered.

In a series of monthly town halls this year and last viewed by *The Trillium*, the agency said it was taking direct control over the project and would now focus on delivering a “minimum viable product.”

In a January 2025 town hall, Metrolinx executive vice-president Laura Kutisker-Jacobson referred to a “reset” in which the agency “(took) ownership” of several responsibilities that were once under ONxpress.

“They had an opportunity to contribute, but really, Metrolinx is now in the steering seat when it comes to these kind of high-level strategies,” Kutisker-Jacobson said in a town hall last month. “And so we’ve called this the leaning in. We’ve called this, Metrolinx becoming the strategic network operator.”

Originally, GO Expansion was supposed to build out capital projects ([such as](#) new tracks, signalling and electrification work) on the Lakeshore East and West, Barrie, Kitchener and Stouffville lines, as well as Union Station, said Lucia England, Metrolinx’s vice-president of development and controls, in an October 2024 staff briefing.

Metrolinx has since “pivoted” to focus on Lakeshore East and Lakeshore West, which “generate the most economic benefit,” she said.

The Barrie, Kitchener and Stouffville lines will be addressed in the next “phase” of the minimum viable product, she said.

MINIMUM VIABLE PRODUCT



Laura Kutisker-Jacobson
EVP, Commercial



Lucia England
VP, Development & Controls

Phase 1 of MVP

Lakeshore East

Lakeshore West

USRC Southern Railway

OnCorr Scope

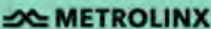
USRC Northern Railway

Barrie

Kitchener

Stouffville

Phase 2 of MVP



LUSD: All Staff Update (October 2024)

PAGE 15

An internal slide presented to Metrolinx employees in October 2024 describes how the agency will shift to focus on the Lakeshore lines to deliver a "minimum viable product." Metrolinx.

England presented the minimum viable product as "what can be done now versus what can be done in the future," but others made it clear that budget was a major concern.

"There is no point in building infrastructure we may or may not need for 30 years' time," Metrolinx deputy chief capital officer Richard Walker said in a November 2024 town hall.

The agency had been trying to "lock down scope for the better part of this year," he said. "And we're having to pivot again to make sure that what we're delivering is value for money."

The goal is to deliver "the maximum amount of benefit to our travelling public" within the agency's "current funding envelope," he said.

"In effect, we are seeing an affordability challenge, as you are probably all aware," he said.

The number of trains per hour has been cut from 12 to eight, resulting in infrastructure changes, Molly Evans, Metrolinx's vice-president of track specialized delivery, said in the November town hall.

Metrolinx leaders noted several other "de-scopes" in the town halls, including reductions in speed, cuts to the number and complexity of tracks, and abandoned platform upgrades.

Abandoning speed increases was a gut punch to one senior Metrolinx employee, who said travel time is the top reason people choose to drive, walk, bike or take transit.

"One of the biggest things that is going to really drive that modal share over to the rail network is travel time," he said.

A high-level schedule presented to staff in April estimates that electrification will be complete in September 2035 for the Lakeshore West line, December 2036 for Lakeshore East, and January 2038 for the Union Station rail corridor.

But a December 2024 town hall only described electrification on the UP Express and Lakeshore lines. Under the minimum viable product, the agency plans to electrify from Burlington to Oshawa GO stations, with a gap at Union Station, Metrolinx consultant Shaun Kearney said in the town hall.

ELECTRIFICATION OF LAKESHORE EAST

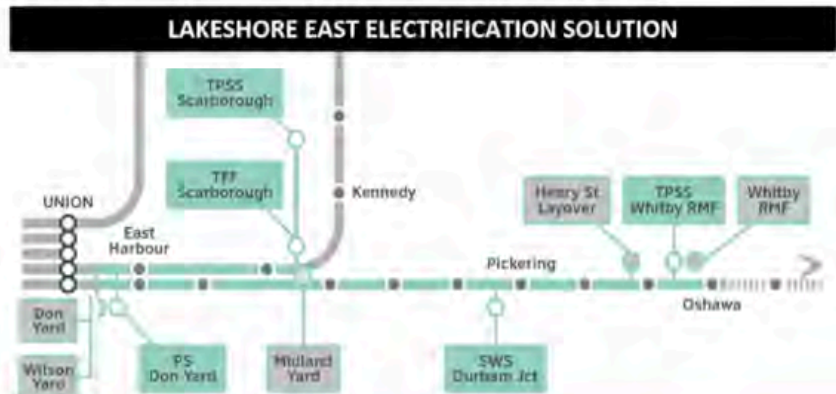
- Full electrification solution will be delivered from Burlington to Ordinance:
 - Power will be drawn from two sources, the Burlington TPSS and Mimico TPSS, to meet loading and redundancy requirements
 - OCS on all mainline tracks from Burlington to east of Exhibition GO (MP 2.4 – Dufferin Road)
 - Cabling from east of Exhibition GO to Ordinance
 - Avoids impacts to future phases USRC construction
 - Maintains clearance for freight vehicles east of Mimico
- Overhead conductor rails at LSW layovers (Walkers, Mimico South, and Willowbrook West)



An internal slide presented to Metrolinx employees in December 2024 describes electrification plans for the Lakeshore West corridor (the slide is mistitled). Metrolinx.

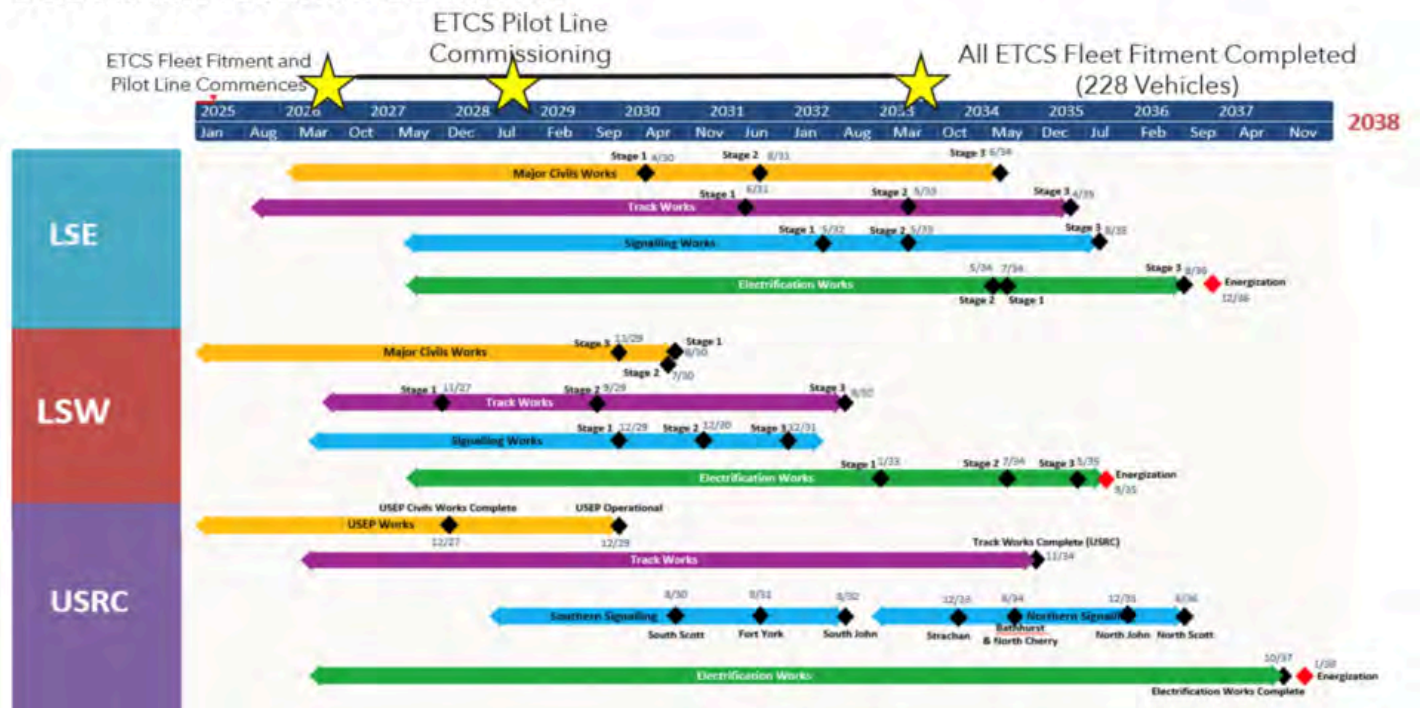
ELECTRIFICATION OF LAKESHORE EAST

- Full electrification solution will be delivered through OCS from Don Yard to Oshawa:
 - Power will be drawn from two sources, the Scarborough TPSS and Whitby TPSS, to meet loading and redundancy requirements
 - OCS on all mainline tracks from Don Yard to Oshawa GO including Whitby RMF
 - Install overhead conductor rails at all other layovers (Don, Wilson, Midland, and Henry).
- Leverages completed utility relocations, vegetation removals, and foundation installations
- Aligns with existing EAs and property to enable timely delivery
- Enables phasing of OCS to ease transition and manage risk



An internal slide presented to Metrolinx employees in December 2024 describes electrification plans for the Lakeshore East corridor. Metrolinx.

SOUTHERN RAILWAY SUMMARY



A high-level schedule presented to staff in April 2025 that estimates that electrification will be complete in September 2035 for the Lakeshore West (LSW) line, December 2036 for Lakeshore East (LSE), and January 2038 for the Union Station rail corridor (USRC). Metrolinx.

After several town halls, the project remains hazy to five sources.

"The thing that I personally find most frustrating, given that I use this system every day, and I want it to be as good as it can be, is that we're several years into this, and it seems like the plan is less clear now than it was a couple years ago," a senior Metrolinx employee said.

'They should learn whom they are dealing with before they sign contracts'

GO Expansion is still happening, providing those who have worked on the project some measure of relief — though Metrolinx won't say publicly exactly what that means.

In a statement, Deutsche Bahn said the end of the contract was "related to a significant realignment of Metrolinx's strategy, in particular with regard to the modernization and expansion of transport systems and the operation of regional transport in Toronto."

"We expressly regret this development, but respect the decision," a spokesperson said.

Deutsche Bahn and Metrolinx declined to answer a list of detailed questions.

OOI and Metrolinx "worked closely toward" the Jan. 1 takeover date, but now "the parties are working on an amicable settlement to end the partnership," Andrea Ernesaks, a spokesperson

for the agency, said in a statement.

Ernesaks didn't say whether Deutsche Bahn, which was involved in other areas of ONxpress, will continue to do any work for Metrolinx — or whether the scope of GO Expansion has been reduced as a result of Deutsche Bahn's exit.

Metrolinx did not answer questions about how much had been spent on the partnership, or how much the "amicable settlement" could be.

Two-way all-day GO service on the core network lines is still the plan, and "service increases, signalling, electrification and other works" under GO Expansion are proceeding, she said.

December marked the end of GO Expansion's "development phase," and early construction works have begun, Ernesaks said.

Asked at the June 4 town hall when 15-minute all-day service for all lines will happen, Lindsay, the agency's interim CEO, said he wanted to be transparent "soon," but only once the agency is "highly confident" about how it gets there.

While Deutsche Bahn wanted to create a regional train system that felt like an "express subway," several sources said 15-minute, two-way, all-day service is still a worthy goal.

Ontario Liberal MPP Andrea Hazell has requested the auditor general look into Metrolinx's decision to cancel the contract with OOI.

The contract's "abrupt cancellation threatens to delay the project by several years, risk hundreds of jobs, disrupt GO Transit and UP Express operations, and undermine public trust in Ontario's transit planning," Hazell wrote in her letter to the auditor general.

The auditor general's office has said the 2025 audits are set, but that she would consider the issue "when selecting future audit topics."

Meanwhile, Metrolinx is in a weak negotiating position with Alstom, the company it has announced will resume operations of GO Transit, El-Geneidy said.

"Alstom can ask (for) whatever they want," he said. "So don't expect Alstom to be merciful to Toronto commuters."

Metrolinx should have laid out its expectations clearly with Deutsche Bahn from the beginning, El-Geneidy said.

"They should learn whom they are dealing with before they sign contracts," he said.

Lindsay, in the recent town hall, said there are "exciting" conversations taking place about Metrolinx's role in running the GO network, versus that of third parties. The Alstom extension will be an interim step while those discussions take place, he said.

One senior Metrolinx employee said he was unsure whether the agency would be able to deliver 15-minute service beyond the Lakeshore East and West lines, given the current funding available. The rail veteran who worked for ONXpress said he also had doubts about Metrolinx's ability to deliver high-frequency rail.

Another senior Metrolinx employee, however, said the work already accomplished and the agency's public commitments make them optimistic that it will be able to at least get to 15-minute service intervals and electrification.

"That seems to be the only coherent plan at the moment," they said.

"Honestly," they said, "that is the part that is keeping me from going full doomer about the project."

This story was updated after it was initially published to correct a transcription error in a quote from Richard Walker.

TAB 10

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Dr. Stephen Gaetz** on his affidavit dated August 15, 2025, taken via Zoom videoconference on consent of the parties on December 2, 2025.

APPEARANCES:

GORDON CAPERN, Mr. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.

KAREN STEWARD, Ms. Amicus Curiae

(i)

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S. Gaetz (Cr.-Ex.) - 3

DECEMBER 2, 2025

STEPHEN GAETZ, AFFIRMED

CROSS-EXAMINATION BY MR. CAPERN:

1. Q. And, doctor, just so I have the geography, I know we used to do these things in person and we could see what what's on the table in front of everybody. But do you have any notes or documents in front of you at the moment?

A. I have an article that I am editing.

2. Q. Okay, but that's not related to your testimony today?

A. No, but I will have my affidavit, right. I am allowed to have (indiscernible), is that correct?

3. Q. No, I'd like you to have it. Barbara, are we on the record now?

MADAM REPORTER: Yes, we are.

MR. CAPERN: Okay, thank you. And counsel, are we all prepared to proceed now?

MS. SCHIUTEMA: Yes, we are.

MR. CAPERN: Great. Thank you.

BY MR. CAPERN:

4. Q. And, Dr. Gaetz, just to begin with, you

S. Gaetz (Cr.-Ex.) - 4

1 understand that you are being cross-examined today on
2 the affidavit in this matter that you swore on August
3 the 15th of this year. Do you understand that?

4 A. Yeah.

5 5. Q. Thank you, and you have that in front
6 of you?

7 A. Mm-hmm. I am going to wait one second
8 here. It's now in front of me.

9 6. Q. Great, thank you.

10 A. And just, I think before we came on the
11 record, I just wanted to confirm that aside from your
12 affidavit, you have nothing in front of you that you
13 are turning to for the purposes of being examined
14 today, is that correct?

15 A. That's -- that's correct.

16 7. Q. Thank you. And in the course of things
17 today, if you do need to refer to any document, I'd
18 just be grateful if you would let me and other counsel
19 know that you wish to do so. So that we can determine
20 whether that's appropriate or not. Is that okay?

21 A. Right. Though I may reference things
22 without it being in front of me.

23 8. Q. That's fine.

24 A. Yeah.

25 9. Q. That's fine.

S. Gaetz (Cr.-Ex.) - 5

1 A. Okay.

2 10. Q. So with that introduction, I understand
3 from your affidavit, doctor, that you are a full-time
4 professor at York, is that correct?

5 A. That's true; that's correct.

6 11. Q. Okay. And I understand also from your
7 affidavit that you have experience working in the
8 field of homelessness. Is this correct?

9 A. Yes.

10 12. Q. And ---

11 A. For almost eight years.

12 13. Q. Okay. I had from your affidavit that
13 your earliest experiences working in the homeless
14 sector dated back to the 1990s, is that right?

15 A. That's right.

16 14. Q. And is it fair to say that you've been
17 working in homelessness adjacent work for the better
18 part of 30 years now?

19 A. That's right. Yeah.

20 15. Q. Okay. I am just going to put up for
21 the sake of identification, my colleague, Ms. Hoaken,
22 is going to put up your LinkedIn profile, doctor, if
23 that's okay?

24 A. Okay.

25 16. Q. Just so you can confirm that that's it?

S. Gaetz (Cr.-Ex.) - 6

1 It looked to me like perhaps that was not something
2 you spent a lot of time updating. But ---

3 A. That's true.

4 17. Q. I am also guilty of that. But if I
5 could just get Ms. Hoaken to put that up and you could
6 confirm that that's the current LinkedIn profile for
7 you. And then we'll mark that as an exhibit, if
8 that's okay?

9 MS. HOAKEN: Can you see it in my screen?

10 MR. GAETZ: That's it, for sure.

11 MR. CAPERN: Okay, great. So, counsel, no
12 objection to marking that as ---

13 MS. SCHIUTEMA: No, no objection.
14

15 EXHIBIT NO. 1: LinkedIn Profile
16

17 MR. CAPERN: Now, I need to say that some of
18 the content on there will have been put up
19 by my staff.

20 MR. CAPERN: Right.

21 MR. GAETZ: So social media, I have staff
22 that help me with that.

23 MR. CAPERN: Understood. That's fine.
24
25

1 BY MR. CAPERN:

2 18. Q. But as far as you're aware, it could be
3 said that there is content on your LinkedIn page, it's
4 accurate?

5 A. Yes.

6 19. Q. Thank you. I wanted to ask you about
7 some factors that can contribute to homelessness based
8 on your experience in that field, doctor. And if I
9 could start by getting you to turn to Paragraph 9 of
10 your affidavit.

11 A. Okay.

12 20. Q. Let me know when you have that up in
13 front of you.

14 A. Yes. I have that in front of me.

15 21. Q. Thank you. And if I am understanding
16 that paragraph correctly, in that paragraph you lay
17 out some of the risk factors that contribute to
18 vulnerability to homelessness, is that correct?

19 A. That's right.

20 22. Q. And if I may, doctor, I'd like to focus
21 on two of those factors which are those found in
22 subparagraphs C and F which are, if I can paraphrase
23 them, "sudden unemployment" and "active addictions."

24 Do you see those reference to ---

25 A. Mm-hmm.

1 23. Q. --- those sections?

2 A. Mm-hmm.

3 24. Q. Just for the purposes of Ms. Pollard
4 keeping a record, we have to say "yes" or "no,"
5 doctor, if that's okay?

6 A. Okay, yes. Yeah ---

7 25. Q. Thank you.

8 A. --- no problem.

9 26. Q. And just to speak to sudden
10 unemployment and active addictions as two factors,
11 those are risk factors that can affect individuals,
12 correct?

13 A. Absolutely.

14 27. Q. And you'll agree with me that those
15 risk factors can also contribute to increased numbers
16 of persons experiencing homelessness in a given
17 community. Is that fair?

18 A. I don't know if I could make that
19 claim. The -- the -- what leads people to
20 homelessness is usually a number of complex issue
21 areas. And so for some people it will be those two
22 things but it could be other things that undermine
23 their housing stability.

24 28. Q. Okay, so let me just give you a couple
25 of examples to work with then if -- and maybe you'll

1 -- maybe ---

2 A. Okay.

3 29. Q. --- with some greater specificity,
4 you'll come along with me on this. So, for example,
5 if we take an example of a sudden plant closure in a
6 town or city, that could ---

7 A. Yeah.

8 30. Q. --- contribute to sudden unemployment
9 in that community. Is that fair?

10 A. That -- that is fair.

11 31. Q. All right. And that could also in
12 circumstances contribute to an increase in the number
13 of people experiencing homelessness in that community.
14 Is that fair?

15 A. Well, it could. It could.

16 32. Q. So then if I turn to the secondary
17 which is the -- just to give you a second example
18 under the area of "active addictions," the
19 introduction of drugs like Fentanyl into communities
20 can contribute to individual homelessness. Is that
21 correct?

22 A. I would say substance use disorders of
23 any kind can contribute to the risk of homelessness.
24 But bear in mind that most people who are homeless
25 don't have substance use disorders. And often, it is

S. Gaetz (Cr.-Ex.) - 10

1 -- if they do, it often occurs after they become
2 homeless.

3 33. Q. It's a -- you would ---

4 A. (Indiscernible) ---

5 34. Q. You would say that it's a product of
6 homelessness as much as it can be a cause of
7 homelessness?

8 A. Absolutely.

9 35. Q. Okay.

10 A. I mean, one thing, so this piece here
11 that we're looking at, I wrote it around 2012. And I
12 think there's, you know, a development of knowledge
13 around half-ways into homelessness.

14 There's a book that was published several
15 years ago that looked at administrative data from
16 different cities in the United States. And the book
17 is called, "Homelessness is About Housing."

18 And so their conclusion is that more so than
19 any other determinant, the availability or lack of and
20 cost of affordable housing is the main thing that is
21 driving homelessness today.

22 36. Q. (Indiscernible).

23 A. Now those other factors -- what's that?

24 37. Q. Sorry, if I could just -- Dr. Gaetz, if
25 I can just interrupt. And I don't mean -- this is an

S. Gaetz (Cr.-Ex.) - 11

1 area which fascinates all of us ---

2 A. Right.

3 38. Q. --- for a variety of reasons. And I
4 just -- unfortunately, we're here today because we
5 have to deal with the evidence that's going to be on
6 the record that's going to be before Justice Gibson in
7 a few months.

8 And so, I am just going to ask you if you
9 don't mind -- because what I'd love to do at some
10 point, is grab a coffee or -- and have a policy
11 discussion with you about this.

12 But for today's purposes if I can just get
13 you to stay with me on the questions and the answers,
14 then that will help us get through the cross. If
15 that's okay?

16 A. Sure, that's fine. So the point then
17 about substance use disorders that I suggested doesn't
18 mean that I could determine with a sub-population very
19 easily how many people have substance use disorders.

20 39. Q. Right, I guess, I was just taking you
21 back here to your own affidavit, doctor, where you say
22 that the risk factors that contribute to vulnerability
23 to homelessness includes under subparagraph F ---

24 A. Yeah.

25 40. Q. --- called "active addictions." Do you

1 see that?

2 A. Yes. Yeah.

3 41. Q. And you identified that as a risk
4 factor that contributes to vulnerability to
5 homelessness. Correct?

6 A. Yes, and the reason -- I'm not pushing
7 back on it but people often equate homelessness with
8 addictions. And/or equate homelessness with mental
9 health problems as if everybody in that category
10 suffers from those two things. And that's not ---

11 42. Q. I am not -- I'm not here to advance
12 that, doctor, and I don't ---

13 A. Sure.

14 43. Q. I'm simply putting your own words back
15 to you here and recognizing that I am not suggesting
16 that this is the sole cause or the sole contributor.
17 I am simply getting you to agree with me, I hope, that
18 you ---

19 A. Yes. Yeah.

20 44. Q. Let me just finish my question, if you
21 don't mind. That active addictions can be a risk
22 factor contributing to vulnerability to homelessness,
23 correct?

24 A. Yes.

25 45. Q. And so when I say that -- when I say to

S. Gaetz (Cr.-Ex.) - 13

1 you that the introduction of drugs like Fentanyl into
2 communities can contribute to individual homelessness,
3 you'll agree with that that can be a contributing
4 factor, yes?

5 A. It would be likely that that would be a
6 factor for some people. Yes.

7 46. Q. Thank you. And, in fact, it can
8 contribute to an increased number of people
9 experiencing homelessness in a community, that's fair?

10 A. I can't make that claim, no.

11 47. Q. Okay, but you don't have any reason to
12 tell me I am wrong about that, correct?

13 A. Well, it's just that ---

14 48. Q. You don't know.

15 A. --- we don't know. Right? Or I don't
16 know.

17 49. Q. Okay. So let me just carry on to
18 another topic then, if I can, doctor, which is the
19 idea of fluctuations in the numbers of homelessness,
20 of people experiencing homelessness in communities.

21 Is it fair for me to say that the factors
22 that you cite in Paragraph 9 of your affidavit, can
23 give rise to fluctuations in the numbers of people
24 experiencing homelessness in a particular community
25 from time to time? Is that fair?

S. Gaetz (Cr.-Ex.) - 14

1 A. Specifically, or generally?

2 50. Q. Generally.

3 A. I'd like to know what you mean.

4 51. Q. Generally-speaking ---

5 A. Yeah.

6 52. Q. --- the factors that you identify when
7 they are in play, can lead to fluctuations in the
8 numbers of people that are experiencing homelessness
9 in a community. Is that fair?

10 A. They may but to be honest, the main
11 factors are elsewhere that I would -- and also, it's
12 very hard to predict.

13 53. Q. Okay.

14 A. So in the Greater Toronto Area, one of
15 the things that happened that had a huge impact on the
16 fluctuations of numbers was that the Government of
17 Canada used the homelessness shelter system as a
18 location to house refugees.

19 So that in Toronto, their last point in time
20 count, half the people who are in the shelter
21 population, are refugees. So like (indiscernible) ---

22 54. Q. I just want to get back, doctor, if I
23 can to my question. Because this actually wasn't my
24 question.

25 My question was -- was a different one than

S. Gaetz (Cr.-Ex.) - 15

1 that which is that the risk factors that you've
2 identified in Paragraph 9 can contribute to
3 fluctuations in the number of homelessness -- people
4 experiencing homelessness in a community from time to
5 time. That's fair to say, correct?

6 A. I am not sure I could stand behind that
7 because those conditions outlined here probably aren't
8 as -- probably don't change as much as the homeless
9 population does.

10 55. Q. Okay, but it's fair to say -- it's fair
11 to say that there is, in your experience from working
12 in this field for 30 years, that there is -- there has
13 been and can be fluctuations in the size of the
14 homeless population in a community from time to time.
15 That's fair?

16 A. Yeah, yes, absolutely.

17 56. Q. Okay. And ---

18 A. It's not a static group.

19 57. Q. No, I understand that. And so it's
20 fair to say that, for example, since the pandemic
21 began, there have been fluctuations in the number of
22 people experiencing homelessness in communities across
23 Canada, for example?

24 A. Yes, and most of the trends would be
25 towards an increase during the pandemic.

S. Gaetz (Cr.-Ex.) - 16

1 58. Q. Thank you. That's what I understand as
2 well. And so I want to move to a different topic,
3 doctor, which is a concept that seems to find its way
4 into your affidavit in a few places. And that is the
5 concept of "permanent housing."

6 A. Right.

7 59. Q. And if I could start at Paragraph 18 of
8 your affidavit.

9 A. Okay. All right, okay.

10 60. Q. And this is your reference to the
11 concept of housing first.

12 A. Right.

13 61. Q. And you describe that -- and I'm just
14 going to put your own language back to you, if you
15 don't mind -- you describe that as an approach that
16 involves moving people who experience homelessness
17 into independent and permanent housing as quickly as
18 possible. Correct?

19 A. Yeah.

20 62. Q. And by "permanent" here, you juxtapose
21 that with temporary forms of housing like shelters or
22 motels, is that fair?

23 A. Yes.

24 63. Q. Thank you, and you are referring, I
25 take it, to permanent housing that is supported

S. Gaetz (Cr.-Ex.) - 17

1 financially in some way?

2 A. In some cases, yes, but not all.

3 64. Q. Understood. And is it fair to say that
4 at least in some cases that permanent housing to which
5 you refer that would have been established or would be
6 established and maintained at least in part by way of
7 government funding?

8 A. Yes. That's right.

9 65. Q. Thank you. And is it fair for me to
10 say, Dr. Gaetz, in your ideal world and in perhaps all
11 of our ideal world, each community would have
12 available to it permanent housing in sufficient
13 quantity for people experiencing homelessness in that
14 community at any given point in time?

15 A. Yes, and I could talk about that for an
16 hour.

17 66. Q. Well, we may have to save that one for
18 our coffee, doctor, but thank you for coming with me
19 on that.

20 And is it fair, doctor, that you accept that
21 arranging for such permanent housing can take time?

22 A. Yes, it can.

23 67. Q. And it can take resources as well,
24 correct?

25 A. It does, yes. That's right.

S. Gaetz (Cr.-Ex.) - 18

1 68. Q. And that includes money, right?

2 A. Absolutely.

3 69. Q. Yeah. And you accept that numbers of
4 people in a community experiencing homelessness can
5 fluctuate from time to time? I think we've agreed on
6 that.

7 A. That's right.

8 70. Q. And it's possible, Dr. Gaetz, that
9 circumstances can arise in which the number of people
10 in a community experiencing homelessness will exceed
11 the availability of permanent housing solutions for
12 them?

13 A. I have a way of thinking about that.
14 That is -- that wouldn't align exactly with what you
15 said.

16 71. Q. (Indiscernible) ---

17 A. The research on the cost of
18 homelessness in Canada, and that is a cost of a single
19 person to be homeless for a year, it costs basically,
20 for the most part, it's like three areas.

21 One, is the cost of homelessness services
22 which can involve monetary support for rents, that
23 kind of thing. Two, it's the cost to healthcare and
24 hospitalization because homelessness makes you very
25 unhealthy and sick. And, three, involvement in the

1 criminal justice system.

2 And so an article by Eric Latimer, an
3 economist at McGill looked at five Canadian cities,
4 found that it costs, in the case of Toronto for
5 instance, the cost of keeping someone in the state of
6 homelessness per year is, adjusted for inflation,
7 about \$75,000 to public systems.

8 So keeping people in the state of
9 homelessness is very expensive. And we often use that
10 -- the cost of homelessness services and a lack of --
11 you know, the lack of resources as a reason to say we
12 can't house people.

13 So I wouldn't agree with your statement
14 exactly because I think that properly funded and
15 allocated, we could have better outcomes for people
16 experiencing homelessness. More housing stability,
17 better health. And we're not doing that.

18 So that we often lack the resources or the
19 "can't move as quickly," is a product of a larger
20 structural problem in terms of how we both have
21 created the problem of chronic homelessness, a very
22 expensive condition and we're not sufficiently
23 addressing it.

24 We're doing -- we're responding in the wrong
25 way.

S. Gaetz (Cr.-Ex.) - 20

1 72. Q. Yes.

2 A. So I just want to make that clear,
3 right, in terms of ---

4 73. Q. I think you'll find me in violent
5 agreement with what you've just said, doctor. But
6 unfortunately, that was not my question, so.

7 Because in the ideal world, we'd have an
8 unlimited supply of permanent housing available
9 irrespective of the number of people that were
10 experiencing homelessness from time to time.

11 But I think you'll agree with me that,
12 unfortunately, we don't live in that idealistic world.
13 Is that fair?

14 A. I think that's fair but ---

15 74. Q. (Indiscernible).

16 A. --- but that's not what I'm -- that's
17 not what I'm saying. I'm saying we're spending huge
18 amounts of monies on homelessness but on the wrong
19 things.

20 75. Q. Yeah, I ---

21 A. It's not necessarily a lack of funding.

22 76. Q. Yeah. No, we need ---

23 A. (Indiscernible).

24 77. Q. --- to go on from that, doctor. But
25 again, that's not my question.

S. Gaetz (Cr.-Ex.) - 21

1 My question was, was a different one than
2 that which is that irrespective of the investment that
3 a community makes in permanent housing solutions for
4 people experiencing homelessness, it is possible that
5 circumstances can arise from time to time in which
6 there is simply inadequate permanent housing available
7 in that community. That's fair.

8 A. Yes.

9 78. Q. Right?

10 A. That's true.

11 79. Q. Thank you. And indeed, in your
12 experience, irrespective of what we should be doing,
13 that does occur in Canada from time to time. Correct?

14 A. Yeah, it does.

15 80. Q. And ---

16 A. In political decisions about what to
17 spend on. So ...

18 81. Q. I understand. And it's fair to say,
19 doctor, that -- but I'm just sticking with my basic
20 idea that irrespective of the investment that a
21 community might make in community housing, and bearing
22 in mind that it is always possible that the number of
23 people who need permanent housing will exceed the
24 available permanent housing.

25 A. Yeah.

S. Gaetz (Cr.-Ex.) - 22

1 82. Q. Do you accept that even in a community
2 which seeks to implement and does implement a housing
3 first policy, it's possible that those circumstances
4 will arise even in those communities. Is that fair?

5 A. It's possible.

6 83. Q. Yeah, thank you. So if I can refer you
7 to Paragraph 7 of your affidavit just for a moment.
8 This is the paragraph in which you describe quite
9 helpfully the idea of homelessness as a spectrum.

10 A. Right.

11 84. Q. Right? And you say -- you describe
12 homelessness as a spectrum of housing and shelter
13 circumstances. Is that correct?

14 A. Yeah.

15 85. Q. Right, and on one end of the spectrum
16 in subparagraph A ---

17 A. Yeah.

18 86. Q. --- you refer to persons who are
19 entirely unsheltered.

20 A. Right.

21 87. Q. Right?

22 A. Yeah.

23 88. Q. And I think the words you use, if I've
24 got them correct, are "absolutely homeless."

25 A. Right.

S. Gaetz (Cr.-Ex.) - 23

1 89. Q. Right? And that is people living on
2 the streets or in places not intended for human
3 habitation, correct?

4 A. Right.

5 90. Q. And is it fair for me to observe, Dr.
6 Gaetz, that this represents the most extreme end of
7 the spectrum you describe?

8 A. Yes, I would say so.

9 91. Q. Thank you. And that end in the
10 spectrum includes in your evidence encampments,
11 correct?

12 A. Yes.

13 92. Q. Thank you. And now the next two levels
14 which are found in subparagraphs B and C of Paragraph
15 7 are what you refer to as emergency-sheltered and
16 provisionally-accommodated. Do you see those?

17 A. Yes.

18 93. Q. And if I am correct, "provisionally-
19 accommodated" refers to those experiencing
20 homelessness for whom their accommodation is
21 temporary, right?

22 A. That's right. Yeah.

23 94. Q. And I think we're all on the same page,
24 doctor, but I just want to get you to agree that
25 permanent housing from your perspective is preferable

1 to both emergency-sheltered and provisionally-
2 accommodated.

3 A. Absolutely.

4 95. Q. Yeah.

5 A. Absolutely. And, in fact, if I can
6 give you a quick example of why.

7 96. Q. Yeah.

8 A. So transitional housing, depending on
9 where you are, will house people for a year or maybe
10 two years. The research shows that when somebody's in
11 transitional housing and they -- they know it's a
12 finite period of time.

13 They're -- what they do changes
14 dramatically. So they will not be looking for, you
15 know, to go to school or to, you know, reach their
16 goals. They're getting ready to be homeless again.

17 And so even though it's a well-meaning kind
18 of circumstance and I would say most transitional
19 housing is an improvement compared to emergency
20 shelters, it's not -- having it be temporary changes
21 the way people live and it -- that affects the
22 decisions they make.

23 97. Q. Yeah, I understand that and I
24 appreciate that explanation, doctor, thank you.

25 And so if I can just get you to come with me

S. Gaetz (Cr.-Ex.) - 25

1 on this issue, just to go back to the point that we I
2 think agreed on earlier, that circumstances can arise
3 in which despite the community's best efforts and
4 intentions, permanent housing is not available at that
5 point in time for all available -- all people who are
6 experiencing homelessness in that community.

7 A. Right.

8 98. Q. Do you agree with me, doctor, that
9 emergency shelter and provisional accommodation is
10 preferable to someone being absolutely homeless?

11 A. No.

12 99. Q. Okay.

13 A. I don't agree with that. No.

14 100. Q. You think that it's better for someone
15 to be living absolutely homeless than to be in an
16 emergency shelter or to be provisionally-
17 accommodated. Is that what you're saying?

18 A. It depends on the situation but they're
19 -- you have to think about it this way: that most of
20 us like to make our own decisions.

21 101. Q. Yeah.

22 A. Most of us want to be treated with
23 dignity. Right? And the challenge is that emergency
24 shelters often do neither. They're often rule-bound.
25 They infantilize people. It's over-crowded. Can you

S. Gaetz (Cr.-Ex.) - 26

1 imagine going into a room and there's 40 cots on the
2 floor and 10 people are coughing, five of them are
3 screaming, 15 of them you're afraid of.

4 102. Q. Mm-hmm.

5 A. Why would you want to be in that place.
6 I always say it's easier, you know, to live with
7 people when you get to choose them, right? When you
8 don't, that's horrible.

9 And so lots of people would rather accept
10 the risk of being in an encampment compared to being
11 in a shelter where you might get beat up, they might
12 get sick, their stuff might be stolen, and, you know,
13 they have no choice. You know, they're -- their
14 choices are limited. They're ---

15 103. Q. Okay.

16 A. Yeah.

17 104. Q. All right; I get it. You don't agree
18 with me on that. That's fine. So let me just take
19 you to one last topic if I can, Dr. Gaetz, which is at
20 Paragraph 15 of your affidavit.

21 A. Okay.

22 105. Q. And that deals with the concept of
23 housing readiness which I think you just glanced over
24 in the last one which is in your last answer. But you
25 refer to housing readiness being a "staircase model,"

1 is that correct?

2 A. Yes.

3 106. Q. And you say in your evidence that with
4 the staircase model, individuals are required to
5 progress through a series of stages, right?

6 A. Yes.

7 107. Q. And those stages can come with
8 conditions attached, right?

9 A. That's right. That's right.

10 108. Q. And you gave examples of two, I think,
11 in your evidence which is that you -- that those
12 conditions put in, include maintaining sobriety,
13 right?

14 A. Yeah.

15 109. Q. And another condition could be, for
16 example, that there be evidence of stabilizing of
17 one's mental health.

18 A. Right.

19 110. Q. Right? And one thing I don't see in
20 your affidavit, Dr. Gaetz, is any assertion that the
21 Region of Waterloo imposes any such conditions on
22 persons experiencing homelessness to access any level
23 of housing. Do you agree with me that your affidavit
24 does not say that?

25 A. It does not say that but I would say it

S. Gaetz (Cr.-Ex.) - 28

1 would be highly unlikely and irregular if that were
2 the case.

3 111. Q. But the point -- the reason you haven't
4 said that, Dr. Gaetz, if I can suggest this, is
5 because you don't know. Is that fair?

6 A. I don't know for sure but I -- but I
7 can speculate nonetheless.

8 112. Q. (Indiscernible).

9 A. That it would be highly unlikely.

10 113. Q. Yeah, we're not here to speculate, Dr.
11 Gaetz, but I appreciate your time.

12 I don't have any further questions, for you,
13 doctor, and I did want to thank you for being
14 available and for adjusting the time of the
15 examination today. Thank you very much for being
16 here.

17 A. Okay, thanks.

18 MS. SCHIUTEMA: And I'm just going to take a
19 minute to see if I have any redirect. Just
20 give me a second, okay?

21 MR. CAPERN: Thank you.

22 MS. SCHIUTEMA: Thanks. Okay, thanks for
23 that. And I don't have any redirect.

24 Sorry, you're on mute, Gord.

25 MR. CAPERN: I believe my preferred state.

S. Gaetz (Cr.-Ex.) - 29

1 Thank you very much, doctor. And I hope
2 that I'll have the opportunity to have a
3 coffee with you and have a long discussion
4 about this.

5 THE WITNESS: Sure.

6 MR. CAPERN: It's a fascinating topic.

7 Thank you.

8 THE WITNESS: Thank you.

9 MR. CAPERN: Thank you, counsel. Thank you,
10 Madam Reporter. I think we're done.

11 MS. SCHIUTEMA: Yes, can we just stay on the
12 call for a second after Dr. Gaetz and the
13 reporter leave?

14 MR. CAPERN: Sure. Barbara, do you need any
15 spellings from us or anything?

16 MADAM REPORTER: Actually, I did want to
17 just check what the date was of Dr. Gaetz'
18 affidavit.

19 MR. CAPERN: It's the 15th of August of 2025.

20 MADAM REPORTER: Excellent and that's all I
21 wanted and I'll say goodbye.

22
23 --- ADJOURNED
24
25

S. Gaetz (Cr.-Ex.) - 30

THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.



Barbara A. Pollard
Certified Court Reporter

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EXHIBIT “1”



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**Stephen Gaetz** ✓ He/Him · 3rd

Professor, York University; Director, Canadian Observatory on Homelessness



- York University
- University of Calgary

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Stephen Gaetz's commitment is to a research agenda that foregrounds social justice and attempts to make research relevant to policy and program development. His research interests include homelessness, youth culture and community development. His research on homelessness has focused on their economic strategies, nutritional vulnerability, education and legal and justice issues, as well as solutions to homelessness from both a Canadian and international perspective. Dr. Gaetz is the director of the Canadian Observatory on Homelessness and the Homeless Hub, projects dedicated to mobilizing homelessness research so that it has a greater impact on policy, planning and service provision, thereby contributing to solutions to end homelessness in Canada. In 2014 Dr. Gaetz became President of Raising the Roof.

Activity

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Toronto, Ontario, Canada**Full Professor**

Jul 2014 - Present · 11 yrs 6 mos

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**Co-Director****Making the Shift**

Jun 2018 - Present · 7 yrs 7 mos

Toronto

Making the Shift contributes to the transformation of how we respond to youth homelessness through research and knowledge mobilization speci...

Director**Canadian Observatory on Homelessness**

Jul 2014 - Present · 11 yrs 6 mos

Toronto, Ontario, Canada

Director**Canadian Homelessness Research Network**

2008 - 2014 · 6 yrs

York University, Toronto

The Canadian Homelessness Research Network is dedicated to mobilizing research knowledge so that it has a greater impact on solutions to...

Education**University of Calgary**

Bachelor of Arts (B.A.), Anthropology

Sep 1979 - Apr 1983

**York University**

Masters, Social Anthropology

Sep 1983 - Jun 1985

[Show all 3 educations →](#)**Skills****Community Outreach**

Endorsed by Angela Day who is highly skilled at this



Endorsed by 5 colleagues at York University



21 endorsements

Qualitative Research

Endorsed by Alex Abramovich and 4 others who are highly skilled at this



Endorsed by 6 colleagues at York University



19 endorsements

[Show all 21 skills →](#)**Recommendations****Received**

Given

Nothing to see for now

Recommendations that Stephen receives will appear here.

Interests**Companies**

Groups

Schools

TAB 11

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Dr. Laura Pin** on her affidavit dated August 13, 2025, taken via Zoom videoconference on consent of the parties on December 3, 2025.

APPEARANCES:

KARTIGA THAVARAJ, Ms. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.

KAREN STEWARD, Ms. Amicus Curiae

(i)

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L. Pin (Cr.-Ex.) - 3

1 DECEMBER 3, 2025

2
3 DR. LAURA PIN, AFFIRMED

4 CROSS-EXAMINATION BY MS. THAVARAJ:

5 1. Q. Good morning, Dr. Pin. My name is
6 Kartiga Thavaraj; I'm a lawyer for the Region.

7 A. Good morning.

8 2. Q. You understand that you're here today
9 for cross-examination on the two affidavits that
10 you've tendered in this application?

11 A. I do.

12 3. Q. I'll just start with a few ground rules
13 just in case you haven't been cross-examined before.
14 If there is anything that I ask that you don't
15 understand, please feel freed to ask me to repeat or
16 to ask for clarification.

17 If you can't hear me at any point, we often
18 have tech issues in the Zoom world, just let me know
19 or raise your hand or your counsel or counsel for the
20 clinic will do that as well.

21 And you have to answer "yes" or "no" or that
22 and then provide your answer for the purposes of the
23 record. So if you nod your head or say "Mm-hmm" or
24 something like that, it doesn't get reflected in our
25 transcript appropriately.

L. Pin (Cr.-Ex.) - 4

1 Do you understand all of that?

2 A. Yeah.

3 4. Q. And it's hard for both of us, for me at
4 least and sometimes for witnesses but we should also
5 avoid talking over each other. It makes Barbara's job
6 a little bit more difficult.

7 A. Sure.

8 5. Q. Thank you. So this is a cross-
9 examination on two affidavits you've tendered in this
10 matter. One is dated July 9th and for everyone's
11 reference, that's in the respondent's record at Volume
12 3. Is that right, Dr. Pin? Do you recall this
13 affidavit?

14 MS. SCHIUTEMA: I think there's only one,
15 Kartiga. Sorry to interrupt.

16 MS. THAVARAJ: Okay this is ---

17 THE WITNESS: No, I was looking at you
18 Ashley. I believe there is only one
19 affidavit.

20 MS. THAVARAJ: There's only one.

21 THE WITNESS: Okay.

22 MS. THAVARAJ: This was going to be my first
23 question, so thank you, Ashley. We have one
24 affidavit dated July 9th and then one
25 affidavit that appears identical in content,

L. Pin (Cr.-Ex.) - 5

1 dated August 13th from your supplementary
2 responding record in Volume 1.

3 Is the only affidavit that's being
4 tendered in this matter the second one, the
5 one dated August 13th?

6 MS. SCHIUTEMA: Yes. And they are -- they
7 are identical.

8 MS. THAVARAJ: Okay, thank you. Thanks.

9
10 BY MS. THAVARAJ:

11 6. Q. And, Dr. Pin, do you have the affidavit
12 dated August 13th in front of you?

13 A. Yes, I do on my screen, not up right
14 now but in Adobe.

15 7. Q. Okay, and is there anything else in
16 front of you or with you?

17 A. I have a blank notebook. I just find
18 it helpful sometimes during the questions to make
19 notes of pieces of the question.

20 8. Q. Okay. So you should know that you are
21 allowed to take notes during an examination but if you
22 do take notes, then I am entitled to see them. So
23 sometimes witnesses prefer not to take notes. So do
24 you understand that?

25 A. Yes.

L. Pin (Cr.-Ex.) - 6

1 9. Q. Okay, thank you. And is there anyone
2 in the room with you today?

3 A. No.

4 10. Q. And can I ask who you spoke with today
5 before giving your evidence?

6 A. What do you mean by that?

7 11. Q. Did you speak with anyone in
8 preparation for giving your evidence today?

9 A. Yes, I spoke with the lawyers at
10 Waterloo Region Community Legal. They called.

11 12. Q. Okay, anybody else?

12 A. No.

13 13. Q. So I understand that you're being
14 tendered as an expert in this matter, is that your
15 understanding?

16 A. Yes.

17 14. Q. Okay. And you signed -- and maybe we
18 can take you to that -- a Form 53 that went along with
19 your affidavit dated August 13th. And if you just give
20 it a moment, it will come up here on the screen.

21 A. Yes.

22 15. Q. Do you recall this document, yes?

23 A. Yes.

24 16. Q. And this is your signature?

25 A. Yes.

L. Pin (Cr.-Ex.) - 7

1 17. Q. Okay. You understand and acknowledged
2 in this document that it is your duty to provide
3 evidence that is fair, objective and non-partisan?

4 A. Yes.

5 18. Q. And to provide evidence related only to
6 matters within your expertise?

7 A. Yes.

8 19. Q. And that this duty prevails over any
9 obligation you may owe to WRCLS as the party who
10 engaged you?

11 A. Yes.

12 20. Q. Thank you. Dr. Pin, in what area of
13 expertise did WRCLS ask you to -- I am going to say
14 "the clinic" phrase -- in what area of expertise did
15 the clinic ask you to opine?

16 A. So they asked me to speak as someone
17 who is an expert in municipal responses to
18 encampments. As well as someone who does research on
19 participatory policy-making and governance.

20 21. Q. Okay. That's not reflected in your
21 affidavit, correct?

22 A. Can you explain what you mean by that?

23 22. Q. Yes. Did you -- I mean we can maybe
24 take down the Form 53 but we can put up any part of
25 your affidavit that you need to see at any point.

L. Pin (Cr.-Ex.) - 8

1 Just let us know.

2 There isn't a statement in your affidavit of
3 your expertise or why you were retained by the clinic,
4 is there?

5 A. I can't speak to that. I mean, I can
6 say that I undertook the preparation of the affidavit
7 under the guidance of Community Legal Services in
8 terms of the questions they asked me to respond to.
9 And so if they would have wanted a statement of
10 expertise in the affidavit, I would have been happy to
11 include that.

12 I do know that my curriculum, my CV, was
13 included as part of my submission and I think the CV
14 reflects my academic expertise.

15 23. Q. Okay, so you say you undertook this
16 assignment under those instructions. Where did those
17 instructions come from? Did you receive a letter, an
18 instructions letter, from Community Legal Services, as
19 you put it?

20 A. Yeah, so it's going to be difficult for
21 me to remember precisely because all of this was about
22 six months ago. But my understanding, or my
23 recollection, was that I was asked if I would be open
24 to serving as a witness in the case. And then we had
25 a verbal conversation, myself and the lawyers at

L. Pin (Cr.-Ex.) - 9

1 Waterloo Region Community Legal. And from that
2 conversation, came the structure of the affidavit. We
3 had some conversations, prior to it being submitted,
4 around pieces where maybe they wanted more
5 elaboration, for example, for me to expand on some
6 things.

7 That's my recollection of the process.

8 24. Q. Okay. Do you recall receiving an
9 instructions letter?

10 A. I don't. It doesn't mean I didn't
11 receive one; I just don't recall it at this moment.

12 25. Q. Okay. And what you do recall is that
13 you've -- you took your instructions, at least for the
14 purposes of the opinions expressed in the affidavit,
15 from the verbal conversations that you had with
16 Community Legal Services?

17 A. Yes. Insofar as the areas that they
18 wanted me to touch on. Not insofar as any of the
19 opinions or content.

20 26. Q. Okay. Counsel, if there was an
21 instructions letter, could you undertake to provide it
22 to us?

23 MS. SCHIUTEMA: We will undertake to look
24 into it.

25 MS. THAVARAJ: Thank you.

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UNDERTAKING

BY MS. THAVARAJ:

27. Q. Dr. Pin, I am going to take you to Exhibit A to your affidavit. As you just mentioned this is your CV.

A. Sure.

28. Q. And if we go to -- the page numbers are a little -- possibly a little confusing so bear with us here. But if we go to Page 3 of your CV, there is a section titled "Expert Consulting." You served as an expert previously, I understand, from this section of the document?

A. Yes, that's correct. Although I'll note that not all of the things listed here -- assuming that you mean "expert" in terms of work cases and not all of these are court cases.

29. Q. Okay. That's correct. And the first one where the client is Norton Brose (ph), that appears to be a court case. Is that correct?

A. That is correct.

30. Q. Okay. Can you tell us which side you were intervening on or you're providing your expert opinion on in that case?

A. So I was providing my expert opinion to

L. Pin (Cr.-Ex.) - 11

1 Norton Brose which was representing people who were
2 staying in encampments.

3 31. Q. Okay. And I assume the next two are
4 not expert retainers in the sense that we're speaking
5 about today, not experts for a court case?

6 A. No, I was retained for expert policy
7 advice.

8 32. Q. Right. But you were retained as an
9 expert by WRCLS in 2022 in the *Persons Unknown* case in
10 2023?

11 A. That's correct.

12 33. Q. Okay. Were you accepted as an expert
13 by the court in that case?

14 A. Yes, I was, to my recollection.

15 34. Q. And in what area?

16 A. What do you mean by "what area?"

17 35. Q. What area were you qualified to give
18 expert evidence in? You will know from being an
19 expert previously that you have to be qualified in a
20 particular area to give expert evidence.

21 A. Sure, in the same areas that I'm giving
22 expert evidence today.

23 36. Q. Which are?

24 A. What are municipal responses to
25 encampments, housing and homelessness policy,

L. Pin (Cr.-Ex.) - 12

1 participatory democracy.

2 37. Q. Sorry, I want to make sure that I have
3 that all down. Municipal responses to encampments ...

4 A. Housing and homelessness policy.

5 38. Q. Is that it?

6 A. And probably instead of participatory
7 democracy, I would just say policy-making processes.
8 It gets a bit messy as you'll know probably from
9 cross-examining academics, that we have a lot of
10 different research areas that often bleed into each
11 other.

12 And so when you say like "what area
13 specifically," it's sometimes difficult to carve out
14 exactly, you know, in terms of the research program
15 exactly, you know, what constitutes housing and
16 homelessness policy as opposed to participatory
17 policy-making. In the Region in particular, those
18 areas are really intertwined.

19 39. Q. I understand. And I'm glad you said
20 that, Dr. Pin because perhaps my questions were
21 unclear. I'd like to know what area you are being
22 tendered in respect of as an expert in this case. So
23 not all of your areas of expertise but what area of
24 expertise you're being put forward to speak to in this
25 case.

L. Pin (Cr.-Ex.) - 13

1 A. So I think, as I answered previously,
2 the areas are housing and homelessness policy,
3 specifically municipal responses to encampments. As
4 well as public policy-making processes.

5 40. Q. Okay, and this affidavit dated August
6 13th, 2025, this is your expert report?

7 A. That's correct.

8 41. Q. There's no further report or affidavit
9 forthcoming?

10 A. No.

11 42. Q. Thank you. And your report doesn't
12 state what questions you were asked to answer either
13 verbally or in an instructions letter, does it?

14 A. You mean the affidavit that I
15 submitted?

16 43. Q. Correct.

17 MS. SCHIUTEMA: I think you already asked
18 her that, Kartiga.

19 MS. THAVARAJ: Was that question already
20 asked? I think I asked what ---

21 MS. SCHIUTEMA: No statement in your
22 affidavit of your expertise or why retained.

23 MS. THAVARAJ: And this is about the
24 questions that she was asked. Okay.

25 THE WITNESS: Sorry, I'd have to go back and

L. Pin (Cr.-Ex.) - 14

1 look at it. But I don't think there is a
2 question/answer format to the affidavit.

3
4 BY MS. THAVARAJ:

5 44. Q. Okay, we can pull up the top part of
6 your affidavit right now to just have you confirm.
7 Luckily for all of us, it's not very long.

8 A. Yes. So there is no explicit statement
9 of the questions here.

10 45. Q. Okay. And your report doesn't state
11 what assumptions you rely on in forming any opinions
12 that might exist in your report or in your affidavit?

13 A. Can you explain what you mean by
14 assumptions?

15 46. Q. Sure. To derive an opinion, usually
16 one relies on a couple of assumptions. And so ---

17 A. I need a minute to look through the
18 affidavit.

19 47. Q. Absolutely, please do. And you can
20 tell us to scroll or if you have a copy there in front
21 of you, you're welcome to scroll on your copy as well.

22 A. Oh, I would say that there is -- the
23 first part of the affidavit is just a recounting of
24 events and timeline. And so I don't think the
25 question is relevant to that piece.

L. Pin (Cr.-Ex.) - 15

1 In terms of this latter part of the
2 affidavit, I do think that there are some positions
3 and assumptions that are expressed in it.
4 Particularly, the importance of the plan to end
5 chronic homelessness document as well as co-creators
6 process, as well as the importance of a human rights
7 approach to addressing the issue of municipal
8 encampments.

9 And so in that piece, I would say that there
10 are some assumptions expressed.

11 48. Q. Okay. So any assumptions that you used
12 in deriving any of the opinions you put forward in
13 this affidavit are expressed in the affidavit?

14 A. Well I don't think that I would agree
15 with that because I can't say that it's an exhaustive
16 list of all the assumptions that I hold. But what I
17 would say is I think I strive to be transparent and
18 clear in the reasoning behind the statements that I am
19 presenting.

20 49. Q. Okay. To be transparent and clear in
21 respect of the statements that you are presenting,
22 would you have listed the assumptions that underline
23 those particular opinions?

24 A. I think I would have listed any ones
25 that occurred to me as relevant or important. But

L. Pin (Cr.-Ex.) - 16

1 again I can't say it's an exhaustive list.

2 50. Q. But any relevant or important
3 assumptions are listed?

4 A. I would say so.

5 51. Q. Thank you. Now, Dr. Pin, you're I
6 guess fairly visible I'd say in the -- to use your
7 words -- "homelessness and housing policy" space;
8 would you say that's accurate?

9 A. What do you mean by "visible?"

10 52. Q. You speak a lot on issues of
11 homelessness or housing policy or your expertise as a
12 professor is sought after, for example?

13 A. Sometimes it is and sometimes I do
14 speak publicly.

15 53. Q. Okay. Can you tell us a little bit
16 about how you initially got involved in respect of the
17 encampment at 100 Vic?

18 A. Sure. So I was working -- my first
19 year as a tenured track professor at Wilfrid Laurier
20 University, I was teaching a graduate seminar on
21 housing policy. And it was a community-engaged
22 seminar. And one of the things that we do in that
23 class is work with community partners. And for this
24 particular class, we were working with the Region of
25 Waterloo Housing Services.

L. Pin (Cr.-Ex.) - 17

1 And it was structured around a research shop
2 or research ask model and one of the things that they
3 asked us to do was scan how municipalities were
4 responding to encampments and prepare a report for
5 them.

6 And so I worked with a group of students
7 within the class and then the project expanded beyond
8 the class to produce a short report that was a scan of
9 municipal responses that was published on the Canadian
10 Observatory on Homelessness website. And so that
11 really was my entry point. And that class was the
12 year prior to the *Valente* decision in that court case.

13 And so when that came before the courts and
14 they were looking for someone who had knowledge of
15 what was happening in the encampment space because
16 it's a relatively new area of policy-making in some
17 ways for a municipality; that is how I was approached
18 and how I became involved.

19 54. Q. Thank you. And since that time, have
20 you worked a lot with other similar community partners
21 in this area?

22 A. Do you mean partners similar to the
23 Region?

24 55. Q. Partners similar to the one you were
25 preparing this -- with the report you just discussed

L. Pin (Cr.-Ex.) - 18

1 for.

2 A. So the report that I was -- I
3 discussed, I was preparing for housing -- the Housing
4 Services Division at the Region of Waterloo.

5 So do you mean partners that were similar to
6 the Region, like other municipal governments?

7 56. Q. I do, yes. Yeah.

8 A. I have since done some work with the
9 City of Kitchener. So I -- like I was part of their
10 parks -- it's on my CV, part of their parks strategy
11 consultations. Specifically with respect to the way
12 that people who are experiencing homelessness are
13 unhoused are using their parks.

14 And then that same course has worked with
15 the City of Waterloo's clerk's office but not
16 necessarily on a project that has to do with housing
17 and homelessness. So that one was more around
18 accessibility and voting.

19 57. Q. And this is all through the course in
20 terms of your -- or is that accurate? Sorry, let me
21 just start there. All the work that you just
22 described is just through this particular course at
23 Laurier?

24 A. So those very specific projects are
25 through the course and then I can -- you know, I have

L. Pin (Cr.-Ex.) - 19

1 had partnerships with other government agencies in my
2 research program which I can describe if you'd like.

3 58. Q. That's fine. I was going to ask a
4 little bit about what you do sort of outside of the --
5 outside of your coursework and course-related work.
6 So sort of on your free time.

7 I understand, for example -- and please
8 correct me if I am wrong -- that you're affiliated
9 with the Canadian Rent Bank Coalition, is that right?

10 A. That's correct.

11 59. Q. Can you tell us a little bit about that
12 work?

13 A. Sure. I wouldn't describe it as
14 something that I do during my free time. So it's part
15 of my academic research program.

16 60. Q. Okay.

17 A. That project is a project that's been
18 going on since 2021 actually, looking at - it started
19 as a smaller project. And we recently received quite
20 a large grant to continue the work.

21 So the Canadian Rent Bank Coalition is a
22 coalition of service providers that offer rent bank
23 services which is one-time financial assistance to
24 people who are at risk of losing their housing. So
25 it's an eviction prevention program.

L. Pin (Cr.-Ex.) - 20

1 And we're working with the Coalition to
2 understand both how rent banks work to stabilize
3 housing as well as how the residential tenancy and
4 social policy contexts in different provinces impact
5 the successes of rent banks and how they can tailor
6 their services to the specific policy contexts that
7 involve a network of partners from across Canada from
8 B.C. to New Brunswick, and as well as researchers at
9 multiple universities.

10 61. Q. Okay, thank you. And your reports
11 appear, I believe, on a website called "Homeless Hub."
12 Are you aware of this?

13 A. Yes, so Homeless -- I am aware of it
14 which is probably good because we like to know where
15 our work ends up. So Homeless Hub is a -- the largest
16 repository of research on homelessness in Canada. And
17 it's run by the Canadian Observatory on Homelessness
18 which is a research institute out of York University.

19 And so there are some reports that I've
20 written that do appear on Homeless Hub. It's a good
21 way of getting -- of knowledge mobilization getting
22 research out to the broader policy-making and academic
23 community.

24 62. Q. Thank you. And so all of these
25 pursuits, are they academic and related to your work?

L. Pin (Cr.-Ex.) - 21

1 A. Yes, they are. So, for example, the
2 Canadian Rent Bank Coalition grant is funded through
3 Tri-Council Funding through the Social Sciences and
4 Humanities Research Council. That's competitive,
5 peer-reviewed funding that only academics are eligible
6 to apply for with some small exceptions for people who
7 are working in partnership with academics.

8 So it is very much a part of my academic
9 portfolio of work.

10 63. Q. Okay. And within your academic
11 portfolio, would you say you care deeply about this
12 issue, about the issue of homelessness and housing
13 policy?

14 A. What do you mean by "care?"

15 64. Q. I mean, do you feel strongly about
16 issues related to homelessness and housing policy?

17 A. I am not sure -- to be honest, I am not
18 sure how to answer that. I think that most academics
19 have strong interest and intrinsic motivation around
20 the work that they do in the areas that they study.

21 I certainly feel that homelessness and
22 housing insecurity are really pressing social
23 problems. And so I do feel urgency in relation to my
24 work in terms of with working with partners and
25 communicating findings. So I do care in that sense.

L. Pin (Cr.-Ex.) - 22

1 65. Q. When you say that you feel these are
2 pressing social problems, do you feel urgency around
3 protecting those who are currently vulnerable?
4 Protecting those who are currently unhoused, for
5 example?

6 A. I don't think I see my role as being
7 someone who is able to protect people who are
8 currently unhoused.

9 66. Q. Okay. Do you see your role as urgently
10 addressing the sort of larger social problems that
11 form the context that allows for homelessness?

12 A. I don't even know if I would go that
13 far. I think that's giving a lot of credit to, you
14 know, what can research do. What I would say is I
15 think that I see my work as contributing knowledge and
16 information, and potentially understanding to folks
17 who are able to take actions to address those
18 problems.

19 67. Q. Okay. And your fact-finding, if I
20 could put it that way to summarize what you just said,
21 is that concentrated in particular areas within the
22 homelessness and housing policy space? Or does it
23 touch sort of on all areas, municipal policy, the
24 experiences of the unhoused, of the experiences of
25 municipalities?

L. Pin (Cr.-Ex.) - 23

1 A. Sorry, when you say "fact-finding,"
2 what do you mean by that?

3 68. Q. You were saying that you see your role
4 as being able to make contributions to the knowledge
5 and to allow other people to make policy decisions.
6 Is that correct?

7 A. That is correct.

8 69. Q. Yeah, so to be able to provide those
9 contributions to the knowledge, do you focus on a
10 particular area or did you -- does your work sort of
11 entail all areas in this space?

12 A. Sure. Now I understand the question.
13 Thank you for that clarification. So I would say that
14 as someone who researches and teaches on homelessness
15 and housing policy, for example, sometimes I am asked
16 to provide public commentary, broadly-speaking, on
17 policy.

18 And I would separate that from my research
19 contributions in the sense that I see my research role
20 as providing really specific knowledge in relation to
21 the areas that I have conducted or do active research.

22 So a helpful example is that Rent Bank
23 projects, right? So there I would see the role as
24 providing information and expertise around how Rent
25 Banks operate, effective and less effective practices

L. Pin (Cr.-Ex.) - 24

1 as documented through the research process under
2 really specific ways tied to the specific research and
3 projects.

4 Does that make sense?

5 70. Q. It does, yes. Let me ask, is there a
6 reason you are interested or -- and I am saying
7 "interested" from an academic perspective as well on
8 how Rent Banks operate?

9 A. Yeah, I think part of the interest is
10 that they address -- like they address a gap. So
11 often we have policy focused on people who are
12 experiencing rather severe forms of poverty and
13 homelessness. Or there is quite a bit of housing
14 policy actually focused on things like first-time
15 homebuyers, mortgage holders, things like that.

16 But in terms of middle to low-income
17 renters, there is a bit of a gap in terms of
18 government policy addressing their housing needs. And
19 so what I find interesting about Rent Banks is it's
20 one of the few programs that's explicitly targeted at
21 that gap, but thinking about homelessness and housing
22 precarity as a continuum. Stopping people who are in
23 danger of losing housing from actually (indiscernible)
24 housing, so stabilizing tenancies is actually really
25 important as an upstream intervention.

L. Pin (Cr.-Ex.) - 25

1 And so those pieces, the importance of an
2 upstream intervention and the lack of policy work
3 concerning that particular segment of the population
4 around housing and homelessness is what drives my
5 interest in that particular project.

6 71. Q. Okay. I guess just more generally as
7 well the idea of what causes people to become unhoused
8 and what are the solutions for getting folks who are
9 experiencing homelessness out of that situation.

10 A. Yeah, I mean, I think -- yes.

11 72. Q. Okay, thank you. I am going to take
12 you to your affidavit, if you -- I am going to
13 reference some sections of affidavit and ask you some
14 questions about them. And we can put the paragraphs
15 up on the screen if that helps you.

16 A. Sure, that would be helpful.

17 73. Q. So you provide information in your
18 affidavit about how you came to learn about the bylaw
19 at issue in this case. You are aware of the bylaw
20 that I am speaking about, I assume? But let me just
21 name it for the record. This is Bylaw 2402 -- sorry,
22 25021. Are you aware of that bylaw, Dr. Pin?

23 A. Yes, the site-specific bylaw concerning
24 100 Victoria.

25 74. Q. Yes, and you reference it in your

1 affidavit.

2 A. Yes.

3 75. Q. Okay. Are you okay if I refer to it as
4 "the bylaw?"

5 A. Yes.

6 76. Q. Okay. And so I am going to take you to
7 Paragraph 11 of your affidavit. In this section of
8 the affidavit, this is shortly after and -- sorry, I
9 am going to take you to Paragraph 10 just to set the
10 scene for you.

11 A. Sure.

12 77. Q. And so this is shortly after you said
13 in your affidavit that on Monday April 14th, you were
14 -- you received an email from certain employees of the
15 Region asking to speak and were advised that there
16 would be an announcement on Wednesday April 16th? Is
17 that right?

18 A. Yes, that's correct.

19 78. Q. Okay. And then I'd just like to know
20 sort of from your perspective what happened here. Is
21 it that on April 16th, because later on in the
22 affidavit in Paragraph 12, you say that you received
23 an email message from Peter Sweeney indicating the
24 Region was going to be considering a new bylaw. But
25 before that, you say that at 1:00 p.m. you understood

L. Pin (Cr.-Ex.) - 27

1 that police officers and bobcats had arrived at 100
2 Victoria.

3 So I'd just like you to take us through this
4 -- the timeline a little bit. What was happening that
5 day for you? How did you learn at 1:00 p.m., assuming
6 that's what you learned, that there had -- to use your
7 words:

8 "... Been police officers and bobcats
9 that had arrived at the encampment ..."

10 A. Sure. So one of the things that I
11 think is important to understand, is that at this
12 point people had been staying 100 Victoria for several
13 years, people experiencing homelessness. And the
14 presence of heavy equipment like bobcats is not a
15 regular occurrence there.

16 And so, on April 16th, I received text
17 messages from community members stating that there
18 were police and bobcats at 100 Victora Street. And
19 sometimes community members will reach out and ask if
20 I, you know, maybe there's an explanation, maybe you
21 know something about it. And so that's how I
22 understood those messages.

23 You know, what's going on, do you know
24 something about this? As well as having it
25 communicated that people were concerned on-site. And

L. Pin (Cr.-Ex.) - 28

1 so residents were concerned. And I am certain a lot
2 of folks experiencing homelessness have experienced
3 forceable displacement from spaces, often without any
4 kind of consultation. And so without warning the
5 presence of a bunch of police officers as well as
6 heavy equipment can create a lot of tensions and fear.

7 And so, as I said in my affidavit, I was
8 concerned about this deployment. It was sudden, it
9 was unexpected, in conjunction with the meeting with
10 regional staff who had indicated that something was
11 going to be happening on April 16th, but they hadn't
12 explained what.

13 I could understand the, you know, the fear
14 of community members seemed well-founded.
15 Understanding the co-creator space, as a space for
16 community dialogue between the Region, regional staff
17 as well as community members, I sent an email asking
18 what was happening and asking for transparency.

19 And the reason that I sent it to the entire
20 list and not just to a single regional staff was
21 because in the spirit of the co-creators of having
22 those kinds of open discussions, I didn't really think
23 it was a matter for just me and staff. I thought it
24 was an area of whole of community concern.

25 As I noted, I didn't receive a response from

L. Pin (Cr.-Ex.) - 29

1 anyone at the Region to the email. I did receive
2 responses from two other co-creator table members also
3 expressing concern, and asking for clarity. And to be
4 clear, this was a message, you know, it's attached as
5 Exhibit D, a message asking for more information about
6 the situation.

7 79. Q. Okay. So I asked how you learned that,
8 to use your words, "police officers and bobcats had
9 arrived at the encampment." And you said that you
10 received text messages from community members. Is
11 that correct?

12 A. That is correct.

13 80. Q. Okay. Who were these community
14 members?

15 A. I don't recall at this moment.

16 81. Q. Okay. These are community members who
17 had your -- were these messages to a personal phone, a
18 work phone?

19 A. Theoretically, Laurier provides a work
20 phone on Teams. In practice, the do not provide a
21 useable work phone. So all of my, you know -- and I
22 will say regional staff have my cell number, community
23 members have my cell number.

24 82. Q. Okay.

25 A. Students do not have my cell number at

1 this (indiscernible).

2 83. Q. Always a good protocol on your part.

3 A. Yeah, and so I just don't recall at
4 this moment. But definitely, like it was community
5 members who were on-site saying, hi, like we're here
6 and this happening, do you know why this is happening
7 or what is happening?

8 84. Q. Okay, do you recall whether these were
9 region or other community members?

10 A. What do you mean by region or other?

11 85. Q. You said, "their community members were
12 on-site." And some people from the Region have your
13 phone number and then other ---

14 A. No, sorry, it was not regional staff.

15 86. Q. Okay.

16 A. No, it was not regional staff.

17 87. Q. And was it residents of the encampment?

18 A. No.

19 88. Q. Okay. And what exactly was
20 communicated to you in these text messages?

21 A. From the best of my recollection having
22 not reviewed the text messages since April, just that
23 there was heavy equipment there and police officers.
24 There was not an explanation forthcoming as to why
25 they were there. And so people were concerned, there

L. Pin (Cr.-Ex.) - 31

1 was concern around whether there was going to be a
2 dismantling of tents.

3 And just this, you know, again, folks
4 knowing that I work closely with the Region in a lot
5 of different ways and also that I sit on the co-
6 creator's roundtable, asking if I knew what was
7 happening.

8 89. Q. Okay. And did you continue to receive
9 text messages from these community members throughout
10 that day?

11 A. I believe -- so it's difficult for me
12 to recall at this moment. But I believe I received a
13 message when the equipment -- when the bobcats left
14 and things had calmed down.

15 90. Q. Okay. I am just -- I'm sort of trying
16 to understand given you're not -- because you're not
17 at the encampment at this time, correct?

18 A. No.

19 91. Q. Okay, I am just trying to understand
20 how you're receiving information related to the
21 encampment ---

22 A. So ---

23 92. Q. --- through these texts primarily or
24 exclusively.

25 A. Yes, so -- and I believe there were

L. Pin (Cr.-Ex.) - 32

1 photos circulated as well to the co-creator's
2 roundtable of the equipment that was present that day.
3 But initially, how I heard about it was from text
4 messages from community members who were at the
5 encampment asking if I knew what was happening.

6 93. Q. Okay. And you did not get a text that
7 day though advising that any evictions had in fact
8 happened, forced evictions had in fact happened?

9 A. No.

10 94. Q. And you did not get a text that at any
11 interactions with police officers had happened?

12 A. What do you mean by "interactions?"

13 95. Q. Did you receive any texts that folks at
14 the encampment had interacted with police officers in
15 any way?

16 A. You mean spoken with police officers?

17 96. Q. Yeah, sure.

18 A. I can't recall if there were words
19 spoken. I will say that I am -- like from the -- the
20 communication that police officers were present at the
21 encampment, I assumed that there was some sort of
22 interaction involved with folks at the encampment. I
23 mean, it seems strange that police would be present
24 for several hours and there being no interaction.

25 97. Q. Okay.

L. Pin (Cr.-Ex.) - 33

1 A. I guess it's possible.

2 98. Q. Well, let me say this. If I told you
3 that the Region's position is that there was no police
4 presence at the encampment that day, what would you
5 say?

6 A. I would say that in my experience
7 working with folks at encampments, I would consider it
8 unlikely. But I don't know for a fact because I
9 wasn't there. So at this point, it's just conjecture.
10 I would say that community members did communicate to
11 me that there were police officers on-site.

12 It's possible that folks in uniform who were
13 bylaw or private security -- although I think folks
14 are very familiar with the private security there --
15 there could have been confusion. But it was
16 communicated to me that police officers were present.

17 99. Q. Okay, but there could have been
18 confusion; do you agree?

19 A. It's possible.

20 100. Q. Okay. The Region's position is there
21 was one bylaw officer there. And I was going to ask
22 actually, the third sentence of Paragraph 11, you note
23 that you were concerned about the impact that policy
24 officers and bobcats would have. Whereas in the first
25 sentence says, "police officers and bobcats." So I

L. Pin (Cr.-Ex.) - 34

1 was wondering whether you're concerned about all three
2 or whether the police officers was a typo in your
3 affidavit?

4 A. No, the policy officers would be the
5 typo.

6 101. Q. Was the typo, okay. That's intended to
7 say "police officers."

8 A. That's correct.

9 102. Q. Okay. You're not concerned about the
10 impact that policy officers would have?

11 A. I don't know what a "policy officer"
12 is.

13 103. Q. Like a bylaw officer, I am assuming. I
14 also ---

15 A. If I had intended "bylaw officer" I
16 would have said "bylaw officer."

17 104. Q. Okay. Okay. And were you aware that
18 that day on April 16th, there was work to be done,
19 construction sort of work to be done to level the
20 ground under the portable on-site? Were you aware ---

21 A. No, I was not.

22 105. Q. Okay.

23 A. And I don't think anyone else at the
24 encampment was aware that that work would be
25 occurring.

L. Pin (Cr.-Ex.) - 35

1 106. Q. How would you know what anybody else at
2 the encampment would be aware of?

3 A. Well, because I wouldn't have received
4 messages if folks were aware of the purpose of the
5 bobcats, then I wouldn't have received messages asking
6 what the purpose of the bobcats was.

7 107. Q. And from those particular community
8 members or from everybody there?

9 A. So the community members were directly
10 engaging with the residents. One of the things that,
11 you know, encampments, people don't think of
12 encampments as having governance structures. They
13 think of it as a space of chaos. But there is a
14 structure.

15 It's not a formal governance structure but
16 often there are community members who are regularly
17 present and engaging with multiple encampment
18 residents on-site. And who are known folks that
19 residents will go to and ask about information.

20 And so in terms of having somewhat of an
21 information-sharing and an informal governance
22 structure in place, I would have expected that if it
23 had been communicated to folks on-site the purpose of
24 the bobcats, that would have been shared among people.
25 And there would have been less harm done by the

1 presence of the bobcats.

2 108. Q. Okay. But you weren't there on-site?

3 A. No, as I said before, I wasn't there
4 on-site.

5 109. Q. Okay. And you weren't aware of what
6 was being communicated at the time or not?

7 A. What do you mean by that?

8 110. Q. You wouldn't have been aware of what
9 was being communicated to the folks on-site?

10 A. Well, I think ---

11 111. Q. (Indiscernible).

12 A. I think I would have been aware of what
13 was being communicated to the folks on-site because I
14 was in regular contact with community members who are
15 on-site.

16 112. Q. And so through that, you would say you
17 were aware of everything that was being communicated
18 to the folks on-site that day?

19 A. I didn't say that I would be aware of
20 everything that was communicated to the folks on-site.
21 But I think, again, because the presence of bobcats
22 was very unusual on-site -- and I am sure the Region
23 could tell you how often bobcats are present on the
24 site; it's not frequently -- I feel confident that if
25 an explanation had been communicated to people on-site

L. Pin (Cr.-Ex.) - 37

1 and the explanation was known by many folks on-site,
2 that would have been communicated to me.

3 113. Q. In any event, you agree that no forced
4 removal took place that day?

5 A. Yes.

6 114. Q. And you understand that it's the
7 Region's position that no police officers were
8 present?

9 A. I do understand that.

10 115. Q. And that there is no extra security as
11 well present?

12 A. I understand -- well, you had mentioned
13 that there was a bylaw officer present. That's the
14 Region's position.

15 116. Q. Correct, but not security or extra
16 security?

17 A. Not extra private security beyond the
18 usual security officers that are present on the site.

19 117. Q. That's correct.

20 A. Yeah, nothing about extra private
21 security was communicated to me. So again, it was
22 presence of police officers ---

23 118. Q. Okay.

24 A. --- that was communicated to me.

25 119. Q. Okay. And if we can go to Paragraph 13

L. Pin (Cr.-Ex.) - 38

1 of your affidavit. So later that day, as I understand
2 it, you find out about the bylaw, is that correct?

3 A. That's correct. I believe the bylaw
4 was public information that the bylaw was made
5 available to the general public later that day around
6 4:00. Correct.

7 120. Q. And at the time -- and I think if we
8 scroll up to Paragraph 12, you say that you read the
9 bylaw that day as soon as it was made public. Is that
10 correct?

11 A. That is correct.

12 121. Q. Okay, have you read it since?

13 A. Yes.

14 122. Q. Okay. At Paragraph 13 which is on the
15 screen, you say, and I'll just quote:

16 "... The bylaw seemed to make it
17 functionally impossible or at the least
18 very difficult to maintain a tent
19 shelter structure at the encampment
20 including restrictions on movement for
21 residents, restrictions on-site access
22 for service providers, provisions for
23 kettling residents into the
24 progressively smaller pieces of
25 property, and vague and unclear

L. Pin (Cr.-Ex.) - 39

1 prohibitions on harmful or threatening
2 materials ..."

3 Do you see that?

4 A. Yes.

5 123. Q. Okay. Let's start with one question.
6 Did you mean -- when you wrote this, were you speaking
7 about the bylaw's impacts before December 1st -- or
8 before November 30th or after November 30th of 2025?

9 A. Before November 30th.

10 124. Q. Okay. You say, "restrictions on
11 movement for residents." Let's start with that. You
12 are aware that the bylaw provides the carve-out for
13 existing residents, correct?

14 A. Yes.

15 125. Q. Okay. And so, existing residents,
16 residents that are on-site as of the date the bylaw
17 becomes public, are allowed to move freely on-site.
18 You are aware of that?

19 A. I actually don't think that that's
20 true.

21 126. Q. Okay. Why not?

22 A. Well, it requires knowledge of how
23 people experiencing unsheltered homelessness manage
24 their day-to-day lives. And so, the bylaw presumes
25 that it's possible to make a clear distinction between

L. Pin (Cr.-Ex.) - 40

1 current residents, so people who are on-site and are
2 residents, and are there, you know, as -- it's this
3 idea that there's a permanent residency on-site.

4 And I don't want to say that there aren't
5 folks that are permanently resident because there
6 certainly are. But that doesn't necessarily mean that
7 they are there all the time. And so people who are
8 staying in encampments frequently stay at the
9 encampments but also may cycle through. They may be
10 able to access a shelter bed for a night, they may be
11 able to couch-surf for a night, they may be staying
12 somewhere else.

13 So there is a lot of movement that people
14 undertake to manage their day-to-day lives and to stay
15 -- to access the basic necessities of living.

16 And so the idea that there are a set of
17 existing residents that are there at a given point and
18 can be known, I think underestimates the mobility of
19 folks which isn't intended to undermine the importance
20 of 100 Victoria as a necessary site for people staying
21 at the encampment. But just to understand that
22 because the experience of homelessness is so insecure
23 that people need to avail themselves of many different
24 strategies to manage their lives. Does that make
25 sense?

L. Pin (Cr.-Ex.) - 41

1 127. Q. It does. It's not what I asked,
2 however. So I am just going to repeat the question.
3 I asked whether you're aware that the bylaw makes
4 provisions for residents which is defined in the bylaw
5 as:

6 "... Anyone residing at 100 Victoria
7 Street as of the date that notice of
8 the bylaw is provided ..."

9 That that's the definition of resident
10 in the bylaw?

11 A. Well, I don't think that was quite what
12 you asked, but, yes, I am aware that that's how the
13 bylaw defines "resident."

14 128. Q. Okay. And you are aware that the bylaw
15 makes a distinction between "residents" and -- as
16 defined in the bylaw -- and "non-residents?"

17 A. Yes, I am aware.

18 129. Q. Okay. So when you say here, "including
19 restrictions on movement for residents" --
20 appreciating that you did not capitalize the "R" here
21 -- that actually means non-residents or people who are
22 not defined as residents within this scope of the
23 bylaw?

24 A. Can you please repeat that question?

25 130. Q. Sure. When you say here, "including

L. Pin (Cr.-Ex.) - 42

1 restrictions on movement for residents" you are
2 referring to or at least you acknowledge that the
3 bylaw does allow those defined as capital R residents
4 to -- at least doesn't restrict their movement on-
5 site?

6 A. The bylaw -- so it might be helpful to
7 pull up the bylaw because ---

8 131. Q. Sure.

9 A. --- my understanding of the bylaw is
10 that the bylaw states that residents have until
11 November 30th, 2025 to vacate the premise.

12 But my understanding also is that it cites
13 if tents are deemed -- if residents are deemed to have
14 left, they could be -- the bylaw provides mechanism
15 for them to be restricted from returning.

16 132. Q. Okay, let's pull up the bylaw for you
17 so you have it and you don't have to guess. And I'll
18 just remind you while we're doing that, that I asked
19 previously about what time period you are referring to
20 and you said "prior to November 30th." So that's the
21 time period that I'm speaking about as well.

22 A. Yes, that was the time period that I
23 was speaking about.

24 133. Q. Okay. And so you'll see here at Part
25 I, Section 1 paragraph, subparagraph 7, the definition

L. Pin (Cr.-Ex.) - 43

1 of a resident.

2 A. Yeah, so this is where the problem is
3 really. I mean, and from a policy perspective, it's
4 really frustrating:

5 "... Anyone residing at a 100 Victoria as
6 of the date of the notice that this
7 bylaw is provided ..."

8 So again, if somebody has attended 100
9 Victoria and they're not there on that day, does that
10 mean that they're included as a resident? If 100
11 Victoria is a site that people regularly return to, to
12 access resources and for shelter, does that mean that
13 they are included as a resident if they weren't there
14 on that day?

15 So that definition is really complicated in
16 my view as someone who studies homelessness to
17 actually put into practice. It's not like an
18 apartment building where people have leases and you
19 have documentation that makes it clear that folks are
20 residents. There's a lot of people that use the site
21 that may not have been included as resident in that
22 moment.

23 And then my other quibble is that in terms
24 of understanding when a resident has transitioned,
25 it's not really clear through the bylaw. Because the

L. Pin (Cr.-Ex.) - 44

1 objective of the bylaw is to remove people from the
2 site, it's not clear what kind of periods of absence
3 could be used to deem that that person is no longer a
4 resident, and who makes that decision, and so on.

5 So those are my -- when it says -- when I
6 say it "restricts movement" because this bylaw sets
7 out a mechanism for the Region to control access to
8 100 Victoria, as well as sets out a regional
9 definition of who is included as a resident.

10 That is why I say it's restricting movement
11 because it is restricting -- first of all, it's
12 excluding people from the category of resident who may
13 in fact indeed be residents. And by controlling
14 access, it's restricting those people's movement.

15 But second because it is permitting the
16 Region to designate people as resident or non-resident
17 and determine when residents have transitioned and are
18 no longer permitted, that also would restrict the
19 movement of people prior to November 30th.

20 134. Q. Okay. Thank you, Dr. Pin. I
21 understand your concerns with the definition. What I
22 am asking, though, is that do you agree that this
23 definition provides that anyone residing at 100
24 Victoria Street as of the date -- as of the public
25 notice date -- is deemed a resident under the bylaw?

L. Pin (Cr.-Ex.) - 45

1 A. What do you mean by "residing?" So I
2 don't agree because I don't think that all of the
3 residents are included as residents if it's simply
4 were they present at that specific date? That is my
5 concern here.

6 135. Q. Right, I see. I understand -- I
7 understand what you mean but I think I'm asking you
8 really just to agree with me what the text of the
9 bylaw says.

10 A. Sure the text of the bylaw -- and I can
11 read it out loud says, "Residents ---

12 MS. SCHIUTEMA: Sorry, I am going to object.
13 I think you're asking -- I think these
14 questions you're asking -- you are asking
15 her to draw a legal conclusion, Kartiga.
16 And that's ultimately the question that's
17 before the court. So I am just going to
18 register my objection on the record for
19 that. And suggest that we move on.

20 MS. THAVARAJ: Sure, that's fine, Ashley.
21 Let me rephrase the question then.

22
23 BY MS. THAVARAJ:

24 136. Q. Do you agree, Dr. Pin, that if someone
25 is defined and accepted by the Region as being a

L. Pin (Cr.-Ex.) - 46

1 resident in accordance with this definition, that
2 there are not restrictions on movement for them prior
3 to November 30th?

4 A. I am looking at the bylaw right now.
5 Again I don't really because this also goes into
6 Sections 2 and 3 around prohibited activities and
7 trespass, where the other parts of the bylaw could be
8 used to restrict someone's access to 100 Victoria and
9 movement.

10 137. Q. Okay, let's go to Sections 2 and 3. Do
11 you see that the prohibition section in Part II
12 commences on December 1st?

13 A. I do.

14 138. Q. Okay, so I am asking about prior to the
15 November 30th period.

16 A. Sure, so I still think my concerns with
17 Section 3 also still exist which does, I think -- and
18 again, that -- are you able to make that text any
19 bigger?

20 139. Q. Yes, it is very small.

21 A. Yeah, yeah, okay. So Section 3 is
22 prior to November 30th, is that correct?

23 140. Q. What are your concerns with Section 3,
24 let's put it that way?

25 A. So Section 3 -- so issue of verbal --

L. Pin (Cr.-Ex.) - 47

1 so there's a -- there is an appendix with a list of
2 prohibitive activities.

3 141. Q. Correct.

4 A. And the list of prohibited activities,
5 as is not uncommon with policy, includes a lot of
6 really general directives. And so, with Section 3,
7 Trespass, my understanding -- and you can tell me if I
8 am incorrect here -- is that someone engaging in a
9 prohibited activity, which is this new series of
10 activities which is quite broadly construed, who is a
11 resident could be prohibited from accessing 100
12 Victoria because they are not complying with
13 appropriate "behaviour" as defined by the prohibited
14 activities.

15 And so I would see that as a new way of
16 restricting access to 100 Victoria.

17 142. Q. Okay. And if we can go to the list of
18 prohibited activities, Schedule B, you are not
19 suggesting or are you -- I understand what you've just
20 said about these provisions work in conjunction with
21 the trespass provisions.

22 A. Correct.

23 143. Q. But you're not suggesting that any of
24 the prohibited activities themselves restrict movement
25 for capital R residents, are you?

1 A. No, I am suggesting that the
2 consequence of being found to engage in a prohibited
3 activity which are quite broad, could restrict
4 movement. And so therefore, the bylaw as a whole
5 creates further restrictions on movements, including
6 for people who are accepted as existing residents.

7 144. Q. Okay. And is that the only way that it
8 creates restrictions on movement for existing
9 residents?

10 A. As far as I can tell.

11 145. Q. Okay, thank you. The next section of
12 your affidavit -- sorry, the next part of that same
13 sentence of Paragraph 13 of your affidavit, you say
14 there are restrictions on-site access for service
15 providers?

16 A. Correct.

17 146. Q. What part of the bylaw are you
18 referencing when you make that allegation?

19 A. Can we please scroll up through the
20 bylaw? I ask you to pause for a second. Can you
21 please scroll up a bit further? Scroll up a bit
22 further, please. And then scroll back; this is the
23 top of the bylaw, is that correct?

24 147. Q. There are preambular paragraphs that
25 happened prior to the Part I definitions.

L. Pin (Cr.-Ex.) - 49

1 (Indiscernible).

2 A. Could you please keep scrolling down
3 and pause?

4 148. Q. It used to be a little bit nicer and
5 easier when we could just hand you a piece of paper
6 with the bylaw on it.

7 A. Yeah, and I have it on my computer but
8 since we're all on the screen -- can I ask you to
9 pause here for a sec? And can you scroll down a bit?
10 Can you pause here for a second, please?

11 I am going to need to look at it on my own
12 screen. So I apologize but I'm just going to take a
13 moment to pull it up from ---

14 149. Q. That's no problem, take your time.

15 A. Yeah. So and I just have it on a --
16 like an Appendix A site-specific bylaw.

17 150. Q. Appendix A from which document just so
18 we can make sure you're looking at the right version?

19 A. Bylaw No. 25 of the Regional
20 Municipality -- I have it as a stand-alone.

21 MS. MULLEN: Would this be an opportunity
22 for us to take a short break? We've been at
23 it now for an hour. Maybe that would allow
24 Dr. Pin some time to find the section you're
25 referring to?

L. Pin (Cr.-Ex.) - 50

1 MS. THAVARAJ: No problem, Joanna, how much
2 time would you like?

3 MS. MULLEN: Do we want to do a 10-minute
4 break?

5 MS. THAVARAJ: Sure, that's fine with me.

6 MS. MULLEN: And if we can off the record
7 for a -- or if we can go off the record
8 then?

9
10 --- A BRIEF RECESS

11
12 MS. THAVARAJ: Great, thank you. Dr. Pin,
13 can you hear me okay?

14 THE WITNESS: Yes, I can.

15 MS. THAVARAJ: On the break did you speak to
16 anybody?

17 THE WITNESS: No.

18 MS. THAVARAJ: Okay.

19
20 CONTINUED CROSS-EXAMINATION BY MS. THAVARAJ:

21 151. Q. And before the break, we were talking
22 about the bylaw and you were going to go and pull up
23 your version of the bylaw. Can you -- or your copy at
24 least. Can you confirm the version that you're
25 looking at for us?

L. Pin (Cr.-Ex.) - 51

1 A. So I am looking at a version that's
2 from Waterloo Region Community Legal Services
3 submissions to the court. But I am happy to comment
4 on the version that's on screen if that's helpful.
5 Now that I've identified the areas that I want to
6 speak about.

7 152. Q. That's fine. What I will ask though,
8 counsel, is that Dr. Pin just provide you with a copy
9 of the document that she's referring to and that we
10 can make that Exhibit A to this examination.

11 MS. SCHIUTEMA: Sure.

12 MS. THAVARAJ: Into the examination.

13 MS. SCHIUTEMA: That's fine, thanks.

14 MS. THAVARAJ: Thank you.

15
16 EXHIBIT NO. A: Dr. Pin's copy of bylaw

17
18 BY MS. THAVARAJ:

19 153. Q. Okay, Dr. Pin, so I had asked you about
20 restrictions on-site access for service providers.

21 A. Yes.

22 154. Q. And what section of the bylaw you were
23 referring to when you wrote that in your affidavit.

24 A. Yes, that's correct. So again, I was
25 referring to the ability of designated personnel to

L. Pin (Cr.-Ex.) - 52

1 exercise enforcement options in relation to that
2 schedule of prohibited activities.

3 And specifically in the list of prohibited
4 activities at Sections A and D because they're very
5 broadly construed could limit the ability of service
6 providers to provide certain types of assistance to
7 people on-site that they typically do provide. For
8 example, Section A suggests:

9 "... Carrying any goods without
10 authorization which are offensive ..."

11 Which is a very broad term. It could
12 be broadly construed. "Flammable," also a broad term
13 could be broadly construed:

14 "... Likely to alarm, inconvenience or
15 cause discomfort ..." --

16 -- are also very broad terms. And so,
17 for example, someone providing a lighter or a
18 cigarette for someone, depending on how this is
19 interpreted, my concern there was that that could be
20 limiting.

21 My concern with Section D, the prohibition
22 on erecting a shelter or other structure but -- and I
23 do appreciate that that doesn't apply to shelters that
24 were in place on the public notice date.

25 But again, this language I don't think

L. Pin (Cr.-Ex.) - 53

1 reflects the reality of the experience of people who
2 are experiencing unsheltered homelessness, in the
3 sense that people may adjust their shelters.

4 So, for example, if someone -- if a service
5 provider is providing sleeping bags or a tarp or a
6 tent, my understanding of the bylaw is that that could
7 be a prohibited activity even if it's going to an
8 existing resident because it would be seen as erecting
9 a structure or other sort of shelter. Yet people do
10 need to fortify, repair and redress their structures.

11 And so my comments on the potential of the
12 bylaw to limit service provision or with respect to
13 how those two clauses within the schedule of
14 prohibited activities could be interpreted.

15 155. Q. Okay, thank you, and only those two
16 clauses, A and D, of the Prohibited Activities
17 Appendix ---

18 A. Yes.

19 156. Q. --- (indiscernible). Okay, thank you.
20 And lastly you say:

21 "... Provisions for kettling a residence
22 into progressively smaller pieces of
23 property ..."

24 What provisions of the bylaw do you say
25 do that?

L. Pin (Cr.-Ex.) - 54

1 A. Yeah. And so there's a provision --
2 and I think it's in the Trespass section, so you'll
3 have to scroll up. That provides for the fencing off
4 of areas of 100 Victoria that are deemed vacant by
5 designated personnel. And so that's what I am
6 referring to.

7 And again, I think it's not consistent with
8 an understanding that due to weather conditions,
9 changes in the nature of the site, people may want to
10 move their shelters. And would be limited in their
11 ability to do so by the progressive fencing off of
12 different areas of the site which will make it more
13 difficult for people to adjust in the moment to
14 evolving circumstances. And then therefore, make it
15 more difficult for them to shelter, even prior to
16 November 30th.

17 157. Q. And do you agree, Dr. Pin, that the
18 bylaw -- if someone is defined or accepted as a
19 resident, capital R under the bylaw, that it allows
20 for eight months of notice prior to a resident being
21 required to leave the encampment? Do you agree with
22 that?

23 A. Yes.

24 158. Q. Okay. And you would agree, I take it,
25 that advance notice in requiring someone to relocate

L. Pin (Cr.-Ex.) - 55

1 is important given your concerns, of course?

2 Certainly with forced evictions but generally in
3 respect of encampments.

4 A. Yes.

5 159. Q. Okay. And you would agree that it's
6 best if individuals can be offered safe, appropriate
7 and voluntary housing options as an alternative?

8 A. I would agree that it's best if people
9 can be offered safe and appropriate and permanent
10 housing options as an alternative. And that's ---

11 160. Q. Okay.

12 A. --- pretty consistent with "Housing
13 First" which I know is one of the frameworks that the
14 Region talks about in their housing policy work.

15 161. Q. Right. But to be relocated, it is best
16 if they can be offered voluntary housing options that
17 are safe and appropriate?

18 A. Yes, but I would add "permanent" to
19 that.

20 162. Q. Okay.

21 A. If you're talking about "best" like
22 what is the best practice in terms of moving people
23 from homelessness to housing.

24 163. Q. Okay. Let's move away from "best," how
25 about as an alternative or at least if what is

L. Pin (Cr.-Ex.) - 56

1 required is for folks to be moved from an encampment,
2 it's preferable that they be able to be offered
3 voluntary housing options that are safe.

4 MS. SCHIUTEMA: So I'm just I am going to
5 object again and say that I do think you're
6 asking her to answer like a legal question
7 about what is before the court, right?

8 Like what are the -- what is
9 appropriate and what is -- like this is a
10 legal conclusion we're asking the court and
11 the judge to draw, right? So I don't know
12 if it's appropriate for Laura to answer that
13 question.

14 MS. THAVARAJ: Okay. I am not intending at
15 all to ask a legal question so let me
16 rephrase.

17
18 BY MS. THAVARAJ:

19 164. Q. Dr. Pin, let's assume that just as a
20 hypothetical one needs to move folks residing in an
21 encampment out of the encampment. Would you agree
22 that it would be better to do that through a mechanism
23 that allows us to -- or that allows for them to be
24 provided with safe, appropriate or voluntary housing
25 options?

L. Pin (Cr.-Ex.) - 57

1 A. Better in comparison to what? Better
2 in comparison to removing people without those
3 options?

4 165. Q. Yes.

5 A. Yes.

6 166. Q. And you would agree that doing that
7 takes some time?

8 A. Yes.

9 167. Q. And you would agree that identifying or
10 assessing alternatives takes some time, both for a
11 provider and for a recipient of those services?

12 A. Yes.

13 168. Q. And you are aware that the Region's
14 policy is that it's providing -- are working to
15 provide individualized housing plans to all of the
16 residents.

17 A. Yes, I am aware of that policy.

18 169. Q. Okay. And you agree that it would --
19 it takes some time at least to ensure diverse needs
20 are met?

21 A. Yes.

22 170. Q. Okay. Takes some time to ensure that
23 if belongings need to be stored, they can be stored,
24 for example?

25 A. Yes.

L. Pin (Cr.-Ex.) - 58

1 171. Q. Okay, and you agree that rapid closures
2 would result in people being pushed into -- possibly
3 at least, being pushed into more dangerous or not at
4 safe locations?

5 A. So what I would say is that I think
6 there are -- there's a continuum of responses to
7 encampments, right? And so, rapid closures with
8 little notice where people are forced to remove are
9 very harmful.

10 Forcible removals with notice can still
11 cause harm and then, of course, when you have truly
12 voluntary situations where people are able to access
13 alternative housing options, and that's their choice,
14 that is ideally what works best to connect folks with
15 permanent housing options.

16 172. Q. Okay, great. Thank you. And in order
17 to connect folks with alternative housing options,
18 that requires some time. I think you agreed with
19 that.

20 A. Yes.

21 173. Q. And you would agree that if you had to
22 connect more folks with housing options, it would be
23 harder to do that work in a shorter period of time,
24 correct?

25 A. Assuming that there's not a

L. Pin (Re-Ex.) - 59

1 commensurate increase in resources, correct.

2 174. Q. Okay. Thank you, Dr. Pin. I think
3 subject to -- sorry, no, those are all my questions.
4 Thank you.

5 MS. SCHIUTEMA: I am just going to ask for
6 another minute to like review my notes and
7 see if there is any redirect. I'll just
8 take a few minutes. Okay, thanks.

9
10 --- A BRIEF RECESS

11
12 MS. SCHIUTEMA: Thanks for those minutes.

13 MS. THAVARAJ: No problem.

14 MS. SCHIUTEMA: Are we back on?

15 MADAM REPORTER: Back on.

16 MS. THAVARAJ: Okay, awesome, thanks.

17 MS. SCHIUTEMA: So, Dr. Pin, I have the
18 opportunity now to ask you some redirect
19 questions based on your testimony that you
20 just gave.

21
22 RE-EXAMINATION BY MS. SCHIUTEMA:

23 175. Q. So can you elaborate on the knowledge
24 that you have about the housing options that are being
25 offered or provided to residents at 100 Vic?

L. Pin (Re-Ex.) - 60

1 A. Sure. So when I spoke with -- when I
2 spoke with people at the encampment as part of my
3 realizing the right to survey project -- which is a
4 multi-year project that has been in, you know,
5 precedes this court case -- most of the folks that we
6 spoke with had not been offered alternative housing at
7 that time. And that would have been in May of this
8 past year.

9 Since then, to my knowledge, there have been
10 attempts to create housing plans with individuals.
11 Some individuals have been offered motel spaces.
12 However, I am not aware of individuals that have been
13 offered permanent housing options which means housing
14 that they can stay in indefinitely.

15 From my perspective, a lot of my work
16 focuses on using a human rights lens to explore
17 encampment responses. The *National Housing Strategy*
18 *Act*, which is a federal piece of legislation, uses the
19 definition of adequate housing. And one of the
20 criteria of adequate housing is permanency and so from
21 my knowledge folks haven't been offered permanent
22 housing options and therefore they're not being
23 offered adequate housing.

24 In my experience working with people in
25 encampments one of the issues with temporary

L. Pin (Re-Ex.) - 61

1 accommodations like a motel or like an emergency
2 shelter space, is the uncertainty associated with
3 those options. Uncertainty in terms of how long
4 they'll be able to stay there.

5 For people who are dealing with disabilities
6 and more complex health and mental health conditions,
7 that also can be difficult to adhere to behavioural
8 requirements that might be needed in those
9 environments.

10 And so it can also lead to instability there
11 as well which can result in people being forced out of
12 those spaces. And then kind of back to square one
13 except without the stability that they may have had at
14 a previous camping site where maybe they had community
15 members they could count on, as well as survival gear
16 and equipment.

17 176. Q. Thank you. And you also mentioned the
18 Region's Housing First approach. Could you elaborate
19 on what you understand the Region's Housing First
20 approach to be?

21 A. Housing First is an approach that was
22 championed in a study from 2008 to 2013, called -- my
23 French is really bad but Chez Nous or something like
24 that. Anyways, Chez Soi/Home Now. But basically,
25 it's the idea that people should not have housing

L. Pin (Re-Ex.) - 62

1 readiness requirements to be connected with permanent
2 housing.

3 And so, the idea that in terms of
4 homelessness, the best option is permanent housing
5 with wrap-around support to help people stay in that
6 housing and be successful in their housing tenancies.

7 In terms of my understanding of the Region's
8 approach to Housing First, I know that they have
9 something called the "PATHS" system which is a
10 priority system for access to a permit housing options
11 including supportive housing.

12 I also know -- and this is regional data
13 that was presented at a co-creator's meeting last
14 month that there are people who have been on the PATHS
15 system for more than five years.

16 So being recognized as needing housing first
17 and prioritized for housing, does not necessarily mean
18 that people are connected with housing. And my
19 understanding is that there are more people who are in
20 need of housing first than there are actually housing
21 first units available for those individuals which
22 contributes to an ongoing problem where over the last
23 four or five years the PATHS list has grown
24 substantially.

25 And again, you have people experiencing

L. Pin (Re-Ex.) - 63

1 chronic homelessness, so have been homeless for more
2 than six months who are recognized as needing that
3 direct prioritization for housing through Housing
4 First. And put on this list but not actually
5 connected with housing.

6 And this is consistent with what we hear
7 from people who are staying in encampments who say,
8 you know, when we ask "are you on the social housing
9 waitlist?" They say well I think I'm on the PATHS
10 list but I have been on it for years and I haven't
11 been able to access housing through it.

12 177. Q. All right, thank you. I don't think I
13 have any further redirect questions but I am just
14 going to give my colleagues a second to consult in
15 case they have something else they wanted to ask. So
16 just give me one second.

17 A. No problem.

18 MS. SCHIUTEMA: Okay, those are all of my
19 questions, Dr. Pin, thank you very much for
20 your time.

21 THE WITNESS: You're welcome.

22 MS. THAVARAJ: And we'll go off the record
23 for a moment.

24
25 --- OFF THE RECORD

L. Pin (Re-Ex.) - 64

1 MS. THAVARAJ: So we can go back on the
2 record, Barbara. Just to end, sorry, I
3 mean.

4 MADAME REPORTER: We're back on.

5 MS. THAVARAJ: Okay, I have no questions
6 arising from re-examination, thank you.

7 MS. SCHIUTEMA: Okay, thank you.

8 MS. THAVARAJ: Take care, everyone.

9 MS. SCHIUTEMA: Thank you, Ms. Thavaraj.

10 MS. THAVARAJ: Yeah, take care. Bye.

11 THE WITNESS: Thanks.

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14 --- ADJOURNED
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L. Pin (Re-Ex.) - 65

THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.



Barbara A. Pollard
Certified Court Reporter

Photostatic copies of this transcript are not
certified and have not been paid for unless they bear
the original signature of Barbara A. Pollard, C.C.R.,
and accordingly are in direct violation of Ontario
Regulation 587/91, Courts of Justice Act, January 1,
1990.

TAB 12

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Canon Maggie Helwig** on her affidavit dated July 2, 2025, taken via Zoom videoconference on consent of the parties on December 3, 2025.

APPEARANCES:

KARTIGA THAVARAJ, Ms. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.

KAREN STEWARD, Ms. Amicus Curiae

(i)

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M. Helwig (Cr.-Ex.) - 3

DECEMBER 3, 2025

MAGGIE HELWIG, AFFIRMED

CROSS-EXAMINATION BY MS. HOAKEN:

1. Q. Good afternoon. My name is Greta; I'm here as counsel today for the Region of Waterloo. I'll be conducting the cross-examination. If you have any issues hearing or seeing me, just flag me down and let me know. So I have a few questions for you today on your affidavit which I think is dated July 2nd, 2025.

But before we get to that, I just have a couple of housekeeping matters. The first and most important is just how you would like me to address you. I am happy to call you Reverend Helwig, Maggie, whatever your preference is.

A. I have no preference. The formal -- the formal correct title for me is Canon Helwig. But ---

2. Q. Okay.

A. So I'm happy to be called Maggie. I don't really care.

3. Q. Okay, thank you very much. You're welcome to call me Greta if you need to refer to me by name. Do you have a copy, Canon Helwig, of your

M. Helwig (Cr.-Ex.) - 4

1 affidavit in front of you?

2 A. I do.

3 4. Q. Okay. And there is no annotations or
4 markings or notes on that, is that correct?

5 A. No, there are not.

6 5. Q. Okay. Sorry, I am just pausing to
7 admit someone to the waiting room. Okay.

8 And there's no other notes that you have
9 before you are there, Canon Helwig?

10 A. No.

11 6. Q. Okay. Thank you. And so we might be
12 putting up some materials throughout your cross-
13 examination. We'll be screensharing. And if there is
14 any issues with your being able to see them, just
15 please let us know.

16 So before we get into the questions
17 themselves, just some basic ground rules for cross-
18 examination. I believe you've been cross-examined
19 before so please feel free to ask me to slow down, to
20 clarify or repeat a question.

21 We should also avoid talking at the same
22 time because we're taking a transcript and our
23 wonderful court reporter, Barbara, has to write down
24 what we're saying. So if you and I are speaking over
25 one another, that makes that quite difficult.

M. Helwig (Cr.-Ex.) - 5

1 And I know you've been nodding along which
2 is absolutely fine because I haven't asked you a
3 question but when I do ask you a question, please just
4 make sure to say "yes" or "no" or provide your answers
5 so that it is reflected on the transcript.

6 Does that all make sense?

7 A. Yes, I understand that, thank you.

8 7. Q. Okay, thank you very much. So I
9 understand from your affidavit you're a priest at St.
10 Stephen's in the Field, is that correct?

11 A. That is correct.

12 8. Q. Okay, and that's a church that's
13 located in Kensington Market in Toronto, is that
14 correct?

15 A. That is correct.

16 9. Q. Okay. And as a priest, your role would
17 be to lead services, support your community, is that
18 all correct?

19 A. Yes, to support the community is a
20 broad term.

21 10. Q. Yes.

22 A. (Indiscernible). I ---

23 11. Q. (Indiscernible) thing. Please, yeah.

24 A. I am responsible for duties which range
25 from Christian education to the conduct of funerals,

M. Helwig (Cr.-Ex.) - 6

1 to pastoral counselling and to helping to coordinate
2 our street outreach programming which includes serving
3 about 500 meals a day, to homeless and insecure
4 (indiscernible), coordinating our Friday night drop-in
5 for homeless community members.

6 Providing moral, emotional, psychological
7 support to pretty much anyone who comes through our
8 doors which is a wide-range of people. I sit on
9 several community boards. I have a wide-range of
10 (Indiscernible).

11 12. Q. Understood and thank you for that
12 clarification. And definitely supporting or working
13 with community members definitely doesn't cover all of
14 that important work.

15 I just want to understand, in addition to
16 your work at St. Stephen's as a priest, my
17 understanding is that you're also a writer and you're
18 a community activist, is that correct?

19 A. I am a writer. I am not in any formal
20 or professional sense a community activist. I do not
21 hold a position which would be described as community
22 activist.

23 13. Q. Understood. In your personal capacity,
24 would you define yourself as an activist in your
25 community?

M. Helwig (Cr.-Ex.) - 7

1 A. No, I would say that I am a priest and
2 I am carrying out my responsibility to my community as
3 a priest.

4 14. Q. Understood. I'd like to take you
5 briefly to your website which is at MaggieHelwig.com.
6 Ms. Thavaraj is going to put that up for us in a
7 moment. Can you see that, Canon Helwig?

8 A. More or less. I know what's on it if
9 anything.

10 15. Q. Okay, understood. Do you recognize it?

11 A. Yes.

12 16. Q. Okay, I would like to mark that as
13 Exhibit 1, please.

14
15 EXHIBIT NO. 1: Website at MaggieHelwig.com

16
17 17. Q. And I see that there is a bio under a
18 picture of you and a list of your various
19 publications. So do you see all of that?

20 A. I do, yes.

21 18. Q. Okay, thank you. So I see here under
22 biographical notes it says:

23 "... Maggie Helwig has published six
24 books of poetry, two books of essays, a
25 collection of short stories and three

M. Helwig (Cr.-Ex.) - 8

1 novels ..."

2 And that lists them. And it says:

3 "... A human rights activist as well as
4 writer ..."

5 And it goes on to explain more about
6 your background. Do you see that there?

7 A. I do.

8 19. Q. And did you write that bio?

9 A. My husband wrote that bio.

10 20. Q. Okay, and did you make the decision to
11 post it or approve it before it was posted on your
12 website?

13 A. I did approve it, yes.

14 21. Q. Okay, and do you think it's accurate?

15 A. I think it is, yes.

16 22. Q. Okay, thank you. So in your affidavit,
17 Canon Helwig, you explain that there had been an
18 encampment of people who were experiencing
19 homelessness in the St. Stephen's Church yard. Is
20 that correct?

21 A. Yes.

22 23. Q. And your affidavit explains that the
23 City of Toronto cleared that encampment in late 2023,
24 is that correct?

25 A. No, they cleared half of the encampment

M. Helwig (Cr.-Ex.) - 9

1 in late 2023.

2 24. Q. Okay, thank you. And that was in
3 relation to -- I know you mentioned that there was an
4 injunction brought, that clearance occurred after that
5 injunction was already passed, that's correct?

6 A. There was no injunction. We had
7 applied for an injunction to protect the encampment
8 while we undertook a potential Charter challenge. But
9 we were denied the injunction.

10 25. Q. Understood and apologies.

11 A. As it says in my affidavit.

12 26. Q. Yes, and apologies, that was my not
13 being clear. I suppose I meant when the motion for
14 the injunction was argued as opposed to granted.

15 But part of the encampment as you say was
16 indeed cleared in late 2023?

17 A. Yes.

18 27. Q. Okay, thank you. And your affidavit
19 also explains that several people have since moved
20 back to the site of the encampment post the 2023
21 clearance. Is that correct?

22 A. That was correct at the time that I
23 wrote the affidavit.

24 28. Q. Okay, and it's no longer correct?

25 A. It is no longer correct. The City of

M. Helwig (Cr.-Ex.) - 10

1 Toronto cleared the entire space on October 16th of
2 this year.

3 29. Q. Okay. And that clearance in October,
4 didn't that occur because the Toronto Fire Services
5 deemed the encampment to be a fire risk? Is that
6 correct?

7 A. I believe it was an order from the
8 Office of the Ontario Fire Marshall; the Toronto Fire
9 Services was also involved.

10 30. Q. Okay, thank you. And that was in
11 recognition that the encampment posed a fire risk from
12 the ---

13 A. It was ---

14 31. Q. --- (indiscernible) bodies.

15 A. It was their position that the
16 encampment posed a fire risk.

17 32. Q. Okay, thank you. I wanted to spend a
18 moment just talking about the practicalities of
19 clearances in encampments. And so, you know, one of
20 the things that comes up, you cite in your affidavit
21 -- or you rather attach as Exhibit A, an article that
22 you wrote about the first clearance in 2023.

23 Maybe we'll put that up on the screen. I'll
24 give it a moment. That's the beauty of Zoom court
25 versus being in person. It's much easier to just kind

M. Helwig (Cr.-Ex.) - 11

1 of pass paper between us. Thank you for bearing with
2 us.

3 So this, Canon Helwig, is your affidavit and
4 this is Exhibit A. Do you recognize that; you can see
5 that on the screen?

6 A. I am looking at it on my own computer
7 screen where I have the affidavit.

8 33. Q. Excellent, thank you. And so within
9 this article you talk about how people needed to "pack
10 bags and leave instantly," I think is your wording.
11 And you detail some of the difficulty of being asked
12 to leave the encampment on short notice. Is that
13 consistent with your recollection of this article?

14 A. It is.

15 34. Q. Okay. And would you say that when
16 someone is asked to move along from an encampment
17 without notice or with very short notice, that can be
18 damaging because it's stressful or destabilizing?

19 A. Yes.

20 35. Q. Okay. And do you also agree that being
21 asked to move along might be damaging or destabilizing
22 because someone might not be able to take their
23 belongings which, obviously, might be quite important
24 to them?

25 A. Yes.

M. Helwig (Cr.-Ex.) - 12

1 36. Q. Okay. So excepting for the purposes of
2 my question -- and I understand that you might not in
3 your own views, accept this, that someone has to leave
4 an encampment, you'd say that in those circumstances
5 having longer notice would be better than not having
6 notice or short notice. Is that correct?

7 A. I think that the emotional damage would
8 not be greatly -- greatly diminished by having longer
9 notice.

10 37. Q. Okay, so ---

11 A. I think the emotional damage would be
12 perhaps slightly minimalized -- minimized but not
13 greatly minimized.

14 38. Q. Okay. And in terms of collecting one's
15 belongings, if there was an offer to store belongings
16 for someone who had been asked to leave, would that
17 help minimize some of the damage?

18 A. No, no, there is always an offer to
19 store belongings from the City of Toronto. People do
20 not trust these offers and are generally unwilling to
21 take these offers.

22 39. Q. Okay, well except -- if we accept the
23 premise for the moment that someone is willing to take
24 the offer, and it's genuine, would having your
25 belongings stored be beneficial to someone who was

M. Helwig (Cr.-Ex.) - 13

1 asked to move along from an encampment?

2 A. If the belongings were stored by a
3 person or agency who had an established relationship
4 of deep trust with the person being displaced, then
5 that would be the case.

6 40. Q. Okay, thank you.

7 A. But only in that circumstance.

8 41. Q. Okay. Thank you, that's helpful. And
9 if one has to move -- and again, excepting for the
10 premise of the question that's occurring -- would
11 working with a trusted caseworker who understands your
12 history and can present you with different options,
13 would that be preferable than being asked to move
14 along from an encampment without having access to a
15 caseworker?

16 A. (No response)

17 42. Q. I can repeat the question -- or, sorry.

18 A. I understand your question. I am at
19 this point just going to reject the premise of your
20 question and I don't wish to answer that question.
21 Because I think that you are taking this in a
22 direction which is based on underlying premises which
23 I will not accept.

24 43. Q. Okay, and I understand that you won't
25 accept the premise or that you disagree with the

M. Helwig (Cr.-Ex.) - 14

1 premise. But I am entitled to ask you questions
2 today.

3 A. You are entitled to ask the questions,
4 yes.

5 44. Q. Okay. Well, I think we can just
6 reflect that the witness didn't answer the question
7 directly. And disagrees with the premise and we can
8 move on from there.

9 Canon Helwig, do you understand that this
10 case is about a bylaw that was passed by the Regional
11 Municipality of Waterloo?

12 A. Yes.

13 45. Q. Okay, and have you reviewed that bylaw?

14 A. I have not reviewed it in detail.

15 46. Q. Okay, but you have reviewed it then?

16 A. I have glanced at it. I could not say
17 that I am very familiar with the bylaw. It was not my
18 understanding that I was being asked to testify about
19 the bylaw so I did not review it.

20 47. Q. No, and that's fair. I won't be asking
21 you about its details.

22 Would you agree with me, Canon Helwig, that
23 municipal governments are one level of government in
24 Canada?

25 A. Yes.

M. Helwig (Cr.-Ex.) - 15

1 48. Q. Okay, and that, in your experiences
2 working with people who are in receipt of social
3 assistance, whether someone receives social assistance
4 and then the amount that they receive might impact
5 whether they continue to be homeless?

6 A. That would be one factor, yes.

7 49. Q. Okay. And is the availability of both
8 inpatient and outpatient care, that's something that
9 might also affect whether someone remains or becomes
10 homeless?

11 A. To a much smaller degree. I don't
12 consider that that would be a major factor in whether
13 people remain or cease to be homeless.

14 50. Q. Okay.

15 MS. SCHIUTEMA: I just think that the scope
16 of these last two questions are outside of
17 her affidavit, Greta. I don't know if there
18 is more questions along those lines. But
19 just flagging that for you.

20 MS. HOAKEN: Yes, thanks, Ashely, I think
21 we're close to wrapping up. The relevance
22 of the question was just based on Canon
23 Helwig's experiences working with people in
24 encampments which she touches on within her
25 affidavit. And also kind of the broader

M. Helwig (Cr.-Ex.) - 16

1 context of what's at issue in the
2 application. But I take your objection and
3 we're close to the end anyhow.

4 I think I might be towards the end of
5 my questions. Could we take a quick break
6 so I can consult with Ms. Thavaraj and then
7 we'll be back in maybe two minutes.

8 MS. SCHIUTEMA: Yes.

9 MS. HOAKEN: Okay, thanks.

10
11 --- OFF THE RECORD

12
13 MS. HOAKEN: All right, thank you very much.
14 Barbara, should we go back on the record?

15 MADAM REPORTER: We're back on.

16 MS. HOAKEN: Thank you very much. All
17 right, those are my questions for you today.
18 Thank you very much, Canon Helwig, for your
19 time today. I appreciate it.

20 THE WITNESS: All right, thank you.

21 MS. SCHIUTEMA: So I am just going to -- I
22 know one redirect I want to ask for sure.
23 So I am going to ask that now and then I
24 might take a minute to gather my thoughts as
25 well. Thanks.

M. Helwig (Re-Ex.) - 17

RE-EXAMINATION BY MS. SCHIUTEMA:

1
2 51. Q. So Reverend Helwig -- sorry, Canon
3 Helwig, you were asked a question about having trusted
4 caseworkers. And you indicated that you rejected the
5 premise. So I don't know if I have the exact question
6 written down. But it was -- maybe Greta can help me.

7 But it was something along the lines of if
8 someone has to move, accepting the premise that they
9 do have to move, working with a trusted caseworker who
10 understands and can present options, is that preferred
11 rather than working without -- rather than having to
12 move without access to a caseworker?

13 And you said you rejected the premises of
14 the question. Could you explain why?

15 A. The question as presented suggests that
16 if the harm of having to move is slightly diminished,
17 the harm doesn't count anymore. It might be that
18 having a trusted caseworker would slightly diminish a
19 significant harm. That would not cause it to cease to
20 be a significant harm. The diminishment of harm would
21 be small and the harm would be great.

22 So to ask the question is if a minor
23 diminishment of a major harm made much of a
24 difference, makes it impossible for me to answer the
25 question.

M. Helwig (Re-Ex.) - 18

1 I think that having a trusted caseworker
2 presenting you with options may make you feel slightly
3 better in the moment. It makes very little difference
4 to the fact that you are being displaced and taken
5 away from your home.

6 Most people understand their options very
7 clearly. They are very intelligent people. So having
8 a caseworker explain their options to them is at best
9 a small diminishment of a great harm.

10 52. Q. Thank you. And if you don't mind just
11 giving me a second. I think I might want to ask you a
12 couple more questions but I am just going to take a
13 minute, if that's okay. Thanks.

14 A. Sure.

15
16 --- OFF THE RECORD

17
18 MS. SCHIUTEMA: All right, sorry about that.
19 Thanks for the break. Are we good to go,
20 Barbara?

21 MADAM REPORTER: I'm back on.

22 MS. SCHIUTEMA: Okay, thanks.

23
24 BY MS. SCHIUTEMA:

25 53. Q. Okay. Can you tell us about the most

M. Helwig (Re-Ex.) - 19

1 recent eviction at the encampment outside of your
2 church that you had mentioned happened in October?

3 MS. HOAKEN: Sorry, Ashley, I am going to
4 object. I don't know that that's a proper
5 re-exam question. It's not a clarification
6 of what she mentioned.

7 MS. SCHIUTEMA: Okay, so I mean I'll just
8 look and see what it was exactly that
9 mentioned because she did raise it in her
10 direct.

11 THE WITNESS: I raised it really to indicate
12 that the affidavit was factually correct at
13 the time that it was submitted but is no
14 longer factually correct.

15 MS. SCHIUTEMA: I mean I think that in that
16 context she should be able to elaborate on
17 the factual difference. You asked her about
18 it, Greta.

19 MS. HOAKEN: Yeah, I think it was the broad
20 phrasing of the question so maybe just --
21 you're asking her to tell you about
22 something in broad terms as opposed to
23 making a specific clarification.

24 MS. SCHIUTEMA: Okay, so you -- I'm just
25 trying to find out where -- exactly what it

M. Helwig (Re-Ex.) - 20

1 was that you said in your notes.

2
3 BY MS. SCHIUTEMA:

4 54. Q. So you mentioned that in -- as of
5 October 16th, the encampment was cleared. Can you tell
6 us about that?

7 A. Late in the day on October 14th, an
8 order from the Ontario Fire Marshall was taped to the
9 door of the church giving us a less than 48-hour
10 window, directed both to the diocese of Toronto and to
11 the Department of Transportation which owns the
12 majority of the yard.

13 And on October 16th, the encampment on both
14 on church property and on city property was physically
15 cleared and all the inhabitants were dispersed.

16 55. Q. And can you tell us the impact on the
17 inhabitants that were dispersed?

18 A. I would say it has been very
19 destabilizing for the mental health of most of the
20 inhabitants. People, however, responded differently,
21 the harm has been greater or less in different cases.
22 But certainly, I can think of four or five specific
23 residents who I have observed to have suffered
24 significant deterioration in their mental health since
25 the time that the encampment was cleared.

M. Helwig (Re-Ex.) - 21

1 56. Q. And do you know if any of the residents
2 in that case were presented with any like long-term or
3 permanent housing solutions?

4 A. None were presented with long-term or
5 permanent housing. All were offered shelters, shelter
6 spaces or shelter hotel spaces. Approximately half
7 accepted those spaces; not all of them are still in
8 those spaces.

9 We had been working on housing plans with a
10 number of inhabitants. And while those housing plans
11 do still exist, in every case they have been
12 materially disrupted by the clearing. Because it is
13 harder to find people, it is harder to do the
14 paperwork necessary to pursue a housing plan. And in
15 some cases, because when people accepted shelter hotel
16 rooms at some distance, they then had to change
17 workers and files were lost, cases were forgotten
18 about.

19 So there was -- although not the destruction
20 of -- certainly the disruption of plans on which we
21 were working towards permanent housing. None of the
22 residents have permanent housing at this time. And as
23 I say, more than half of them are at this time on the
24 street.

25 57. Q. I thank you; those are all my redirect

M. Helwig (Re-Ex.) - 22

1 questions.

2 MS. HOAKEN: There are no further questions
3 from us. So I think that's the end unless
4 Karen has other -- okay. I think we can go
5 off the record then.

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M. Helwig (Re-Ex.) - 23

THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.



Barbara A. Pollard
Certified Court Reporter

Photostatic copies of this transcript are not
certified and have not been paid for unless they bear
the original signature of Barbara A. Pollard, C.C.R.,
and accordingly are in direct violation of Ontario
Regulation 587/91, Courts of Justice Act, January 1,
1990.

EXHIBIT “1”

Biographical notes

Maggie Helwig has published six books of poetry, two books of essays, a collection of short stories and three novels, *Where She Was Standing* (2001), *Between Mountains* (2004), and *Girls Fall Down* (2008). A human rights activist as well as a writer, she has worked for the East Timor Alert Network in Toronto, the Women in Black network, and War Resisters' International. She is also an Anglican priest, and has been at the Church of St Stephen-in-the-Fields in Kensington Market since 2013.

[Link to full curriculum vitae](#)



Books Published

- [Girls Fall Down](#), Coach House Books, April 2008: novel
- [Between Mountains](#), Knopf Canada (Canada), Chatto and Windus (UK), 2004: novel
- [One Building In the Earth: New and Selected Poems](#), ECW Press, 2002: poetry
- [Real Bodies](#), Oberon Press, 2002: essays
- [Where She Was Standing](#), ECW Press, 2001: novel
- *Gravity Lets You Down*, Oberon Press, 1997: short fiction
- *The City on Wednesday*, Lowlife Publishing, 1996: poetry chapbook
- *Eating Glass*, Quarry Press, 1994: poetry
- *Apocalypse Jazz*, Oberon Press, 1993: essays
- *Graffiti for J.J. Harper*, Lowlife Publishing, 1992: poetry chapbook
- *Talking Prophet Blues*, Quarry Press, 1991: poetry
- *Because the Gunman*, Lowlife Publishing, 1990: poetry chapbook
- *Eden*, Oberon Press, 1989: poetry
- *Tongues of Men and Angels*, Oberon Press, 1987: poetry
- *Walking Through Fire*, Turnstone Press, 1983: poetry

TAB 13

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Lee Ann Hundt** on her affidavit dated August 15, 2025, taken via Zoom videoconference on consent of the parties on December 10, 2025.

APPEARANCES:

KARTIGA THAVARAJ, Ms. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
CHARLOTTE CAHILL, Ms. Student-at-Law

MERCEDES PEREZ, Ms. Amicus Curiae

(i)

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L.A. Hundt (Cr.-Ex.) - 3

1 DECEMBER 10, 2025

2
3 LEE ANN HUNDT, AFFIRMED

4 CROSS-EXAMINATION BY MS. THAVARAJ:

5 1. Q. Good morning, Ms. Hundt. My name is
6 Kartiga Thavaraj. I am a lawyer for the Region, the
7 Region of Waterloo, the applicant to this matter.

8 I assume I am pronouncing your name
9 correctly but please let me know if that's not the
10 case, okay?

11 You understand that this is a cross-
12 examination on your affidavit sworn August 15th in this
13 matter ---

14 A. Yes.

15 2. Q. --- of this year? Thank you. And just
16 a few ground rules before we start just in case this
17 is your first cross-examination. If there is anything
18 that you don't understand or you can't hear me,
19 sometimes that happens with Zoom, please feel free to
20 ask me to repeat the question, okay?

21 A. Okay.

22 3. Q. And you have to answer "yes" or "no" to
23 every question. I see you nodding which is acceptable
24 as long as it's accompanied by a verbal answer. We
25 need a verbal answer for the purposes of Barbara being

1 able to record it on the transcript.

2 A. All right.

3 4. Q. And sometimes it's hard, both for the
4 witness and for the lawyer, but we should try to avoid
5 speaking over each other; also for the purposes of the
6 transcript.

7 A. All right.

8 5. Q. Do you have a copy of your affidavit in
9 front of you today?

10 A. Yes.

11 6. Q. Okay. Is there anything else in front
12 of you?

13 A. No.

14 7. Q. And I just want to let you know that if
15 you take notes during the examination, I am entitled
16 to see those notes, okay? So just letting you know
17 sometimes witnesses prefer not to take notes as a
18 result.

19 A. Okay.

20 8. Q. And is anyone in the room with you?

21 A. No.

22 9. Q. Okay. And when I speak about the
23 "Region," will you understand it as the Region of
24 Waterloo, the applicant in this matter?

25 A. Yes.

L.A. Hundt (Cr.-Ex.) - 5

1 10. Q. And if I say, "WRCLS," I am speaking
2 about council for the legal clinic?

3 A. Yes.

4 11. Q. There's lots of acronyms in this case.
5 Ms. Hundt, do you know who Peter Sweeney is?

6 A. Yes.

7 12. Q. Okay, have you read any of Mr.
8 Sweeney's affidavit in this matter?

9 A. I have reviewed it, yes.

10 13. Q. Okay. And have you particularly read
11 his fourth affidavit?

12 A. What is the "fourth affidavit?"

13 14. Q. Fourth affidavit, I'm sorry, it's the
14 one that contains information responding to the
15 matters outlined in your affidavit.

16 A. Yes.

17 15. Q. Okay. So, good, you will already have
18 had a chance to consider then some of the facts that
19 I'll be putting to you.

20 So I wanted to start by asking about the
21 KWNWP Project. Is there a pronunciation for that
22 acronym that you use?

23 A. No.

24 16. Q. No, okay. So you speak about the
25 Kitchener Waterloo Urban Native Wigwam Project, and

L.A. Hundt (Cr.-Ex.) - 6

1 I'll refer to that as the KWNWP Project, or, sorry,
2 organization, in your affidavit at Paragraph 16. Do
3 you recall that?

4 A. Yes.

5 17. Q. Okay. But I'd like to just confirm
6 your history with the organization. You were the
7 executive director from 2023, at some point in 2023,
8 to November 1st, 2024. Is that correct?

9 A. No.

10 18. Q. Were you the executive director for six
11 years?

12 A. Yes.

13 19. Q. Okay. I just want to note then -- let
14 me just make sure that if there is a correction that
15 needs to be made here, you get a chance to make it.

16 You say at Paragraph 16 of your affidavit in
17 or around 2023 you:

18 "... Joined the Board for KWNWP and
19 eventually I stepped down from the
20 Board to apply for the executive
21 director position ..." ---

22 A. That needs to be changed.

23 20. Q. --- "which I held for six years."

24 Sorry, so what's the correct date then there?

25 A. I believe it's in number 6, is the

1 correct dates.

2 21. Q. You were executive director from 2019
3 to 2024?

4 A. Correct.

5 22. Q. And how long were you on the Board
6 prior to 2019? Did you join the Board in 2019 and
7 then shortly after apply to be executive director?

8 A. I was on the Board of Directors for
9 several years; I am not exactly sure of the date on
10 that, if I didn't post it. But it was about four
11 years.

12 23. Q. Okay. So for about four years prior to
13 2019, you were on the Board of KWNWP. And then for
14 six years, from 2019 to 2024 you were the executive
15 director?

16 A. Correct.

17 24. Q. Okay. And did you have any other
18 employment or involvement with KWNWP?

19 A. No.

20 25. Q. Okay. So that's about 10 years'
21 experience with the organization. I think it's fair
22 to say you know the organization pretty well, is that
23 right?

24 A. Yes.

25 26. Q. Okay. And you know its structure well?

L.A. Hundt (Cr.-Ex.) - 8

1 A. Yes.

2 27. Q. And its operations well?

3 A. Yes.

4 28. Q. And you know its organizational
5 relationships with other institutions or organizations
6 well?

7 A. Yes.

8 29. Q. Its relationship with funders?

9 A. Yes.

10 30. Q. Okay. And KWNWP is a not-for-profit
11 organization?

12 A. Yes.

13 31. Q. The Region provides funding to KWNWP,
14 correct?

15 A. Yes.

16 32. Q. Okay. And are you aware that --
17 appreciating this would have been partially during
18 your tenure -- that for the 2024/2025 fiscal year, the
19 Region provided a total of over \$2.5 million in
20 funding to KWNWP?

21 A. I would like to see the break-down of
22 that but I know that they did fund considerable
23 amounts of money, yes.

24 33. Q. Okay. Do you have any reason to
25 dispute the Region's value of \$2.5 million?

L.A. Hundt (Cr.-Ex.) - 9

1 A. It's more about the break-down because
2 they provided -- when they provide supports for
3 transitional housing, as well as our core funding, as
4 well as what they deemed to be the amounts allotted
5 for the RGI coverage, doesn't necessarily mean dollars
6 towards the agency. More of that those are dollars
7 that are allocated to cover rent supplements that were
8 not received by the agency but in -- in -- just as
9 part of the rent supplements ---

10 34. Q. Okay.

11 A. --- number.

12 35. Q. I understand. So if asked you do you
13 agree that the Region provided a total of \$2.5 million
14 in total to funding for KWNWP or its programs, would
15 you agree?

16 A. Yes.

17 36. Q. Okay. And I think you've just
18 explained that this was for use across various
19 programs and projects operating by KWNWP?

20 A. Yes.

21 37. Q. And you are aware, therefore, that
22 KWNWP is independent from the Region?

23 A. I -- that to me would be confusing as
24 our reporting requirements based on whether we were
25 continued funding was done with the Region. So I

L.A. Hundt (Cr.-Ex.) - 10

1 would not say that that statement is completely true,
2 because our funding relied on our reporting and
3 meeting mandates and set by the Region.

4 So I would not totally agree with that
5 statement.

6 38. Q. Okay. So that's the funding piece.
7 And you're saying that receiving continued funding is
8 based on meeting reporting mandates, correct?

9 A. Correct.

10 39. Q. Okay. But apart from the funding
11 received, KWNWP operates independently from the
12 Region?

13 A. We don't share a wait-list with them.
14 However, they were involved with our Board of
15 Directors, they were involved in various spots that
16 would suggest that they were more involved than not
17 involved.

18 40. Q. When you say, "involved with the Board
19 of Directors," what do you mean?

20 A. I mean, if there was a worker that
21 would attend our Board meetings.

22 41. Q. Okay. But it is the Board of Directors
23 that oversees the organization, correct?

24 A. Yes.

25 42. Q. The Board of the -- I am going to call

L.A. Hundt (Cr.-Ex.) - 11

1 it the "organization," KWNWP, manages the
2 organization?

3 A. Yes.

4 43. Q. The Board approves the budgets for the
5 organization?

6 A. The Board submits budgets that are
7 approved by the Region.

8 44. Q. Okay. In terms of the funding that's
9 provided by the Region?

10 A. Correct.

11 45. Q. Okay, but in terms of the operations of
12 the organization, the Board oversees that?

13 A. Yes.

14 46. Q. Okay. The Board manages, once funds
15 come in, how those funds are allocated and the
16 financial performance of the organization?

17 A. The budget lines for what the
18 organization used is approved by the Region. We
19 submit what we are planning to spend, they approve,
20 and those budgets are set for us. And the Board is
21 responsible to make sure that those are spent in those
22 areas.

23 47. Q. Okay, and so the Board is responsible
24 for ensuring -- for at least disbursement of the funds
25 once they come in?

L.A. Hundt (Cr.-Ex.) - 12

1 A. Correct.

2 48. Q. Okay. The Board hires employees or
3 staff for the organization?

4 A. Yes.

5 49. Q. And the Board establishes any bylaws or
6 policies or procedures for the organization?

7 A. Yes.

8 50. Q. The Board makes decisions about
9 programming or projects?

10 A. They have the final say on that, yes.

11 51. Q. Okay. And the organization has -- does
12 the organization have staff responsible for day-to-day
13 operations or is the Board responsible for day-to-day
14 operations as well?

15 A. It's a policy-driven Board.

16 52. Q. Okay. And so the executive director
17 and other staff would be responsible for day-to-day
18 operations?

19 A. Correct.

20 53. Q. Okay, none of these are the
21 responsibility of the Region?

22 A. Correct.

23 54. Q. Okay. Now KWNWP operates some housing
24 projects and programs, correct?

25 A. Can you repeat that?

1 55. Q. Yes. KWNWP operates some housing
2 projects and programs?

3 A. That's a very general statement. I
4 would guess it would be yes.

5 56. Q. I am speaking about, for example, you
6 speak at Paragraph 22 of your affidavit about an
7 affordable housing complex that KWNWP owns and
8 operates in Cambridge, Ontario, 27 Cambridge?

9 A. Yes.

10 57. Q. Okay, so that's an example of a housing
11 project or program that KWNWP operates? Okay,
12 correct?

13 A. Yes.

14 58. Q. Yes, thank you. I know it's tempting
15 to nod heads on Zoom. I understand. Were you
16 involved with the 27 Cambridge Project while you were
17 executive director?

18 A. Yes, I was.

19 59. Q. Okay. And the Region has also provided
20 financial support for 27 Cambridge, correct?

21 A. In the -- in the funding of the build
22 of it, yes.

23 60. Q. Okay. But again, KWNWP is the operator
24 of the programs?

25 A. Yes.

1 61. Q. And the owner of the project?

2 A. Yes.

3 62. Q. And another example of a housing
4 program or project is another one that you have raised
5 in your affidavit, the Urban Native Transitional
6 Housing Program?

7 A. Yes.

8 63. Q. The UNTHP?

9 A. Yes.

10 64. Q. This is a transitional housing program
11 in Waterloo?

12 A. Yes.

13 65. Q. Okay. Now you describe this program
14 and its closure at Paragraph 20 to 27 of your
15 affidavit. Based on the timeline, can I understand
16 you weren't with KWNWP at the time of the events
17 described in Paragraph 21 to 27 of your affidavit, is
18 that correct?

19 A. Correct.

20 66. Q. Okay, and so this is based on the facts
21 you've provided in your affidavit at these paragraphs.
22 Are these based on your personal observations?

23 A. Yes.

24 67. Q. Are they based on what you've heard
25 from speaking with other people and what they told

1 you?

2 A. Yes.

3 68. Q. Okay. At Paragraph 35, you say --
4 actually, let's look at this. And sorry, I am looking
5 at two screens here. I've got my -- your affidavit up
6 on my other screen so I apologize for always turning
7 my head this way.

8 So let me ask this first. You said you are
9 giving the evidence in your affidavit based on your
10 conversations with other people, is that correct? I
11 don't want to misstate what you've told me; I am just
12 ensuring that I understood it.

13 A. I wouldn't say the whole affidavit like
14 in that -- in that sense, right? In -- in relation to
15 after I was no longer working at UNTH, I was hearing
16 from staff and clients still around what was
17 happening.

18 69. Q. Okay. You were hearing from staff and
19 clients who are currently at UNTHP?

20 A. It no longer exists, so not current,
21 no.

22 70. Q. Sorry, at that time. At the ---

23 A. (Indiscernible)

24 71. Q. In the events you're describing
25 Paragraphs 20 to 27?

1 A. Correct.

2 72. Q. Okay. And at the time you weren't
3 involved in your professional capacity I think at
4 UNTHP. Were you involved in a personal capacity? Did
5 you attend the site at all?

6 A. I did not attend the site. I just was
7 informed of things that were going on.

8 73. Q. So when I asked earlier whether these
9 were based on your personal observations, they're not
10 based on your personal observations of you actually
11 observing the site or people, it's based on what
12 people have told you. Is that correct?

13 A. Not necessarily. So I was not on-site
14 to see physically what was going on inside the
15 building. But I did still meet with people and talk
16 with people on a regular basis of -- I was approached
17 a lot of the times about the things that were going
18 on.

19 74. Q. Okay. Who did you meet with and talk
20 to?

21 A. As in names?

22 75. Q. Yes.

23 A. Staff.

24 76. Q. Okay.

25 A. The clients that were living there.

1 77. Q. Now, which staff?

2 A. All of them.

3 78. Q. Any in particular?

4 A. No.

5 79. Q. Okay. You name -- you say all of them?

6 Can you name one member of staff that you met with?

7 A. I don't understand why I would name
8 someone.

9 80. Q. I am entitled to ask questions on this
10 cross-examination. And you do have counsel present
11 who will object but I think counsel is not objecting
12 because counsel understands why I am asking these
13 questions and that I am entitled to.

14 A. Yeah, I am not in trust of why I would
15 name the staff that I was speaking with. Because I
16 worry about repercussions for them now.

17 81. Q. Okay, I understand. I will explain why
18 just ---

19 A. Okay.

20 82. Q. --- so you understand. As a lay
21 witness you are required to give evidence based on
22 your personal observations. So I think you would
23 agree, you're not being tendered as an expert,
24 evidence in this matter. That's right?

25 A. Is that a statement; I don't understand

L.A. Hundt (Cr.-Ex.) - 18

1 -- I don't understand or not but ---

2 MS. SCHIUTEMA: Yeah, I am not sure if Lee
3 Ann would know the answer to that.

4 MS. THAVARAJ: Yeah, would you like to
5 confirm, Ashley?

6 MS. SCHIUTEMA: Yeah, Lee Ann, you've been
7 tendered as a lay person to give the factual
8 evidence and observations about what
9 happened. So you're not an expert and
10 perhaps maybe this is something that we
11 could do an undertaking to get a list of
12 names, Kartiga, if Lee Ann isn't able to
13 provide them today. Or she's worried about
14 repercussions, as she has indicated.

15 MS. THAVARAJ: Well ---

16 MS. SCHIUTEMA: It's a small community; it's
17 an Indigenous community. There's a lot of
18 sensitivities there.

19 MS. THAVARAJ: I understand. Let me -- let
20 me explain why, Ashley, on the record, the
21 reason for the questions. And maybe we can
22 go from there. Is that okay?

23 MS. SCHIUTEMA: Yes.
24
25

1 BY MS. THAVARAJ:

2 83. Q. So, Lee Ann -- I'm sorry, Ms. Hundt,
3 this is what I was about to explain is as you're not
4 being tendered as an expert. I think your counsel has
5 -- or counsel for WRCLS has confirmed that.

6 And so you are required to provide evidence
7 that's based on your personal observations. And not
8 information that is obtained from other people.
9 There's a rule -- a legal rule called "hearsay," which
10 basically means that if you provide information that
11 was given to you by other people and try to tender it
12 for the truth of its contents, that the court is -- or
13 at least we are entitled -- the Region is entitled to
14 object to that evidence.

15 And so I am trying to give you an
16 opportunity to further explain the evidence that
17 you've put in this affidavit.

18 Does that help clarify?

19 A. Not really, I mean I think that the
20 observations that I have seen have been visual. I
21 have been working in this community regardless of
22 whether I was employed by KW Urban Native Wigwam
23 Project or not.

24 I was still consulted when something was
25 happening, people would call me; I would get messages.

L.A. Hundt (Cr.-Ex.) - 20

1 Like, you know what I mean, people were still coming
2 to me with -- with their concerns. Right after I left
3 the organization, everyone else was given their notice
4 to leave.

5 So they had months to still prepare for
6 that, however, everyone was -- was all basically fired
7 around the same time. And so the conversations within
8 staff and the uncertainty of what was happening, was
9 something that was discussed on a regular basis.

10 I was not ever physically back in the
11 building but that's just a geographical space. I
12 still saw the effects of what was happening. I still
13 knew and was in community with those folks to see the
14 effects, to be present to hear their stories, what was
15 happening.

16 That wasn't something that I feel that I
17 wasn't privy to know this community is the way it is.
18 I mean, whether we're at socials and pow-wows and
19 gatherings and stuff like that, I was still constantly
20 connected to what was happening. And the lack of
21 supports that were going on while the Board of
22 Directors was doing in closing down a program that the
23 Region had clearly seen as a need in community.

24 And so, where I come from is that if this
25 was being closed down, why then did the Region not

1 step in when they clearly, through all of that money
2 towards the organization to attend to these services
3 that they deemed were eligible for this funding, then
4 why didn't they step in? And I know that that's all
5 coming down to this was a Board that they don't
6 override.

7 However, they approved the budget, they
8 approved the programming based on a proposal that was
9 written. And when it was being ended, there was no
10 supports for those folks and continues to be no
11 support for those folks. And I know that because I
12 still work with those folks.

13 84. Q. Okay. There's a lot to unpack there.

14 I am going to start with what you said last which was:

15 "... while the Board was closing down the
16 program that the region had clearly
17 seen there was a need for in the
18 community ..."

19 Do you recall saying that?

20 A. Yeah.

21 85. Q. Okay, so you agree that the Board
22 closed the UNTHP program?

23 A. Absolutely, yes.

24 86. Q. Not the Region?

25 A. Correct.

1 87. Q. Okay. And I think what you said, if I
2 may paraphrase, at the end of your previous testimony
3 is something to the effect of "Why didn't the Region
4 stop this?" Is that correct, is that a fair
5 characterization?

6 A. Yes.

7 88. Q. Okay. But you do agree that this
8 wasn't a decision made by the Region?

9 A. No. I agree ---

10 89. Q. It's not ---

11 A. I agree that it wasn't done by the
12 Region.

13 90. Q. Okay, and you'd agree it's not a
14 decision the Region urged KWNWP to make?

15 A. No, definitely not.

16 91. Q. Okay. Or required them to make? The
17 Region played no part in this decision?

18 A. No, but the effects of it afterwards I
19 believe the Region should have stepped in.

20 92. Q. Okay. Do you understand that the
21 decision to close the UNTHP by the Board was made for
22 reasons unrelated to the Region?

23 A. Yes.

24 93. Q. Okay, you agree it's not because a lack
25 of funding by the Region?

L.A. Hundt (Cr.-Ex.) - 23

1 A. Correct. No, absolutely not, I know.

2 94. Q. And you agree that it's not because the
3 Region indicated it would change its funding
4 commitment in the future?

5 A. No. I don't. I agree that -- I agree
6 that the Region was not a part of closing down the
7 UNTH, that it was not funding related. I know that
8 funding was set to continue on. I know the funding
9 parameters. I know the longevity of what the
10 commitment was from the Region because the need was
11 there. They saw that.

12 My thing is about the fact that when it was
13 closing down, that there was no interference. And it
14 was, I believe, the Region should have stepped in.
15 And I know that they're falling behind that this is
16 the decision made by a Board. But the decision made
17 by that Board of Directors was not in the best
18 interests of the Region. And the Indigenous
19 population in which they had already agreed there was
20 a need for that funding.

21 95. Q. Okay. And you do agree that the Board
22 made the decision separate from the Region,
23 independent from the Region? I think you've agreed
24 with that already?

25 A. Yes.

1 96. Q. And that the Board, at the end of the
2 day, operates the organization?

3 A. Based on approved funding by the
4 Region.

5 97. Q. Correct, which the Region had not said
6 it would change or now or in the future, correct?

7 A. Yes, correct.

8 98. Q. Okay. So you agree this was a decision
9 undertaken completely by the Board, for the Board's
10 own reasons unrelated to the Region?

11 MS. SCHIUTEMA: I think she's already
12 answered that, Kartiga.

13
14 BY MS. THAVARAJ:

15 99. Q. Ms. Hundt, do you agree?

16 A. This -- yeah, this isn't about it being
17 shutdown, it was about the support centre not in place
18 now that the Region should have picked up on, I
19 believe.

20 100. Q. Okay. Ashley, we're almost at 10:30.
21 Can I ask just for a five-minute break and then we may
22 be able to wrap up fairly shortly?

23 MS. SCHIUTEMA: Sure. Yeah, that's great.

24 MS. THAVARAJ: Maybe we can come back at
25 10:35 just for ease?

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1 MS. SCHIUTEMA: Sure. Thanks.

2 MS. THAVARAJ: Barbara, we can go off the
3 record?

4 MADAM REPORTER: Sorry, uncooperative mouse.
5 We're off.

6
7 --- OFF THE RECORD

8
9 MS. THAVARAJ: Thank you.

10 MS. SCHIUTEMA: And if I may have a moment,
11 Kartiga. Just to correct something that I
12 said before. When you were asking questions
13 around who Ms. Hundt met with and talked to,
14 we'll be taking that one under advisement.

15 MS. THAVARAJ: Okay. Perhaps I can ask
16 this, Ashley, on that topic because we had
17 -- we had moved on from there but I had
18 intended to return to it. Recognizing the
19 -- let me say this, it was not my intention
20 to ask for names specifically but rather
21 details of conversations, where they took
22 place, any other facts underlying the facts
23 in the affidavit.

24 So perhaps what I can ask for is an
25 undertaking to provide those, even

L.A. Hundt (Cr.-Ex.) - 26

1 recognizing the sensitivity of the names.

2 MS. SCHIUTEMA: So we'll also have to take
3 that under advisement.

4
5 **UNDER ADVISEMENT**

6
7 MS. THAVARAJ: Okay. Thank you.

8 MS. SCHIUTEMA: Thanks.

9
10 CONTINUED CROSS-EXAMINATION BY MS. THAVARAJ:

11 101. Q. Ms. Hundt, I just have a few more
12 questions for you. You're muted currently; you can
13 take yourself -- there we go. Thank you.

14 Ms. Hundt, through your extensive
15 involvement in the community, are you aware of other
16 funding and efforts by the Region tailored
17 specifically to Indigenous peoples in the housing
18 system? Is that something you would be aware of?

19 A. I -- I -- I would think I would be
20 aware of but I wasn't aware of anything else other
21 than what we were doing.

22 102. Q. Okay. Are you aware that the Region --
23 are you aware of an organization called, "Crow Shield
24 Lodge?"

25 A. Yes.

1 103. Q. And are you aware that the Region has
2 provided funding to that organization?

3 A. For housing?

4 104. Q. For -- well, generally for their
5 operations.

6 A. But not around housing.

7 105. Q. I mean, I -- would you be aware of the
8 specifics with respect to housing through that
9 organization?

10 A. I am very well aware of the
11 organization and what it is they do.

12 106. Q. Okay. But just not aware of the direct
13 funding or any direct funding that's provided to
14 housing, let me put it that way? Or any
15 (indiscernible).

16 A. Yeah. Yeah, as far as I am -- yeah.

17 107. Q. No, that's very fair. No problem. And
18 at Paragraph 14 of your affidavit, you had said that
19 the funding -- the Region, pardon me -- receives
20 funding tailored specifically for Indigenous persons.
21 And you say this is often determined by the stats they
22 gather. Do you recall that? Let me just quote:

23 "... The Region receives funding dollars
24 for the Indigenous people; they are
25 often determined by the stats they

1 gather ..."

2 A. So my understanding is that when we
3 were being involved with the PiT counts and, in our
4 reporting, in our HIFIS reporting, that it was very
5 important that we were documenting the Indigenous
6 population we were serving as this was dependent on
7 the funding we would receive.

8 108. Q. Okay, so this is about the KWNWP's
9 funding, not the Region's funding. Not the funding
10 that the Region receives?

11 A. No, just about housing.

12 109. Q. And just about the funding that KWNWP
13 receives for Indigenous?

14 A. Yes.

15 110. Q. Okay. Understood. And so you're aware
16 -- or you're not trying to suggest -- I guess, let me
17 just confirm in Paragraph 14 -- that the Region
18 receives funding from another level of government
19 that's tied to a number of Indigenous persons in the
20 Region, let's say?

21 A. Correct.

22 111. Q. Okay. Thank you. And I just have a
23 few more questions, Ms. Hundt. And similarly to my
24 questions from before, these are just for the purposes
25 of confirming some of the evidence that you've

1 provided that's just -- or at least given the fact
2 that you're not being tendered as an expert witness.
3 Okay?

4 A. Okay.

5 112. Q. So going to Paragraph 36 of your
6 affidavit -- and if it helps you, we can put this on
7 the screen, but I am just going to read from it. But
8 please let us know if you'd like it on the screen.

9 A. That's fine.

10 113. Q. You said here:

11 "... Indigenous persons are often more
12 vulnerable to eviction or displacement
13 from encampments because they have a
14 different connection to the land and
15 the people around them ..."

16 Do you recall saying that? Okay.

17 Sorry, do you recall saying that, that is in your
18 affidavit?

19 A. Yes.

20 114. Q. Okay. And is this your opinion?

21 A. Yes.

22 115. Q. Okay. And at Paragraph 37, you say:

23 "... Indigenous people often come from
24 poor living conditions and so the way
25 they live or how they see their

1 surroundings is different ..."

2 Again, is this your opinion?

3 A. Based on my experience, yes.

4 116. Q. Okay. And is it based on your personal
5 experience?

6 A. I think it's both.

7 117. Q. Both which, sorry?

8 A. In our work with clients and hearing
9 their stories. As well as my own, yeah, personal
10 experience with those things, for sure.

11 118. Q. Okay. And similarly at Paragraph 39,
12 you say here:

13 "... When an Indigenous person is evicted
14 or removed from where they live, there
15 is a trauma response that they may not
16 even know or understand ..."

17 Again, we've established you're not an
18 expert. You're not -- you're not a psychologist, for
19 example? Is that correct?

20 A. Is that a question?

21 119. Q. It is a question, yes.

22 A. Yeah, I am not a psychologist, correct.

23 120. Q. And so this is your personal opinion?

24 A. This is my experience, yes.

25 121. Q. Okay, and your experience based on your

1 personal lived experience?

2 A. As well as my work for 20 years working
3 with clients.

4 122. Q. Okay, and from those experiences alone,
5 correct?

6 A. "Experiences alone," yeah, that -- I
7 guess so.

8 123. Q. Okay, thank you. Thank you, Ms. Hundt.
9 Subject to any questions arising out of any redirect,
10 Ms. Schiutema may have, those are all my questions for
11 you today. Thank you for your time.

12 A. Okay, thank you.

13 MS. SCHIUTEMA: I do have a brief redirect.
14

15 RE-EXAMINATION BY MS. SCHIUTEMA:

16 124. Q. And, Lee Ann, I am looking at Paragraph
17 20 of your affidavit. And so, in Paragraph 20
18 indicate that your employment with the KW Urban Native
19 Wigwam Project ended on November 1st of 2024.

20 And then you've attached a news article
21 dated January 17th of 2025 which is titled, "Waterloo
22 Indigenous-led transitional housing program being put
23 on pause."

24 So my question is in the period of time
25 before your employment ended, were things happening,

L.A. Hundt (Re-Ex.) - 32

1 were there any discussions at that time before your
2 employment ended about closing the transitional
3 housing program?

4 A. No.

5 125. Q. Okay. Thank you. I think that that's
6 all that I have for redirect.

7 MS. THAVARAJ: Okay, thank you.

8 MS. SCHIUTEMA: Thanks.

9 MS. THAVARAJ: And, Barbara, I think then
10 we're off the record.

11 MADAM REPORTER: We're off.

12
13
14
15 --- ADJOURNED
16
17
18
19
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24
25

L.A. Hundt (Re-Ex.) - 33

THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.



Barbara A. Pollard
Certified Court Reporter

Photostatic copies of this transcript are not
certified and have not been paid for unless they bear
the original signature of Barbara A. Pollard, C.C.R.,
and accordingly are in direct violation of Ontario
Regulation 587/91, Courts of Justice Act, January 1,
1990.

TAB 14

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

This is the Cross-Examination of **Dr. Sharon Koivu** on her affidavit dated September 11, 2025, taken via Zoom videoconference on consent of the parties on December 11, 2025.

APPEARANCES:

ANDREW LOKAN, Mr. Counsel for the Applicant
GRETA HOAKEN, Ms.

ASHLEY SCHIUTEMA, Ms. Counsel for the Respondents
JOANNA MULLEN, Ms.
CHARLOTTE CAHILL, Ms. Student-at-Law

MERCEDES PEREZ, Ms. Amicus Curiae

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1 DECEMBER 11, 2025

2
3 DR. SHARON KOIVU, AFFIRMED

4 CROSS-EXAMINATION BY MS. SCHUITEMA:

5 1. Q. So Dr. Koivu, my name is Ashley
6 Schuitema, I am one of the lawyers that represents a
7 number of residents that are living at an encampment
8 in Kitchener, which is a subject of this litigation.

9 And I am going to be asking you some
10 questions about an affidavit that you affirmed on
11 September 11th, 2025. And I know that you've gone
12 through this process before so you are aware. But
13 your affidavit and a transcript that's created from
14 this cross-examination is going to be put into
15 evidence before the court.

16 And so it's really important that you tell
17 the truth and I know that you've affirmed to do so.
18 If you'd like me to repeat a question, you can just
19 ask me to do that. And if you'd like a moment to
20 collect your thoughts or think about an answer for a
21 question, please take that time.

22 For the purposes of the transcript and to
23 assist Barbara, it's best if try our best not to talk
24 over one another, and if we do, we'll have to repeat
25 what as said.

S. Koivu (Cr.-Ex.) - 5

1 Can you confirm that you have only your
2 affidavit and the exhibits in front of you today?

3 A. Yes, the only thing I have in front of
4 me is my affidavit.

5 2. Q. Okay. And how would you like me to
6 refer to you? Do you want me to call you Dr. Koivu?

7 A. That's fine.

8 3. Q. Okay, thanks. And you're welcome to
9 call me Ashley.

10 A. Okay.

11 4. Q. Okay, so do you have any other notes in
12 front of you today?

13 A. No, not right now.

14 5. Q. Okay, and if you take notes during this
15 cross-examination, we are entitled to have those
16 notes.

17 A. Yeah, I have paper in case I do but
18 there is nothing on it right now and I am not likely
19 to. But I did put some paper aside just in case I
20 need to take notes.

21 6. Q. Sure. And can you confirm that you're
22 alone?

23 A. Yes. I am -- I am at my house in an
24 upstairs office. My husband is in the house
25 downstairs but he is banished from coming upstairs.

S. Koivu (Cr.-Ex.) - 6

1 7. Q. Okay.

2 A. And he is aware of that. There is no
3 one else. I am miles from any other people that would
4 be able to be involved.

5 8. Q. Okay, great. And prior to this
6 examination did you review your affidavit?

7 A. Yes, I did.

8 9. Q. And to the best of your knowledge, is
9 the information that's contained in it, still true and
10 correct?

11 A. To the best of knowledge, yes.

12 10. Q. Okay. I'll just go off the record for
13 one second.

14
15 --- OFF THE RECORD

16
17 MS. SCHIUTEMA: Thank you.

18
19 BY MS. SCHIUTEMA:

20 11. Q. Dr. Koivu, you understand that today
21 you've been tendered in this case for the purposes of
22 being an expert?

23 A. Yes, I do.

24 12. Q. Okay. And you've provided an
25 acknowledgment of an expert's duty where you agree to

S. Koivu (Cr.-Ex.) - 7

1 provide objective evidence?

2 A. Absolutely.

3 13. Q. Okay. And your expertise has been
4 particularly to opine on the health risks of
5 encampments, is that correct?

6 A. That is correct.

7 14. Q. Okay. Can you tell us in preparing for
8 today's examination what you did?

9 A. Like -- do you mean ---

10 15. Q. So I'd like to know is what you've
11 reviewed?

12 A. Oh, what I reviewed? To do my
13 affidavit, I was given affidavits 1 and 2 of Mr.
14 Sweeney. I was also given an affidavit of Gupta,
15 Droog and Allt. And that was to be able to do my
16 affidavit itself. More recently, within the last 20,
17 48 hours, I was given significantly more information
18 that I have quickly reviewed.

19 That included affidavits from other people.
20 I don't know if I can list them off. Swan, Clint --
21 to be honest, I'd have to go back and look at them.
22 Let me see who else was on it. And significantly more
23 people that I was able to quickly look through their
24 affidavits. And I am sorry; I actually don't know the
25 names of all of the people that I looked at quickly.

S. Koivu (Cr.-Ex.) - 8

1 16. Q. That's okay.

2 A. (Indiscernible)

3 17. Q. Would you say ---

4 A. (Indiscernible), there was -- I'm
5 sorry.

6 18. Q. Go ahead.

7 A. There was the affidavits 3 and 4 of Mr.
8 Sweeney as well were included in the information that
9 I was given more recently.

10 19. Q. Okay, and have you reviewed some of the
11 affidavits of the residents that live at the
12 encampment?

13 MR. LOKAN: Ashley, I wonder if I can help
14 with this. As counsel, we did not provide
15 residents' affidavits to Dr. Koivu. And
16 also in her first list I think she may have
17 missed Dr. Wang (ph).

18 THE WITNESS: Oh, yes, you're right. I did
19 miss Dr. Wang. I am sorry.

20 MS. SCHIUTEMA: Okay, so why were the
21 residents' affidavits not provided?

22 MR. LOKAN: You're asking me?

23 MS. SCHIUTEMA: Sure. I mean, you -- she
24 didn't have a chance to review them because
25 you didn't provide them, so ...

S. Koivu (Cr.-Ex.) - 9

1 MR. LOKAN: There are a lot of them and they
2 themselves are narrative accounts that
3 didn't appear to relate directly to her
4 medical expertise.

5 But if you want to put any compositions
6 or facts or this is the evidence before the
7 court type questions from those affidavits,
8 we have no objection to that.

9 MS. SCHIUTEMA: Okay, thank you.

10
11 BY MS. SCHIUTEMA:

12 20. Q. I am going to ask you some questions
13 about your background now. So we're going to share
14 our screen to take a look at your CV.

15
16 --- SCREENSHARE

17
18 MS. CAHILL: I am not seeing -- what are you
19 able to see right now?

20 MS. SCHIUTEMA: So you've got Page 1 up.

21
22 BY MS. SCHIUTEMA:

23 21. Q. Can you see that, Dr. Koivu?

24 A. I can't see that; it's pretty small.
25 Is it okay if I go to my own?

S. Koivu (Cr.-Ex.) - 10

1 22. Q. Yes, of course. So you can -- if
2 that's easier, you can look at your own copy.

3 MR. LOKAN: Ashley?

4 MS. SCHIUTEMA: Yes.

5 MR. LOKAN: We're seeing a list on the left-
6 hand side that I am not sure if you wanted
7 us to be able to see.

8 MS. SCHIUTEMA: Oh, thank you.
9

10 BY MS. SCHIUTEMA:

11 23. Q. Okay, Dr. Koivu, can you confirm that
12 this is your CV?

13 A. Yes.

14 24. Q. Okay. And you are a physician?

15 A. Yes, that is correct.

16 25. Q. Okay. And in September of 2025 when
17 you swore your affidavit, at that time you were
18 working as an addiction medicine consultant at the St.
19 Thomas Elgin General Hospital?

20 A. Yeah.

21 26. Q. And are you still in that role?

22 A. Yes.

23 27. Q. And you've been in that role since
24 2021, is that correct?

25 A. Yes.

S. Koivu (Cr.-Ex.) - 11

1 28. Q. Okay. Currently, and at the time when
2 you swore your affidavit in September, you weren't
3 working as an addiction medicine consultant anywhere
4 else?

5 A. No.

6 29. Q. Okay. And you didn't have hospital
7 privileges anywhere else?

8 A. No.

9 30. Q. Okay. So from 2012 -- I am looking at
10 the clinical appointment section here.

11 A. Yes.

12 31. Q. So from 2012 to 2024, you worked as an
13 addiction medicine consultant at the London Health
14 Sciences Centre?

15 A. Yes.

16 32. Q. And when in 2024 did you stop doing
17 that work?

18 A. Let's see. I believe it was June.

19 33. Q. Okay. And you also worked from 2021 to
20 2024 doing a similar role at the St. Joseph's Health
21 Care in London?

22 A. Yeah.

23 34. Q. And did that include working at the St.
24 Joseph's Hospital in London?

25 A. St. Joseph's Hospital is -- there isn't

S. Koivu (Cr.-Ex.) - 12

1 -- that's not an entity anymore. It's -- St. Joseph's
2 Health Care is an urgent care clinic. So St. Joseph's
3 has several sites which includes an urgent care clinic
4 which does have like a day hospital. And I worked
5 there as well as Parkwood which is their chronic
6 hospital, as well as they have a mental health
7 facility. As well, I worked in all three of them
8 which are all part of St. Joseph's Health Care System
9 in London.

10 35. Q. Okay, and that would have been during
11 that 2021 to 2024 ---

12 A. Yes.

13 36. Q. --- time period?

14 A. Yes, that's correct.

15 37. Q. Thanks. Can you describe the duties of
16 an addiction medicine consultant?

17 A. The duties -- my duty is in essentially
18 at all sites would be to see anyone that I have been
19 consulted on. So I am strictly a consult service.

20 I -- or position, I work only on patients,
21 or primarily on patients, who have been admitted to
22 the hospital and are found to have a substance use
23 disorder where substance use disorder may or may not
24 be the cause or related to the admission. But it is
25 something that is part of their story, part of their

1 -- what they have.

2 A lot of my duties is to ensure that they
3 are stable, make sure that they are not in withdrawal,
4 medically stable from an addiction perspective to be
5 able to have whatever treatment is required to be
6 involved with them from an addiction perspective in
7 the hospital as well as to facilitate discharge to the
8 community as they define it.

9 Whether that means addiction treatment, it
10 could be opiate agonist therapy treatment, it could be
11 more in the counselling services, helping to
12 facilitate what they need as an individual into the
13 community.

14 38. Q. Okay, and that perspective around
15 discharge, you're not doing that actual work, you're
16 just facilitating it?

17 A. I'm just facilitating it, yes.

18 39. Q. Okay.

19 A. And I don't know what you mean by I'm
20 "not doing the actual work." I am often calling like
21 -- so I don't do the discharge per se but if they are
22 going to an opiate agonist therapy clinic, for
23 example, often I would be involved in calling the
24 clinic ---

25 40. Q. So what I meant is you're not like

S. Koivu (Cr.-Ex.) - 14

1 facilitating -- you're not doing the work once they're
2 discharged in terms of like ---

3 A. No, once they are out of hospital --
4 for the most part, once they're out of hospital, I
5 don't follow them. There might be sometimes when a
6 community physician will call me and we'll work
7 together regarding whatever the care plan was. But I
8 don't continue to see them medically outside of
9 hospital.

10 41. Q. Okay. And so the work that you're
11 doing is what's commonly referred to as "in-patient
12 care?"

13 A. Yes, that is correct.

14 42. Q. Okay, and the work that you're
15 describing once they're discharged, that's out-patient
16 care?

17 A. Yeah.

18 43. Q. Okay, thanks. And the patients that
19 you serve like in your current role at the St. Thomas
20 Hospital, do they have to be homeless in order to
21 access your services?

22 A. No, they don't.

23 44. Q. Okay. And what percentage of the
24 patients that you support at the St. Thomas Hospital
25 would you say are unhoused or experiencing

1 homelessness?

2 A. Unhoused, experiencing homelessness or
3 vulnerably housed, would be the vast majority of the
4 patients that I see.

5 45. Q. And what do you mean by "vulnerably
6 housed?"

7 A. Vulnerably housed would -- could be
8 couch-surfing, it could be having some time in a -- in
9 a shelter but not in a stable environment. So if I
10 include -- you know, include people who are -- don't
11 have a specific shelter or are involved in being
12 unhoused, I'd say that's probably 75 percent of the
13 people that I see.

14 46. Q. And just to be clear, I'm not talking
15 about your previous experience but I am talking ---

16 A. I'm talking about St. Thomas.

17 47. Q. --- about specifically St. Thomas.
18 Okay, so ---

19 A. Yes, specifically St. Thomas.

20 48. Q. --- so 75 percent of the patients you
21 see are either you said unhoused, experiencing
22 homelessness or vulnerably housed?

23 A. Yeah.

24 49. Q. Okay. And how does that compare to
25 when you were providing addiction medicine consultant

1 services in London?

2 A. The volume in London was significantly
3 higher. And the population I saw was significantly
4 more diverse. I'd say it was probably more like 50
5 percent in London where the numbers were substantially
6 higher.

7 50. Q. Okay. Can I -- is it okay if I pause
8 for a second. There's something that I want to look
9 at. Can we go off the record just for a second while
10 I can look something up? I am just going to take a
11 minute, thank you.

12
13 --- OFF THE RECORD

14
15 MS. SCHIUTEMA: Thanks.

16
17 BY MS. SCHIUTEMA:

18 51. Q. So, Dr. Koivu, you provided an
19 affidavit in the *Heegsma* case, is that correct?

20 A. That is correct.

21 52. Q. Okay, and you were -- you underwent
22 cross-examination in that case as well?

23 A. That is correct.

24 53. Q. Okay. And I have a copy of the
25 transcript which we're going to show to you in a

S. Koivu (Cr.-Ex.) - 17

1 minute. But I understand that this was completed in
2 September of 2024. Does that sound correct to you?

3 A. Yes.

4 54. Q. Okay. So we -- sorry, we're trying to
5 pull it up just so that you can see the transcript.
6 But I'll just tell you that I am looking at Page 52 of
7 that transcript. And you were asked some questions
8 about the number of patients that you support in St.
9 Thomas who you estimate are housed -- unhoused or
10 homeless.

11
12 --- SCREENSHARE

13
14 A. I can't see that.

15 55. Q. That's very small. We can make it
16 bigger once I just (indiscernible) Page 52. Yeah, if
17 you can scroll -- so we need to look at most of that
18 page.

19 Okay, so you were asked -- I am looking at
20 Line 206. So, Andrew, can we mark this transcript as
21 an exhibit?

22 MR. LOKAN: Perhaps ask the witness if she's
23 seen it before.

24 THE WITNESS: Yeah.
25

1 BY MS. SCHUITEMA:

2 56. Q. Have you seen this transcript before?
3 No. Okay, but you -- and you recall undergoing this
4 cross-examination?

5 A. Yes.

6 57. Q. Okay. So the question you were asked
7 was:

8 "... In your role as an in-patient
9 addiction specialist, what percentage
10 of your patients would you estimate are
11 unhoused or homeless? ..."

12 And your answer was:

13 "... That's increased over time.

14 Initially, I'd say that the number was
15 fairly small. I'd say that the number
16 has risen to close to 40 percent ..."

17 And then you said, "In London, before I
18 left London." So then the next question just below
19 Line 208 is, "It's in St. Thomas" -- sorry, your
20 answer is:

21 "... In St. Thomas it would be a
22 different number ..."

23 And you were asked, "What would the
24 number be?" And you said:

25 "... In St. Thomas, it's a smaller

S. Koivu (Cr.-Ex.) - 19

1 number. I would say most of the
2 patients I see in St. Thomas are housed
3 ..."

4 Do you see that answer there?

5 A. Yeah, yeah, I do.

6 58. Q. Okay. Okay, so I'd like to mark this
7 as Exhibit A.

8 MR. LOKAN: Okay, "A" for identification.

9 MS. SCHIUTEMA: Sure.

10
11 EXHIBIT NO. A: *Heegsma Transcript*

12
13 BY MS. SCHIUTEMA:

14 59. Q. And so, can you help us understand --
15 so in 2024, you testified that most of your patients
16 were housed and now you're saying that 75 percent of
17 your patients are unhoused. Can you help me
18 understand ---

19 A. Okay.

20 60. Q. --- that difference?

21 A. Yes, I think that that is explained by
22 several things. One, is that now my focus is in St.
23 Thomas. So I am seeing probably a higher percentage
24 of complicated patients in St. Thomas. I would say
25 that the patients that I am called to see are now in

S. Koivu (Cr.-Ex.) - 20

1 St. Thomas are more likely unhoused or vulnerably
2 housed.

3 I am including living in a shelter in that
4 which includes (indiscernible) and I'm working really
5 closely with the community health center when patients
6 come into hospital. I don't know if what that means
7 is that I am getting less consults on other people and
8 more on this. But definitely in the last year, I
9 would say when I am looking at the population that I
10 am seeing in St. Thomas, more of them are unhoused and
11 vulnerably housed.

12 61. Q. So it's increased since you gave this
13 testimony in 2024?

14 A. Yes, I can definitely say that.

15 62. Q. And just to be clear, these answers
16 that you've provided in *Heegsma*, you were talking
17 about St. Thomas at the time? Is that correct?

18 A. In that -- well, the first one is --
19 was London, but, yes, the second one is St. Thomas,
20 yes.

21 63. Q. Okay.

22 A. And working in St. Thomas.

23 64. Q. Okay. So in your role, you wouldn't be
24 -- and I am talking about your current role -- you
25 wouldn't be attending encampments to provide any

1 direct care, would you?

2 A. No.

3 65. Q. Okay, and you wouldn't attend any
4 emergency shelters to provide care there?

5 A. No.

6 66. Q. So I just want to be clear, in Waterloo
7 Region we have an outreach primary care team. And so
8 this is like a doctor, a nurse practitioner and social
9 workers and other medical professionals who actually
10 attend at encampments.

11 So you don't do any of that work in your
12 addiction ---

13 A. No.

14 67. Q. --- consultant role? Okay. Can we go
15 to looking at that other position. So go back to your
16 CV for a second, please. This is on Page 3; I've just
17 numbered your CV because it didn't have numbers. But
18 this is Page 3 of your CV.

19 A. Thanks. What I am seeing is blank.
20 Oh, there -- no, okay. Appointments.

21 68. Q. Yeah, I don't see it either.

22 MS. CAHILL: I'm sorry. I am not sure if
23 it's just loading. Let me ---
24
25

S. Koivu (Cr.-Ex.) - 22

1 BY MS. SCHUITEMA:

2 69. Q. Do you have your CV in front of you,
3 Dr. Koivu?

4 A. Yes, I do.

5 70. Q. Okay, so I am looking at the part about
6 your family practice. So it looks like you worked as
7 a family physician for a number of years, is that
8 correct?

9 A. That's correct.

10 71. Q. From 1985 to 2002?

11 A. And from 1985 to 2002, I had my own
12 practice in family medicine.

13 72. Q. Okay, and where was that located?

14 A. In St. Thomas.

15 73. Q. Okay. And looking at sort of your
16 other academic, or sorry, your other clinical
17 appointments, so you did family medicine. Is it fair
18 to say that aside from addiction medicine, which
19 you've done more recently, your other focus has been
20 on palliative care?

21 A. Yeah, that is correct.

22 74. Q. Okay. Have you ever worked as an
23 emergency room physician?

24 A. Yes. When I first started in family
25 medicine, we were a completely comprehensive practice.

S. Koivu (Cr.-Ex.) - 23

1 We ran the emergency department. So we did all of the
2 emergency work, I believe until 1992. We did all our
3 obstetrics, we did all our assisting in the OR, taking
4 care of our in-patients.

5 So if somebody actually showed up in the
6 emergency department while I was at work, we were
7 responsible for our own patients that showed up in the
8 emergency department. Having -- but I've not worked
9 as an only emerg doc, emerg physician, but prior to
10 1992, that wasn't a role in St. Thomas.

11 75. Q. Okay, have you completed any, like a
12 fellowship or any sort of specialized program for
13 emergency medicine?

14 A. No, I haven't.

15 76. Q. Okay. Between 2012 and 2021, you
16 practiced as a palliative care physician consultant
17 and an addiction medicine consultant at the --
18 overlapping roles, is that correct?

19 A. Yes, they overlapped.

20 77. Q. Okay. And could you tell us like what
21 percentage you were doing in your practice was
22 addiction medicine and what was palliative care?

23 A. That's a really hard question because
24 there is so much overlap. And that's actually what
25 got me involved in addiction in the first place, was

1 the overlap. Because many of the people that I was
2 seeing that were dying or dying of complications, for
3 example, related to an injection drug use and/or
4 complications of alcohol use.

5 So there was a significant overlap between
6 my palliative care world and my addiction world which
7 is actually what made me recognize that there was a
8 shortage of understanding of people suffering from
9 substance use and increased my work. So it's one of
10 those things where I became more involved in addiction
11 that wasn't just end of life over time.

12 Until it became something that was my sole
13 role that they -- the addiction role increased to the
14 point where I then found it was too much work and
15 stepped back from my palliative care role.

16 78. Q. Okay, thank you. And I think you say
17 this in your affidavit but just to confirm, you don't
18 have any practice experience in the Region of
19 Waterloo?

20 A. No, I have not worked in Waterloo. I
21 have given talks in Waterloo but I have not -- I have
22 not practiced in Waterloo.

23 79. Q. Okay. I am just going to look -- focus
24 your attention on the publications section of your CV.
25 So this is Page 12. And I don't remember if I said

S. Koivu (Cr.-Ex.) - 25

1 this but your CV is Exhibit A to your affidavit for
2 the record. I can see that on my screen, can you see
3 that, Dr. Koivu?

4
5 --- SCREENSHARE

6 A. Yeah, I can see it on your screen so I
7 found it on my screen, too. Yes, I can see.

8 80. Q. Okay. And so I see that you have 11
9 publications listed here. Is it accurate to say that
10 most of these are peer-reviewed research articles?

11 A. I think I would say most of them are
12 peer-reviewed research articles. Although, for
13 example, number 2 is more of a narrative than a
14 research article per se.

15 81. Q. Okay. Yeah, 2 and 3, I think are ---

16 A. They appear as somehow the same.
17 Sorry, but I hadn't noticed that until right now.
18 Sorry about that.

19 82. Q. No problem.

20 A. But those aren't peer-reviewed, they
21 would be a narrative of an experience of organizing
22 smudging at the hospital. But most of the others are
23 all peer-reviewed, I believe.

24 83. Q. Okay. And aside from two -- so we know
25 2 and 3 are the same thing. So aside from those which

S. Koivu (Cr.-Ex.) - 26

1 are -- like seem to be about a different topic, could
2 you say that that predominantly the focus of your
3 publications has been on infectious disease and drug-
4 related infections?

5 A. Yes.

6 84. Q. Okay.

7 A. Infectious complications of primarily
8 and -- primarily infectious complications of injection
9 drug use. Yeah.

10 85. Q. Okay. And you -- none of your
11 publications are related -- or are research around
12 homelessness?

13 A. No, I have not done research around
14 homelessness or published around homelessness.

15 86. Q. Okay, and you haven't done any research
16 on encampments?

17 A. No.

18 87. Q. Okay, and you haven't done any research
19 on the shelter systems?

20 A. No.

21 88. Q. Okay, and none of your research is on
22 health risks related to living in encampments?

23 A. No, not related to live -- well, not
24 specifically. Although some of them overlap as far as
25 relevance such as sharing of paraphernalia, that sort

S. Koivu (Cr.-Ex.) - 27

1 of thing. But they were not specifically targeting
2 people living in encampments.

3 89. Q. Thank you. I think, yeah, I'll come
4 back and ask you some questions about the sharing of
5 paraphernalia.

6 You -- like at the very beginning of your
7 affidavit or your CV -- and I am sorry that I'm
8 jumping all around -- you indicate -- and you've also
9 indicated at Paragraph 5 of your affidavit that you
10 are an assistant professor at Western University in
11 the Department of Family Medicine?

12 A. Yeah.

13 90. Q. Okay, in your affidavit you're quoted
14 as indicating that your courses include addiction
15 medicine, palliative care, chronic pain management,
16 medical ethics and Indigenous cultural safety. Is
17 that correct?

18 A. Those are within the Department of
19 Family Medicine. At Western, those are all topics
20 that I had been involved in teaching. Yes. I ---

21 91. Q. Are you currently teaching?

22 A. I'm currently -- no, I am not. Not
23 anything structured. There isn't -- but to be honest,
24 those are all at request. So it's not like a medical
25 school where you have a specific course. The ethics

S. Koivu (Cr.-Ex.) - 28

1 was a specific course that I taught in medical school.

2 The others are at request and right now, in
3 the last year or so, I have not given a lecture for
4 the Department of Family Medicine. I am still part of
5 the Department of Family Medicine and I am still an
6 assistant professor.

7 92. Q. Okay. And in that role, have you
8 taught any courses directly on homelessness?

9 A. No.

10 93. Q. And have you taught any courses on the
11 health risks of encampments?

12 A. No.

13 94. Q. Okay. I am going to move away from
14 your CV now. And I am going to ask you some questions
15 that are specific to Waterloo Region.

16 Have you visited the encampment at 100
17 Victoria Street?

18 A. No, I have not.

19 95. Q. Okay. And have you visited any of the
20 Region-funded emergency shelters in Waterloo Region?

21 A. No, I have not.

22 96. Q. Okay. I want to ask you some questions
23 around the availability of shelter beds in our Region.
24 And I am going to ask Charlotte to put up a CBC
25 article about St. Thomas.

1
2 --- SCREENSHARE
3

4 So I know you're predominantly practicing in
5 St. Thomas. So this news article is actually about
6 St. Thomas. You're not quoted in it but I want to
7 give you a minute to look at it and discuss it with
8 you. Are you familiar with this news story?

9 A. No, I have not seen it.

10 97. Q. Okay.

11 A. And I can't see it right now ---

12 98. Q. Oh, okay.

13 A. --- either.

14 99. Q. I want to make sure you can see it. So
15 it's titled:

16 "... This Ontario town is on a mission to
17 end homelessness by 2027 and here's how
18 they're going to do it ..."

19 It's -- the author is Sheena Goodyear
20 and it's dated November 5th, 2025. I am going to take
21 you -- so you can take a few minutes to take a look at
22 it if you want. But there's like a specific sentence
23 at Page 3 that I want to ask you about.

24 A. Okay.

25 100. Q. I can't see anything at the moment,

1 Charlotte.

2 MR. LOKAN: So, Ashley, just as a caution,
3 there's nothing so far to establish or prove
4 any of the facts that are reported in this
5 article. But if the question is simply to
6 put a proposition to this witness for
7 comment, for that limited purpose questions
8 are fine.

9 But you may independently need to prove
10 not only the authenticity of the article but
11 also that what it says is actually true, if
12 you're going to rely on that.

13 MS. SCHIUTEMA: Okay, well let me just take
14 her to the sentence that I want to ask her
15 about because it might be something that she
16 is familiar with in her role already.

17 So, Charlotte, are you able to show us
18 Page 3?

19 MS. CAHILL: One moment, please.

20 MS. SCHIUTEMA: If you just scroll down a
21 little bit; I think it's at the bottom of
22 where you're looking right now. Okay,
23 thanks.

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1 BY MS. SCHUITEMA:

2 101. Q. So, Dr. Koivu, I am just going to ask
3 you about that very last line. And again, like this
4 is just -- I think it's something that you would be
5 aware of in your role but let me ask you about it. So
6 it says:

7 "... The city says it will have enough
8 shelter spaces this winter to
9 accommodate the roughly 130 people who
10 are living in the streets ..."

11 And this is related to St. Thomas.

12 So are you aware that there are a
13 hundred and -- like roughly 130 unsheltered people in
14 St. Thomas?

15 A. I would not know the number but that
16 seems consistent with my experience.

17 102. Q. Can we mark this exhibit for the
18 purposes of identification?

19 MR. LOKAN: Yeah.

20 MS. SCHIUTEMA: Thank you.

21
22 EXHIBIT NO. B: CBC article, November 5, 2025
23

24 And are you familiar with the concept of
25 like a "Point in Time" count?

S. Koivu (Cr.-Ex.) - 32

1 A. Yes.

2 103. Q. Okay. And does this sentence about,
3 you know, having enough shelter spaces to accommodate
4 all those people, does that align with your
5 understanding of shelter availability in St. Thomas?

6 A. I really can't say that I know for
7 certain the shelter availability. I know that there
8 is more shelter availability in St. Thomas for the
9 amount of homeless compared to working in London.
10 But I wouldn't know the numbers.

11 104. Q. Okay. Thanks. And I just -- I know
12 this is where you're practicing exclusively so -- so
13 by comparison, I am going to put the numbers in
14 Waterloo Region to you. And so I am going to show you
15 our -- the Waterloo Region, 2024 Point in Time count.
16 And this might be more akin to what was happening in
17 London.

18 And I mean, I can tell -- Charlotte, if you
19 can put it up. I think it's easy to see. It's easier
20 to see a visual.

21 MS. CAHILL: I am just trying to open them
22 now in (indiscernible) so that there are
23 hopefully aren't more of those issues where
24 you can't see the screen. So it might take
25 me a little bit longer. Sorry for that.

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1 MS. SCHIUTEMA: It's okay.

2
3 BY MS. SCHIUTEMA:

4 105. Q. Dr. Koivu, I'll just start telling you
5 the numbers so it can start sinking into your brain. I
6 don't know if you're a visual or if you're okay with
7 me just verbally telling you these numbers. But we
8 have a Point in Time count from Waterloo Region which
9 is dated October of 2024.

10 And in that Point in Time count, the Region
11 recorded 2,371 homeless individuals. And 1,009 of
12 those folks are living rough; 446 are in emergency
13 shelter. And 153 are in Region-funded motels.

14 So that's -- the main number that I am
15 hoping that you can keep in your mind is 1,009. This
16 is how many people are in our community are living
17 rough. So this ---

18 MR. LOKAN: Sorry, Ashley, you keep saying
19 "our." This is as of a Point in Time back
20 in October. So it is recognized that
21 numbers fluctuate.

22 MS. SCHIUTEMA: Sure, but this is the
23 numbers that are on the record.

24 MR. LOKAN: As of October 2024?

25 MS. SCHIUTEMA: Right, but this is what's in

S. Koivu (Cr.-Ex.) - 34

1 the record, the most recent numbers that are
2 in the record. And there hasn't been an
3 updated like fulsome Point in Time count
4 survey done since then.

5
6 --- SCREENSHARE

7
8 BY MS. SCHUITEMA:

9 106. Q. Okay, do you see that, Dr. Koivu?

10 A. Yes, I do.

11 107. Q. Okay. And now the evidence that's on
12 the record from the Region is that they have capacity
13 for 377 people in emergency shelter. And they on the
14 record have acknowledged that the number of homeless
15 individuals vastly exceeds the housing supports that
16 they can provide.

17 And you'd be aware of these after reading
18 some of Peter Sweeney's affidavits. The Region has
19 also acknowledged that the shelter system often
20 operates at capacity.

21 So looking at these numbers, you would agree
22 that the situation in Waterloo Region is vastly
23 different than the situation in St. Thomas, is that
24 correct?

25 A. Yes, it's definitely different than the

1 situation in St. Thomas.

2 108. Q. Okay, and you would agree that by
3 looking at these numbers that in Waterloo Region
4 there's simply not the shelter space, enough shelter
5 space for everyone that's living rough in the
6 community?

7 A. Based on the numbers provided in
8 October of '24, there are not enough shelter spaces
9 for the number of people who are unhoused.

10 109. Q. Okay. So at Paragraph 13 of your
11 affidavit, you -- I am just going to turn to it. I
12 don't know if you want to take a look at it as well.
13 But this is -- as far as I can tell, this is the
14 underlying factual foundation in your affidavit that
15 you've been provided from the Region.

16 And it's that 100 Vic:

17 "... Unhoused residents of 100 Vic may be
18 offered various forms of shelter
19 including space at shelters, tiny
20 homes, transitional housing, subsidized
21 housing and motel rooms with supports
22 ..."

23 Do you agree that that's the factual
24 basis for your opinion?

25 A. That is the -- yeah, my opinion is

1 certainly beyond just that paragraph. That is the
2 information that was provided to me about -- about the
3 situation in Waterloo Region.

4 110. Q. Okay.

5 A. Oh, wait, sorry. And it's not that I
6 can see the paragraph. It's Paragraph 13, is that ...?

7 111. Q. That's right.

8 A. Okay.

9 112. Q. And your opinion is largely comparing
10 encampments and shelters, would you agree with that
11 characterization?

12 A. That is correct.

13 113. Q. Okay. Would you agree that if shelter
14 options don't actually exist that it's difficult to
15 draw the comparisons that you're making?

16 A. No, that's -- if shelter options don't
17 exist, that doesn't change the comparisons. That
18 doesn't -- like a shelter is safer than living out of
19 a shelter, unsheltered on the street. That doesn't
20 change based on the number of shelter spaces
21 available.

22 The availability to get safety might change.
23 But the comparison between a shelter and being
24 unsheltered doesn't change based on the number of
25 shelter space. So, you know, the ability to access

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1 something that is safer might change but whether it's
2 safer or not, doesn't change.

3 114. Q. Okay. So but your -- you would agree
4 that your affidavit is based on the assumption that
5 there -- people have the ability to access something?

6 A. My affidavit is based on looking at an
7 encampment -- unsheltered versus sheltered. And
8 extrapolating from that, can be assumptions that can
9 be made from that. But I wasn't basing that
10 particularly on the assumption of sheltered versus
11 unsheltered.

12 That is a whole different scenario. And
13 whether people can access a shelter or not, doesn't
14 change whether they're safer or not. Next steps can
15 but I'm -- a lot of my work really is about looking at
16 the risks of being unsheltered compared to the risks
17 of being sheltered.

18 And my understanding from what was provided
19 with me -- for me, is that people were going to
20 largely be offered some form of shelter that were at
21 the -- that are at 100 Vic. My work really is about
22 what I've seen in people who are unsheltered and --
23 versus people who are sheltered.

24 So it -- the numbers of availability doesn't
25 change with the risks. The urgency of having

1 shelters, the urgency of having things that are
2 available for people who are unsheltered might be
3 evident in my work. But I am not sure if I understand
4 what you're saying that it's based on an assumption
5 which is about ---

6 115. Q. So let me ask you a different question.
7 I want to go back to some of the things you said as
8 well. But is it accurate to say that your affidavit
9 doesn't discuss at all or even consider what could
10 happen if the shelter options don't exist?

11 A. I would say that what I am looking at
12 is the difference in being sheltered and unsheltered.
13 And the -- that is where my work is, the difference
14 between being unsheltered and sheltered.

15 I did not look at specifically the number of
16 beds available within any system within Waterloo or
17 the number of shelters.

18 And so the amount of shelter space, my
19 understanding is that the people in 100 Vic were going
20 to be offered some form of shelter whether it's motel
21 space, whether it's a shelter, you know, the various
22 types of shelters that are outlined by Mr. Sweeney.

23 But I am really looking at the risks of
24 being unsheltered because I think that the risks of
25 being unsheltered need to be identified and

1 highlighted and not overlooked.

2 116. Q. Okay, and so you said that -- you just
3 said, my understanding is that people at 100 Vic are
4 going to be offered something. I'd suggest that the
5 language in your affidavit is that they "may" be
6 offered something.

7 Would you agree that there is a difference
8 between those propositions?

9 A. I think you're right. There is a
10 difference between the word "may" and "going to be."
11 Yes, there is a difference between "may." And in my
12 affidavit the word "may" is the word that is used.

13 117. Q. Okay. And you've talked a lot about
14 the difference between "unsheltered" and "sheltered."
15 Can you help us understand your definition of
16 "unsheltered?"

17 A. Unsheltered, the definition I've used
18 -- I've tried to use the same definitions that I found
19 in most of the literature, would include what is often
20 referred to as "living rough." So it includes people
21 that are living outside of a stable structure that is
22 considered permanent and safe.

23 So that could include people who are living
24 -- live in a tent, people who are living outside of a
25 structure outside of a tent, the tents could be in

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1 encampments or not in encampments. They could be
2 living in bus shelters or are staying in bus shelters;
3 they could be using other forms of protection from the
4 -- to live in.

5 But they are not specifically staying in
6 what is considered a structure that is sheltered. So
7 that includes -- essentially, all outdoors. So people
8 who are living outdoors in various (indiscernible) is
9 probably the best way of considering that. And that
10 includes all forms of living outdoors.

11 118. Q. Okay, and in your expertise, you don't
12 make any distinction between like living rough and
13 living with a tent or some other sort of
14 (indiscernible) ---

15 A. Living rough ---

16 119. Q. --- structure?

17 A. Living rough is a definition that does
18 like -- living rough can include living in a tent if
19 you look at some of the definitions.

20 So living rough, sort of is a colloquial
21 term; it's not a medical term. And if I look at the
22 literature, "living rough" is in some of things -- it
23 will include living in a tent or living outside of the
24 tent.

25 Most of the literature doesn't --

1 unfortunately, the literature doesn't -- does group
2 those and groups -- people who are living outside
3 including living in a tent, living not within an
4 encampment. Those things are grouped which makes it
5 very difficult to separate them.

6 So when I am talking about "unsheltered," it
7 primarily is -- and it includes as is in the
8 literature -- "unsheltered" includes people who are
9 living outdoors which includes people living in a
10 tent, does not exclude them from the literature that
11 is provided around unsheltered. And in almost
12 everything I saw.

13 Now some things don't define what
14 unsheltered mean which makes it challenging. But most
15 of them define it as outdoors and anything living
16 outdoors. So I've used the same information in making
17 my affidavit.

18 120. Q. Okay, and Ms. Perez is going to ask you
19 some questions specifically to the literature. I want
20 to ask you about -- I want to take you to Paragraph 68
21 of your affidavit. And you're talking about in this
22 paragraph -- and let me know when you're there, Dr.
23 Koivu. I think it might be easier if you just locate
24 your own copy.

25 A. "... Additionally, even the most

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1 vulnerable are provided with supportive
2 housing and reference services.

3 Outcomes are shown to be greatly
4 improved ..."?

5 That ---

6 121. Q. That's the paragraph, right. And so in
7 terms of wrap -- supportive housing with wrap-around
8 services, are you aware that the Region's list for
9 supportive housing has an average wait-time of 13.5
10 months in order to access supportive housing?

11 A. No.

12 122. Q. Okay. So if there was a 13.5-month
13 waitlist to access your services, your addiction
14 medicine services, would you say that that's a service
15 that is available to patients in your community?

16 MR. LOKAN: I am going to object to that,
17 Ashley, because you've not laid any
18 foundation that accessing the services of
19 Dr. Koivu is comparable to accessing
20 supportive housing with wrap-around
21 services.

22 MS. SCHIUTEMA: Okay, so let me ask it a
23 different way then.

24
25 B

1 Y MS. SCHUITEMA:

2 123. Q. Dr. Koivu, would you agree that if
3 there is a 13.5-month waitlist for a supportive
4 housing unit, that it's not actually available for
5 people at 100 Vic?

6 A. I -- if there is a 13.5-month waitlist,
7 then that, per se, isn't available but I don't know
8 how the options are as far as the individual
9 personalized health -- housing arrangements are being
10 discussed with the individual people and the
11 individual support workers that are going into their
12 -- outreach workers going into the community trying to
13 have individual housing plans for each person.

14 And I am aware that sometimes individualized
15 housing plans means that there can be changes or
16 sometimes shuffling, sometimes people are earmarked as
17 having a high priority. I can't know based on my
18 information what is available specifically to the --
19 to any person within their individual health plan --
20 or housing plan.

21 124. Q. Okay. I am going to move on now and
22 ask you some questions about health. And I'm going to
23 ask you some questions about harm-reduction.

24 Would you agree with me that housing is a
25 social determinant of health?

1 A. Yes.

2 125. Q. And would you agree that Ontario is in
3 a housing crisis?

4 A. Yes.

5 126. Q. Okay. And in your practice as a result
6 of this crisis, would you agree that sometimes
7 hospital patients are discharged into homelessness?

8 A. Yes.

9 127. Q. And you consider yourself to be an
10 advocate for harm-reduction, is that right?

11 MR. LOKAN: Can you -- what -- harm-
12 reduction is a very broad term.

13 MS. SCHIUTEMA: Sure. So I am not -- I'm
14 not -- this isn't like trying to trick Dr.
15 Koivu. I think in the past, she's admitted
16 that she's an advocate for harm-reduction.
17 I am specifically thinking around her
18 involvement in the *Black* case out of Alberta
19 where there was questions around safe
20 supply.

21 MR. LOKAN: So if you want to ask about
22 safe-supply, perhaps you can give that
23 context.
24
25

1 BY MS. SCHUIITEMA:

2 128. Q. Okay, so have you in the past referred
3 to yourself as an advocate for harm-reduction?

4 MR. LOKAN: In the context of safe supply?
5 Is that your question?

6 MS. SCHIUTEMA: In the context of the *Black*
7 case, specifically.

8 MR. LOKAN: Do you have a document to put to
9 Dr. Koivu?

10 MS. SCHIUTEMA: I do.

11 MR. LOKAN: That would be fairer to ---

12 MS. SCHIUTEMA: Okay, sure. And sorry, I'm
13 not -- this isn't meant to be a trick
14 question. Charlotte, do you mind putting up
15 the *Black* transcript? And we're at Page 80.
16

17 BY MS. SCHUIITEMA:

18 129. Q. So, Dr. Koivu, you were involved in a
19 case out of Alberta, *Alberta vs. Black*, is that
20 correct?

21 A. That is correct.

22 130. Q. Okay, and you gave affidavit evidence
23 in that case?

24 A. Yes.

25 131. Q. And you were cross-examined on your

1 affidavit evidence?

2 A. Yes.

3 132. Q. Okay, so have you seen this
4 transcript of your cross-examination?

5
6 --- SCREENSHARE

7
8 A. No, I have not.

9 133. Q. Okay. For identification purposes, can
10 we mark this as Exhibit C?

11 MR. LOKAN: Yes.

12
13 EXHIBIT NO. C: *Alberta vs. Black* transcript

14
15 BY MS. SCHUITEMA:

16 134. Q. Okay, so I am looking at Line 17. This
17 is in the context of your answer. And you say -- I'll
18 just read the full sentence:

19 "... In addition, this neighbourhood was
20 one of the neighbourhoods that was
21 being considered for a supervised
22 consumption site. I am a strong
23 advocate for evidence-based harm-
24 reduction. I wanted to be in the
25 community when I went to numerous

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1 meetings in the community to promote a
2 supervised injection consumption site.
3 And I think that being there was
4 extremely valuable for people within
5 the community to recognize that I was a
6 member of the community ..."

7 Do you recall like giving that answer?

8 A. Yes.

9 135. Q. Okay. So in the context of this case,
10 is it true that you identified yourself as a strong
11 advocate for evidence-based harm-reduction?

12 A. Yes.

13 136. Q. Okay, thank you. So I want to ask you
14 some questions around -- so factually, what I want you
15 to keep in mind is the idea of 1,009 unsheltered
16 people in Waterloo Region versus 377 shelter beds.

17 And would you agree that when indoor shelter
18 doesn't exist, being able to shelter oneself even in
19 some sort of very basic way, is a form of harm-
20 reduction?

21 A. Being able to shelter in some basic way
22 can be a form of harm-reduction.

23 137. Q. Okay.

24 A. That's ---

25 138. Q. Okay, are you aware that the Region

1 through their funded partners for the past number of
2 years have actually given out tents and tarps and
3 sleeping bags as part of their winter warming
4 strategy?

5 A. Yes, that was in one of the affidavits.

6 139. Q. Okay. And you would agree with the
7 Region's approach to harm-reduction in that way?

8 MR. LOKAN: Sorry, that's -- that's two
9 questions in one. Can you break it down?

10 The first question, it would be "Do you
11 agree with that initiative by the Region?"
12 And the second, "Would you characterize that
13 as being harm-reduction?"

14 MS. SCHIUTEMA: Thanks, you're doing my
15 questions for me, Andrew.

16 MR. LOKAN: No, I'm not. I'm being alert to
17 compound questions ---

18 MS. SCHIUTEMA: Sure.

19 MR. LOKAN: --- that assume something that
20 has not yet been established.

21 MS. SCHIUTEMA: Okay.

22
23 BY MS. SCHIUTEMA:

24 140. Q. So do you agree with the Region's
25 approach to their winter-warming strategy?

1 A. Oh, winter-warming strategy I think
2 needs to increase the amount of available warming
3 spaces and indoor spaces. That being outdoors is a
4 high risk and that the -- the amount of harm-reduction
5 from providing tents in the winter and sleeping bags
6 in the winter is insufficient, I feel, to be
7 considered really a form of harm-reduction.

8 So if I am going to -- I think -- to answer,
9 I think what your question is, is do I think that's a
10 right strategy. I think that having availability
11 indoors is truly harm-reduction. Having availability
12 of tents and sleeping bags is extremely limited. It
13 will protect from wind and it will protect from rain.
14 But it is not an effective form of harm-reduction to
15 protect from frost bite, hypothermia, that sort of
16 thing.

17 So it also is in context, if we're talking
18 about putting a whole bunch of them together, then you
19 have an increased risk of communicable diseases,
20 diseases that can be spread through feces, diseases
21 that can be spread through rodents. So it really
22 depends on the context of what that looks like.

23 So a group of tents has its own increased
24 risk of having more communicable diseases, more
25 infectious diseases. So that isn't harm-reduction,

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1 that can actually increase the risk of people getting
2 certain types of diseases. So ---

3 141. Q. So in a situation where there are not
4 enough indoor spaces and tents are given out, would
5 you agree that that is harm-reduction?

6 A. I think harm-reduction should decrease
7 the risk of getting something and a tent doesn't -- it
8 decreases your risk of getting wind and rain but it
9 does not decrease your risk of getting frost bite and
10 hypothermia. So it's a very different way of looking
11 at harm-reduction than we do for something that -- for
12 other forms of harm-reduction where we can really
13 equate a decreased risk.

14 I think it would be -- if we're going to
15 call that a form of harm-reduction, I think that it's
16 a very ineffective form of harm-reduction. And it has
17 to be taken in the context of when and where and what
18 we're expecting them to be able to do.

19 142. Q. Okay, so giving out tents and winter-
20 warming gear is part of the Region's winter-warming
21 strategy. And it is a harm-reduction approach. So
22 you disagree with the Region's approach?

23 A. I think it's -- it's an ineffective
24 form of reducing the risk of hypothermia and frost
25 bite. And from that perspective, I think it's

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1 ineffective as reducing those -- those particular
2 risks. And other strategies need to be available when
3 the temperatures are cold enough that those are the
4 risks.

5 I also think that it's important that they
6 would be associated with, you know, teaching how to
7 use things properly, teaching about -- you know, just
8 giving someone something doesn't necessarily mean that
9 they know how to use it properly. I don't know if
10 that includes talking about condensation, about having
11 to dry out of tents and sleeping bags and any context
12 that goes along with them.

13 So just handing something out isn't
14 necessarily an effective strategy.

15 143. Q. Okay. One of our clients -- and I
16 guess you wouldn't have looked at her affidavit -- but
17 she attested that prior to living at the encampment,
18 she was sleeping on a sidewalk outside of a restaurant
19 and someone urinated on her.

20 She also attested that while she was
21 sleeping alone on the streets, she was assaulted and
22 that that's never happened since living at the
23 encampment.

24 You know, if your patient was telling you
25 these things, you'd accept that for her sleeping at

1 the encampment is safer than sleeping on a sidewalk?

2 A. My experience with people who have
3 talked to me about being in an encampment and my
4 experience with encampments in the literature, is
5 certainly that there are risks of being assaulted
6 within an encampment.

7 144. Q. Sure, but sorry, but that's not my
8 question. My question is I am telling you
9 specifically about a woman that has been assaulted
10 while sleeping alone on a sidewalk.

11 A. I would want to make sure that she
12 understood the risks of an encampment as opposed to
13 just saying that that is a place that she should go.

14 So an anecdote of an experience does not
15 mean that living on the sidewalk versus living in an
16 encampment over time increases or decreases your risk.

17 I think I'd want to make sure that she was
18 extremely aware of risk that are seen within
19 encampments and wouldn't just specifically be saying
20 that an encampment is a safer place to be just because
21 she has not yet experienced a harm being in an
22 encampment.

23 145. Q. Okay, I am going to ask you some
24 questions about communicable diseases. I'd like to
25 take you to Paragraph 48 of your affidavit.

1 A. Yeah.

2 146. Q. So you raise concerns here and I'll
3 read it, so the paragraph says:

4 "... Due to lack or inadequate
5 sanitation, people in encampments are
6 at risk of developing infections spread
7 through feces. There are examples of
8 Hepatitis A outbreaks in encampments.
9 I am informed by council that the
10 Region's evidence on this application
11 is that human feces, urine and drug
12 paraphernalia have all been found at
13 the encampment at 100 Vic ..."

14 So you're raising concerns here about
15 infections that are spread through feces.

16 A. Yeah.

17 147. Q. And in particular, you mention
18 Hepatitis A outbreaks?

19 A. Yes.

20 148. Q. Are you aware of any Hepatitis A
21 outbreaks occurring at 100 Vic?

22 A. No.

23 149. Q. Okay.

24 A. I don't have information about 100 Vic
25 as far as outbreaks are concerned.

1 150. Q. Okay. At Paragraph 55 of your
2 affidavit, you say:

3 "... Porta Potties are now often
4 installed to mitigate the risk of fecal
5 contamination. If not kept clean, they
6 can be a site of transmission of
7 bacteria, viruses and parasites,
8 including e-coli, Norovirus, salmonella
9 and Hepatitis A ..."

10 Are you aware that the Region -- so you
11 told me you're not familiar with 100 Vic but I'll just
12 ask. Are you aware that the Region has three portable
13 toilets on-site at the encampment with built-in
14 handwashing stations?

15 A. I have seen a picture on-line that
16 shows that there are three Porta Potties. I was not
17 able to see that there are three handwashing stations
18 within them. But I did know that there were Porta
19 Potties on-site.

20 151. Q. Okay. And are you aware that the
21 Region's evidence is that those portable toilets are
22 serviced daily?

23 A. What does "serviced" mean?

24 152. Q. My understanding is that they have a
25 service provider that comes and cleans and restocks

1 daily. Were you aware of that?

2 A. No.

3 153. Q. Okay. Are you aware that across from
4 100 Vic there is a community service agency, directly
5 across the street where encampment residents can
6 access showers, washrooms and laundry facilities?

7 A. I was aware that there was a service
8 agency across the street that provided some services
9 that could be accessed by the residents. But I don't
10 know the details about that.

11 154. Q. Okay. You would agree that having
12 access to those services on-site that I mentioned, so
13 Porta Potties with handwashing facilities that are
14 serviced daily and the services that are provided
15 across the street, would mitigate some of the concerns
16 that you've highlighted around the spread of
17 infectious diseases?

18 A. I can't. What I can say is that Porta
19 Potties themselves do need to have regular
20 maintenance. The handwashing facilities within a
21 Porta Potty isn't necessarily -- I can't say that it's
22 effective or how it's used. And there are certainly
23 risks of Porta Potties being quite hot during the
24 summer and have their other forms of risks with being
25 in a Porta Potty in the summer.

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1 If there are Porta Potties that are
2 kept extremely clean which actually is a very high --
3 is a challenging thing to do, then in answer to your
4 question, they could mitigate some of the risk of
5 transfer of fecal material. I don't think it will
6 eliminate it all because -- but they can mitigate some
7 of the risks related to fecal material.

8 155. Q. Okay, I want to take you ---

9 A. There is an assumption to that that
10 they are also used -- used correctly and exclusively.
11 And that isn't consistent with the statement that
12 feces has been -- so it's actually concerning.
13 Because what I'm informed -- and you haven't -- and it
14 seems to be there is a place for people to go, there
15 are three Porta Potties that are available for the
16 people in the encampments to use.

17 Yet, feces has been seen on-site at the
18 encampment actually is concerning because that would
19 be an indication that the Porta Potties are not used
20 in the harm-reduction way that you're speaking of and
21 intending to decrease the risk of -- on transmission
22 of infectious diseases.

23 156. Q. So do you have details about when the
24 feces on found on-site?

25 A. No. No, I do not.

1 157. Q. Okay, so there was a period of time
2 where Porta Potties were not available on-site when
3 the encampment was first formed in 2021. In 2022, the
4 Region moved to put Porta Potties on-site and I know
5 prior to that, there was feces found. But if you
6 don't have those details then ---

7 A. I do not know that it hasn't been found
8 since but I do not have details on that. Are there
9 details saying that it has not been found since?

10 158. Q. I don't remember that specific piece of
11 evidence. But I know that it was reported prior to
12 the Porta Potties being installed.

13 I am going to ask you some questions about
14 -- I want to take you to Paragraph 56. I am going to
15 ask you some of the questions about the over-dose
16 deaths.

17 So there are a number of reports of people
18 dying. So you say:

19 "... There are a number of reports of
20 people dying from over-dose deaths in
21 Porta Potties ..."

22 Do you have any information about the
23 prevalence of drug use at 100 Vic?

24 A. I believe from affidavits that I've
25 read that drug use is very prevalent at 100 Vic.

1 159. Q. But you don't have any direct
2 knowledge?

3 A. I do not have direct knowledge of -- I
4 -- I have knowledge of encampments that I have been
5 involved with in London and the affidavit from Sean
6 (ph) was -- said that in her experience, you can
7 generalize that there are a lot of similarities among
8 encampments. But I have not been to the encampment at
9 Vic.

10 160. Q. And your experience with the encampment
11 that you've been involved in in London, that's in your
12 personal capacity as a neighbour?

13 A. That would be -- well, I was not there
14 medically. I have been involved not necessarily just
15 as a neighbour. There were encampments where I was
16 living. I have been involved in walking to various
17 encampments, speaking to people in the encampments.
18 That was not in the capacity as a physician, that was
19 in the capacity of someone living within the
20 community.

21 161. Q. So as a community member?

22 A. Yes.

23 162. Q. Okay. Do you know the percentage of
24 residents at 100 Vic that use substances?

25 A. No, I don't.

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1 163. Q. Okay. Do you have any direct knowledge
2 about any overdose deaths occurring in the portable
3 toilets at 100 Vic?

4 A. No. Not specifically in the portable
5 toilets.

6 164. Q. Okay.

7 A. (Indiscernible).

8 165. Q. That's not what I am asking about right
9 now.

10 A. Right.

11 166. Q. Are you aware that the Region has hired
12 security guards that are stationed at the encampment
13 24 hours a day, seven days a week?

14 A. Yes.

15 167. Q. Okay, and are you aware that the
16 security guards conduct hourly checks on the portable
17 toilets to mitigate the risks of overdosed deaths?

18 A. No, I did not know that.

19 168. Q. You'd agree that by the Region
20 installing 24/7 security, conducting frequent checks
21 on the toilets, that could mitigate some of the
22 concerns you highlighted about the potential for
23 overdosed deaths in those washrooms?

24 MR. LOKAN: Ashley, I am going to ask you
25 that you provide the evidence reference for

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1 the hourly checks to mitigate overdoses.

2 MS. SCHIUTEMA: Okay, I will -- I'd have to
3 take it as -- I have to find it, Andrew. I
4 don't have it in my notes.

5 **UNDERTAKING**

6
7 MR. LOKAN: Okay. Just because when you're
8 putting evidence to the witness, I'm not
9 suggesting that there would be any attempt
10 to mislead but it's always safer to be able
11 to quote from the evidence to make sure that
12 it's an accurate reflection.

13 MS. SCHIUTEMA: Sure.

14 THE WITNESS: I think, yes, there can be
15 some mitigation by that. And I think it's a
16 sign that there's a good thing that there is
17 security on-site.

18 I also am aware that people can know
19 when a security check has occurred and might
20 use in a Porta Potty afterwards and an hour
21 can be a very long time, if we're talking
22 about an overdose. So if somebody were to
23 use and overdose, an hour can be a very long
24 time. So I've certainly seen, even within
25 the hospitals where people are checked

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1 regularly, that they can still have an
2 overdose within a period of time that seems
3 fairly short.

4 Absolutely, I think that it is
5 appropriate to have security guards on-site
6 and if they're checking the washrooms
7 regularly, that's good. It will -- I think
8 that's also a sign that the security guards
9 are trying to work in the best interest of
10 the people involved.

11 But I can't say -- I mean, I don't know
12 of anyone dying All I'm saying with this is
13 that there is a risk of overdose within
14 Porta Potties and those risks have been
15 seen. And that there can be things done to
16 try to mitigate those risks but those risks
17 will still exist.

18
19 BY MS. SCHUIITEMA:

20 169. Q. Do you know the rates of overdoses in
21 shelters in Waterloo Region?

22 A. No, I don't.

23 170. Q. Okay. Would you agree that there is a
24 risk of overdoses in shelters in the bathrooms there?

25 A. There is a risk of overdose in

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1 shelters. When we look at overdose risks within
2 shelters and unsheltered, there is an increased risk
3 of death within unsheltered. But there certainly is
4 risk of overdosed deaths even with -- there is risk of
5 overdose and risk of overdosed death within shelters.

6 Some of those risks are mitigated by the
7 fact that they have professional staff on hand that
8 would be able to have appropriate first aid,
9 appropriate Naloxone and be able to call 911.

10 So looking at any statistic I've seen that
11 has compared sheltered and unsheltered would say that
12 -- show that shelters -- while they can happen,
13 absolutely can happen in a shelter -- that the risk of
14 an overdose death is less when people are sheltered.

15 171. Q. Okay. I want to ask you -- so you've
16 just flagged some, you know, first aid, Naloxone and
17 those types of things. So I want to ask you some
18 questions about what -- what's at 100 Vic.

19 But I am also conscious of the time. So
20 we've been at it for almost an hour and a half. And
21 Mercedes, I'm getting close to being done my questions
22 but I wonder if you want me to keep going and finish
23 or if it makes sense to take a break. And I don't
24 know what you need, Dr. Koivu.

25 A. I'm fine to keep going right now. I

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1 don't know how long that means but I can certainly
2 keep going right now.

3 172. Q. Okay, so let me ask you some questions
4 about the next -- my next group of questions.

5 Charlotte, can you scroll up to Paragraph
6 52, please? So here you write:

7 "... Sharing needles and paraphernalia
8 increases the risk of spreading blood-
9 borne infections, including HIV and
10 Hepatitis C. Improperly discarded
11 needles and contaminated products pose
12 a risk to the people in the encampments
13 including people living there, working,
14 walking through or playing in the area.
15 A needle stick injury can be very
16 stressful and require bloodwork and
17 possible treatment ..."

18 So also -- so that's one part of it.
19 Also at Paragraph 47, you mention children could be at
20 risk if encampments are in parks or near playgrounds.

21 So I think you said that you've seen
22 some pictures of 100 Vic. Are you familiar with the
23 location of 100 Vic?

24 A. I am now.

25 173. Q. Okay. Have you looked at it on a map?

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1 A. Yes.

2 174. Q. Okay, so you're aware that this is a
3 vacant lot?

4 A. From what I can understand seeing it,
5 it's a lot that's very close to railway track. One
6 side it's right -- abutting a railway track and on two
7 sides it abuts streets. So I think it abuts Weber
8 Street and Victoria Street and it's not a playground,
9 it's definitely not a playground. It doesn't look
10 like a safe place for an encampment for other reasons
11 but it's not a playground.

12 175. Q. Okay, and you'd agree with me that it's
13 also not a park?

14 A. No, it's not a park.

15 176. Q. Okay. And would you agree that it's --
16 like I'll tell you that it's not anywhere near a
17 school. Are you familiar with its -- what's in its
18 surrounding vicinity?

19 A. What I know of it would -- would be
20 limited to what I just said. I think there's some
21 businesses across -- not from it but -- and it's their
22 railway station. A bus -- a railway terminal, if I
23 remember correctly.

24 177. Q. Okay, so if it's not -- if it's not
25 near a school or a daycare and it's not a park or a

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1 playground, would you agree that the risks associated
2 with children playing there would be lessened?

3 A. The risks to children are lessened at
4 that site. I would not be expecting that children
5 would be at the site, and for any reason.

6 178. Q. Okay. I want to show you a screenshot
7 from an organization, a local organization called
8 "Sanguen Health," have you heard of them?

9 A. The name is familiar but I'm -- I
10 certainly couldn't speak to knowing them. I think
11 it's -- no. I have seen the name Sanguen associated
12 with Waterloo.

13 179. Q. Dr. Chris Steingart is the leading
14 physician there. I don't know if that makes a
15 difference for you in terms of memory.

16 But so I'm -- I'd like you to take a look at
17 this. This is a screenshot from their website about
18 the services that they provide. They are a Ministry
19 of Health-funded agency that specialize in Hepatitis C
20 and ---

21
22 --- SCREENSHARE

23
24 MR. LOKAN: Can I ask, this is not already
25 in the record, is it?

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1 MS. SCHIUTEMA: There is a statement from
2 Sanguen in the record but this screenshot is
3 not in the record. No.

4 MR. LOKAN: Okay, so saying what you -- you
5 can put a proposition from this but there's
6 no basis yet either to identify the document
7 or to verify the truth of anything said in
8 that.

9 MS. SCHIUTEMA: Okay, so let me tell you
10 what this says and then I'll ask you my
11 questions.

12 So they provide -- this organization
13 provides harm-reduction supplies to 100 Vic
14 on a weekly basis. So, Charlotte, do you
15 mind -- sorry, I don't remember where it is.
16 Oh, yeah, so their van scheduled there, it
17 indicates that on what -- they go to 100 Vic
18 on Wednesdays.

19 And, I'm sorry, Charlotte, do you mind
20 scrolling up a little bit, actually? Okay,
21 can you stop for a sec. I am looking at the
22 second paragraph. It says, "Our
23 interdisciplinary" -- like midway through
24 that paragraph:

25 "... Our interdisciplinary team staff the

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1 van and connects community members with
2 harm-reduction supplies such as new
3 drug-gear, needle exchange, condoms,
4 etcetera. Naloxone training and
5 distribution, food, clothing, hygiene
6 items, nursing, peer and social
7 supports ..."

8
9 BY MS. SCHUITEMA:

10 180. Q. So are you familiar with like -- and I
11 guess, in your work, are you familiar with an agency
12 that does this work, like elsewhere, similar ---

13 A. Yeah.

14 181. Q. --- type agencies?

15 A. Yeah.

16 182. Q. Okay.

17 A. Yes.

18 183. Q. Okay. And so, can we mark this as like
19 for identification purposes, Andrew?

20 MR. LOKAN: Can mark it for identification
21 purposes if you've got a question arising
22 from this document. But there's no ---

23 MS. SCHIUTEMA: Sure.

24 MR. LOKAN: --- evidence you've yet pointed
25 to that any of these statements are true.

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1 MS. SCHIUTEMA: So I do think that there are
2 references in the record to Sanguen. Like I
3 know some of our client affidavits talk
4 about supports that Sanguen provide on-site.
5 But I don't have those references off the
6 top of my head.

7
8 EXHIBIT NO. D: Sanguen Health website

9
10 BY MS. SCHIUTEMA:

11 184. Q. So my question for you, Dr. Koivu, is
12 if there is like a harm-reduction agency van program
13 which is going to 100 Vic on a weekly basis, and they
14 are doing a needle exchange program, they're doing
15 sharps container pick-ups, etcetera, would you agree
16 that that service is helpful to support the residents
17 at the encampment that use drugs?

18 A. "Help" is a funny word. I mean, if
19 people are having harm-reduction materials brought to
20 them in a group setting, then they are quite likely to
21 be using as a group.

22 And what we learned in London was that
23 people were aware that you couldn't share needles but
24 were not aware that you couldn't share paraphernalia.
25 By that I mean the cookers and the -- the filters

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1 themselves were where we were finding HIV was
2 transmitted.

3 We also know this is a -- from other things
4 that I've read that there are people that come and go.
5 So a new person can come. So, for example, you might
6 never see -- people can share needles and not get HIV
7 as long as no one with HIV is present. But when
8 someone comes and is present, then they are shared.

9 My experience in London also was that when
10 paraphernalia was initially brought to people, there
11 was no real instruction, there was sort of a belief
12 that they knew how to use it, and they weren't
13 necessarily provided information such as -- everyone
14 knows not to share needles -- and we call it even
15 needle exchange.

16 But understanding that you can't share
17 cookers and filters, I can't say from -- from this
18 that the implications of being in a group setting with
19 paraphernalia to use for injection drug use when some
20 of what I've heard is that using together is -- people
21 are using together and that is, you know, as a
22 community, I can't say that they wouldn't be at risk
23 because of how they're using it.

24 If they are picking up and making sure all
25 needles are not -- are discarded properly, there is

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1 going to be some amount of improvement from discarded
2 needles being a risk to others that might -- the
3 security guards, for example, or others, the people
4 that are cleaning the toilets, that sort of thing.

5 But I don't have anything from that to tell
6 me what percentage of needles are recovered. And is
7 it a hundred percent of needles are recovered, is it
8 50 percent of needles are recovered?

9 And so, is it a -- so there can still be
10 significant risk even if there's less risk of, you
11 know, having old equipment and sharing old equipment,
12 there is still risks with having this type of
13 equipment. And there is not enough information from
14 this for me to know how much of that, as I say, is
15 still their risk to other people.

16 It's a risk to people in the community that
17 are on-site which you have told me there are people
18 cleaning the toilets, there are people who, you know,
19 the security guards on-site. I don't know what their
20 risk is from this information.

21 185. Q. So if there was a -- if the evidence --
22 and I don't know if this is true in the record. But
23 if the evidence was that Sanguen was providing an
24 educational component to their harm-reduction van
25 service, you'd agree that that is -- could lessen some

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1 of the risks?

2 A. Depends on what their education
3 includes. My -- my experience, unfortunately, with
4 harm-reduction when I first got involved in it, it was
5 that the focus on the needle as being -- and, you
6 know, needle exchange, don't share needles.

7 And -- and when I left and when -- I still
8 found that. So I do not know if there is -- what that
9 would look like. So -- and what -- you know, and
10 there are new people. How often are they doing this?
11 You know the -- so, yes, is it important to be
12 providing information? Absolutely, yes. Is it
13 important to be providing the right information?
14 Absolutely, yes. Is it important to make sure
15 everyone has that information? Absolutely, yes.

16 Then will people always follow-up on that
17 information? I don't know how that is observed. But
18 -- but those are a lot of assumptions that, yes, there
19 can be -- there is benefit but I can't say how much
20 the risk is.

21 One of the things that could be found out is
22 the -- as you say, there are sharps containers. Have
23 they done a count of what percentage of needles they
24 deliver are recovered? Because that is actually a
25 measurable way of knowing how many needles are in the

1 community. This does not provide me with that
2 information.

3 186. Q. Okay. When you say -- when you're
4 talking about people using together, you said about
5 "I've heard" about implications of using in group
6 settings. What's the basis of that knowledge?

7 A. I believe that there was an affidavit
8 that referenced using in a group. And I actually
9 can't tell you for sure what that -- and I also read a
10 CBC article that said that, too. So I can't -- I do
11 not know for sure.

12 Having said that, my experience with
13 encampments is that people tend to use and sometimes
14 will be sharing equipment. Often then will go, you
15 know, once they've used, go back into their tents.
16 But there can be an amount of sharing of equipment
17 within an encampment.

18 Some people ---

19 187. Q. So when you ---

20 A. --- will use alone.

21 188. Q. Sorry, and when you talk about your
22 experience with encampments, are you talking about
23 that personal experience in London?

24 A. I am talking about London but that
25 would include both personal and patient. So both of

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1 my -- not necessarily just as a community member but
2 as information from -- from being in the hospital
3 setting.

4 189. Q. But no direct -- direct knowledge of
5 that?

6 A. I have not watched people sharing
7 needles or sharing equipment within an encampment. I
8 have not watched people sharing, you know, Fentanyl
9 within an encampment, no. Not personally.

10 190. Q. Okay.

11 A. I have seen ---

12 191. Q. You'll ---

13 A. Oh, sorry. No.

14 192. Q. No, you go ahead.

15 A. No, I have seen people sharing Fentanyl
16 within a park setting but not specifically within an
17 encampment setting. So I have not been that close to
18 know what that would look like in an encampment,
19 sorry, from a personal experience.

20 193. Q. Are you aware that the safe-injection
21 site in Kitchener closed in April of 2025?

22 A. I am aware of that.

23 194. Q. Okay. Now, I understand that you're
24 saying that you don't know the exact numbers but
25 broadly, would you agree that having a needle exchange

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1 program can mitigate some of the risks that you've
2 noted in your affidavit around injection drug use?

3 A. Yes.

4 195. Q. And you would agree that having sharps
5 containers on-site that are frequently, like picked up
6 in some sort of frequent way, could mitigate some of
7 the risks of improperly discarded needles?

8 A. I think that would mitigate some risks.

9 196. Q. Okay. There's another news article
10 that I'd like to show you. This is from the Record
11 which is a local Kitchener-Waterloo publication. And
12 I -- I'll give you -- you're not quoted in it so I
13 imagine you're not familiar with it. But I'll give
14 you an opportunity to take a look at it.

15 It's called "Harm-reduction tent set up at
16 Victoria Street encampment in Kitchener." And it's
17 dated July 4, 2025.

18 MR. LOKAN: And, Ashley, I'm going to put
19 the same caution on here that I don't
20 believe this is anywhere in the record. And
21 it's all the more questionable to use this
22 as a source of any information given that
23 this, if I am remembering correctly, is a
24 associated with the Fight Back group. And
25 you do have some affidavits from two members

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1 of the Fight Back group. So if I ---

2 MS. SCHIUTEMA: So I don't think this is
3 actually associated with the Fight Back
4 group, Andrew.

5 MR. LOKAN: Okay, it's a group of activists
6 and camp residents then.

7 MS. SCHIUTEMA: Yeah, it says Alan --
8 Charlotte, do you mind scrolling down just a
9 minute. It says -- sorry, the second site
10 there, it says:

11 "... Julien Ichmim, a member of the Alan
12 Ryan People's Community Defense Brigade
13 ..."

14 MR. LOKAN: Okay. I think we may have asked
15 and got a refusal or not yet an answer on
16 the people associated with Fight Back. But
17 in any event, there is -- there is evidence
18 in the record, there's affidavit evidence
19 talking about harm-reduction. And I am
20 wondering why you are using this article
21 rather than something from the record? If
22 you're using this article, it can be the
23 basis for a hypothetical. But really,
24 that's as far as it goes.

25 MS. SCHIUTEMA: That's fine. That's fine.

1 BY MS. SCHUITEMA:

2 197. Q. So I guess my question is, were you
3 aware that there was a mutual aid group that had set
4 up a harm-reduction tent at 100 Vic?

5 A. No.

6 198. Q. Okay. There's parts in the article --
7 and as Andrew correctly points out, this is actually
8 also in some of the affidavits about there being
9 Naloxone and harm-reduction supplies being readily
10 available on-site.

11 MR. LOKAN: Again, Ashely, if you're going
12 to characterize the evidence, I would ask
13 that you provide the actual evidence.

14 MS. SCHIUTEMA: Sure. I don't have the
15 sources in front of me, Andrew. But I know
16 that they -- I'll try to remember where they
17 are. I know they're mentioned. And you
18 said yourself that you know that they're in
19 the record as well.

20 MR. LOKAN: So I am not trying to be
21 obstructive. Put the hypothetical to the
22 witness and if there's evidence in the
23 record that proves the facts underlying the
24 hypothetical, then you have that. But I am
25 wondering what the use of the article is.

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1 And perhaps just put the hypothetical.

2
3 BY MS. SCHUITEMA:

4 199. Q. So if there are volunteers at the
5 encampment with Naloxone to provide to residents for
6 overdoses, would you agree that that would mitigate
7 some harms around overdoses?

8 A. Are they -- I think that
9 (indiscernible) reversing an overdose, it is certainly
10 possible that you could have reversals of an overdose
11 if there are people at the site who are trained to use
12 Naloxone, and people are not going back into their
13 tents when they are using.

14 So there is a lot of assumptions in that
15 type of a statement about the type of use. Also, are
16 these people available 24 hours a day, seven days a
17 week? And I think it's really important -- actually,
18 you bring up a really important issue, Ashley, of the
19 difference between reversing an overdose and actually
20 decreasing the risks of overdose deaths over time.
21 Because we know with Naloxone that we can reverse
22 overdose but we're still seeing an increase in
23 overdose deaths over time when Naloxone came out.

24 And in part that is, when we look at an
25 encampment, we have to look at drug use within the

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1 encampment. The more drugs are available and
2 accessible and used -- and certainly, we also know
3 that there can be sort of drug sub-culture that
4 increases use. The more people use and the more often
5 they use, the more likely they are to have an overdose
6 that will lead to their death.

7 So there is a -- when you're in an
8 encampment, and my experience with an encampment,
9 within encampments, is that there is high drug use.
10 That there is regularly accessible drug use and the
11 drug use is very inexpensive which increases the
12 amount that people use.

13 People who weren't necessarily using, are
14 going to start using, they're going to start using
15 more, they're going to be in an environment in which
16 it's used very regularly, and used more. They are
17 going to need to be -- have a higher incidence of
18 overdose, overdose which needs to be reversed which
19 increases the risks that they're going to have an
20 overdosed death that will be missed or not reversed,
21 or there won't be enough Naloxone to reverse.

22 The other thing that's really important
23 about the environment. And I am concerned about --
24 about 100 Vic, is the importance of recognizing that
25 Naloxone is just one factor in decreasing an overdose

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1 death. That is also has to be associated with calling
2 911. And not being -- and not being sort of remiss
3 about the next step of calling 911. So ---

4 200. Q. Okay, so you would agree that having
5 security on-site can mitigate some of those risks that
6 you just identified?

7 A. If security -- well, I don't believe
8 that security is going to be watching people using. I
9 think that that would probably not be happening.
10 Security would therefore need to be informed that
11 somebody has had an overdose and be -- when -- so if
12 security is informed -- is security informed every
13 time that Naloxone is used on the site?

14 That would be an easy thing to -- so if
15 you're saying there are volunteers and that they are
16 using Naloxone, is part of the volunteer protocol to
17 inform security when they have used Naloxone. Because
18 if it's not, then security doesn't know that an
19 overdose has been reversed.

20 So if security is involved in the process
21 and is informed when Naloxone is being used, then
22 security on-site absolutely is beneficial. But how
23 much security is involved in that, I wouldn't be able
24 to say from what you're saying. And actually ---

25 201. Q. So do you have any direct knowledge on

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1 the techniques that are used by substance users at 100
2 Vic?

3 A. The techniques? What you've said is
4 that there -- is the needle -- the needles that are
5 brought. So from that, that would indicate that there
6 is an amount of injection drug use.

7 I cannot say that -- what percentages used
8 by injection drug use. I can't say how much is
9 smoked. We do know that the use of injection drugs
10 has gone down and smoking Fentanyl, for example, has
11 gone up.

12 I do not know the percentage at 100 Vic.
13 And have not seen it in anything that has been
14 provided to me.

15 202. Q. Okay, so you couldn't really comment on
16 whether or not they're practicing using safe
17 techniques?

18 A. I can say my experience within
19 encampments is that there is not -- it's not a sterile
20 environment. So there are risks because of not being
21 in a sterile -- a clean, maybe "sterile" is not -- is
22 an over-simplified word. But a clean environment and
23 clean setting. But I cannot specifically say how
24 drugs are being used at 100 Vic.

25 I can say that in encampments where there is

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1 a lot of drug use -- well, where there -- in
2 encampments we are -- encampments have been associated
3 -- and I believe I've read that in the -- some of the
4 information provided to me that there is a significant
5 amount of drug use at 100 Vic. It would be uncommon
6 for there not to be.

7 And the higher the amount of drug use, the
8 people develop tolerance, the more people develop fear
9 of withdrawal, the more people use and the more that
10 they are at risk of having eventually an amount of
11 toxicity that can be potentially fatal over time.

12 So we're also looking at risk over time.
13 The longer somebody is in that type of environment,
14 the higher the risk is that they will not get into
15 recovery and not be able to switch to opiate agonist
16 therapy. That they will be put -- be in a position of
17 being at risk of having a drug-related toxicity or
18 event.

19 203. Q. Okay. Just give me one second. At
20 Paragraph 92, you are talking about patients that you
21 have supported who reported an increase in drug use in
22 encampments. You said they were also less likely to
23 practice safe techniques when using paraphernalia or
24 attend a supervised injection site.

25 You have not attached a study to this

1 paragraph, is that correct?

2 A. No, this is actually specifically about
3 patients that have reported to me.

4 204. Q. Okay. And so you don't have any like
5 direct knowledge about this?

6 A. This particular paragraph ---

7 205. Q. Mm-hmm.

8 A. --- was specifically discussing things
9 that I've been told by patients who were in the
10 encampments. This is -- this paragraph is very
11 specific about things that I've been told.

12 206. Q. So it's not -- you're not within your
13 direct knowledge?

14 A. No.

15 207. Q. Okay, and you have no study, like
16 scientific study to support this proposition?

17 A. No. I think repeatedly there is
18 information about drug use in encampments but there is
19 no scientific study that I am aware of specifically.

20 208. Q. Okay. I want to ask you a few more
21 questions. And I know I said that last time. So I'll
22 just do one more check. I am taking too long. But
23 let me see. Does anyone need a break?

24 MR. LOKAN: Perhaps check with the reporter.

25 MS. SCHIUTEMA: Yeah, Ms. Pollard, are you

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1 ready for a break?

2 MADAM REPORTER: Actually, I am doing just
3 fine. I don't want to hold anybody up. But
4 I'm fine, thank you so much for asking.

5 MS. SCHIUTEMA: Okay, thanks. And Dr.
6 Koivu, you are okay to keep going for a few
7 more minutes?

8 THE WITNESS: Yeah, I am okay to keep on.

9 MS. SCHIUTEMA: Okay, thanks.

10
11 BY MS. SCHIUTEMA:

12 209. Q. Okay, so I am going to take you to
13 Paragraph 82 of your affidavit. And you're -- this is
14 about sexual violence. So you say:

15 "... While sexual violence can happen
16 within a shelter, shelters generally
17 are often age- and gender-specific and
18 they have staff available to safeguard
19 against such occurrences ..."

20 So, I mean, I take it from that
21 statement that you agree that sexual violence can
22 occur in shelters?

23 A. Yeah, I do.

24 210. Q. Okay. And you would agree that for
25 some women who are experiencing homelessness, staying

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1 in a co-ed shelter may not be a safe option for them?

2 A. Definitely. I agree with that.

3 211. Q. Okay, and are you aware of the
4 emergency -- what emergency shelters exist in the
5 Region for women and gender-diverse people?

6 A. I believe the numbers are not adequate
7 to support the number of women that are experiencing
8 homelessness.

9 212. Q. Okay, do you know -- like are you aware
10 of the rates of sexual violence in shelters in
11 Waterloo Region?

12 A. No. And I do not know the rate of
13 sexual violence in shelters and a comparison to the
14 rate of sexual violence in encampments.

15 213. Q. Okay. So the statement you made about
16 not having adequate numbers is correct. So I'll just
17 tell you the numbers that are in the record. There's
18 47 beds in Kitchener for women and that's an overnight
19 shelter. And then there's 20 beds in Cambridge for
20 women which operates in a 24/7 capacity. So in total,
21 there's 67 beds.

22 MR. LOKAN: Again, that -- please specify
23 that that's as of a certain time because --
24 those numbers may have changed.

25 MS. SCHIUTEMA: So that -- I know that that

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1 comes from Sara Escobar's affidavit which I
2 believe was sworn in June or July of this
3 year. So those are the most recent numbers
4 that we have in the record that we're
5 working with.

6
7 BY MS. SCHUITEMA:

8 214. Q. And so you'd agree that there may be
9 women in Waterloo Region that can't access a bed in a
10 women's-only shelter?

11 A. Yes, and I would also point out that
12 100 Vic is gender-diverse and not women-only. So --
13 and I am not -- you know, so that I do know about 100
14 Vic is that it's a gender-diverse encampment.

15 215. Q. Would you agree there's a difference
16 between having a -- like your own private tent versus
17 like having side-by-side beds in a co-ed emergency
18 shelter?

19 A. From a perspective -- from a protection
20 point of view, not necessarily. Actually, I was just
21 working regarding a femicide in London where one of
22 the people working at an agency in London pointed out
23 that the zipper is not much protection from assault.

24 It can give you a feeling of safety but I
25 would say that -- and I can understand it from an

1 anxiety perspective in feeling safe. But I would say
2 that in a monitored environment in which there are
3 staff that can come and facilitate an amount of safety
4 -- and even people around that can facilitate safety
5 -- that being in your own tent in an encampment, isn't
6 necessarily a form of safety over being in an
7 environment in which there are people who can respond
8 to an assault if it were to take place.

9 216. Q. Okay. And what would you say to the
10 security and the volunteers that are at the encampment
11 in terms of providing that monitored environment?

12 A. I would hope that that would be
13 something that the security -- I don't know what the
14 volunteers are or what their role is and how long are
15 they are there. Are they there 24 hours a day?

16 My experience with volunteers is that they
17 are often there during daytime hours and not
18 necessarily during nighttime hours. I would hope that
19 people would have some amount of protection from
20 security. But I also do know that if people have --
21 have taken medication that is sedating and are
22 therefore not responding, that they are vulnerable.

23 And my understanding is that the security
24 would be responding if they are called but wouldn't be
25 responding -- aren't doing checks, tent checks to make

1 sure. You know, they're not walking around making
2 sure everything is fine and no one is in anyone else's
3 tent that shouldn't be.

4 I don't have that kind of information. If
5 somebody is alert and awake and aware, they would be
6 able to call for assistance. My experience is, is
7 that the vulnerable people within an encampment, their
8 vulnerability is particularly if they've taken
9 sedating drugs and are not aware of an assault when it
10 takes place.

11 So there is some -- definitely there's
12 benefit to security being on-site but I do not think
13 that they would be able to be in a position to protect
14 people within their own tents, particularly if they've
15 taken sedating medication. From the model that I am
16 aware of, of the security that's there.

17 217. Q. Okay, so when you say, "my experience
18 with vulnerable people" you're talking about your
19 experience as a community member with encampments?

20 A. No, that's my experience as a
21 physician. Although, there can be some overlap
22 because I certainly went to encampments and talked to
23 people. Most people want to know who I am so they're
24 certainly overlap but I am actually really referencing
25 patients that I've talked to that had experiences of

1 feeling sexually-exploited or having experienced
2 gender-based violence within an encampment, from my
3 role as a physician and having them speak to me about
4 it at the hospital.

5 218. Q. Do you provide care to patients after
6 they've experienced sexual assaults?

7 A. I do not now. That was one of my roles
8 in St. Thomas previously. I am not involved in the
9 sexual assault center in London.

10 219. Q. Okay. Are you familiar -- so you said
11 you read Dr. Dr. Kaitlin Schwan's affidavit. Are you
12 familiar with the project Willow Report which is based
13 out of Waterloo Region?

14 A. I saw it for the first time when it was
15 provided for me to -- yes, well I saw it yesterday. I
16 did not have the opportunity to read it in detail.

17 220. Q. Okay. It is a Waterloo Region-based
18 study about women and gender-diverse people using
19 emergency shelter.

20 So I think -- and this is in the record. I
21 don't know if we need to make it an exhibit. I think
22 you've already -- you've already answered this around
23 feeling safe. But would you agree that women staying
24 in an encampment may be safer than staying in a
25 shelter if there are sexual violence and rapes that

1 can occur in shelters?

2 A. I don't know of any time when I was --
3 I would say that shelters can have their limitations.
4 And certainly if you've experienced a bad experience
5 within a shelter, that that would make it difficult to
6 go back to a shelter. But I might -- I believe that
7 the risk of an assault is greater in an environment
8 such as an encampment than it is within a shelter.

9 There's also one line in this that I thought
10 was interesting of a woman saying that I don't tell
11 other women. And I can't remember how it was worded
12 but it was certainly -- they weren't necessarily
13 helpful which I thought was really interesting and
14 tragic. But there are risks in shelters and I don't
15 want to downplay that there are risks that can happen
16 in shelters.

17 But I think overall there are significant,
18 better systems in place to support women in a shelter.
19 I think there are risks in encampments. And those
20 risks in a shelter are mitigated by staff, they're
21 mitigated by hopefully having people in appropriate
22 shelters based on gender. So there are ways to
23 mitigate risks in a shelter.

24 In an encampment, is still an environment
25 which you can be using, you can be using -- you can be

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1 in your tent alone, you could have used a sedating
2 medication during the day or night and be in your tent
3 and being vulnerable.

4 The presence of some volunteers and some -- and
5 security, I am glad of that, that will decrease some
6 of the risks. But I cannot say that I have enough
7 information to make a comparison of the risks of a
8 sexual assault in a gender-diverse community in an
9 encampment in which sedating drugs are likely to be
10 used ---

11 221. Q. Okay.

12 A. --- and security is not on-site. So I
13 can't make a comparison between whether ---

14 222. Q. Sure.

15 A. --- it's safer in a shelter versus an
16 encampment. If anything, my experience would still
17 say an encampment is less safe than a shelter.

18 223. Q. Okay, and so I guess my question wasn't
19 about sedating drugs. But I want to put this
20 hypothetical to you. And it's based on our own
21 clients' experience. So there's a client named
22 Josephina Dugas. She has attested that she was raped
23 while living in a shelter. If you pair that with the
24 context where we don't have enough beds in our
25 community for women, like women-only, isn't it fair to

1 say that she may feel safer staying in an encampment
2 than having to go to a co-ed shelter, if that space
3 existed?

4 A. She may feel safer in an encampment but
5 I want to point out that there's a significant
6 difference between feeling safe and being safe. If
7 she is then later sexually assaulted within the
8 encampment, she will not feel safe there.

9 So her experience right now is driving her
10 -- her decision-making. But that does not mean
11 overall an encampment is a safer environment. So
12 going from an environment that has risks to an
13 environment that has more risks because you haven't
14 had the negative outcome at that more risky
15 environment, doesn't make it safer.

16 It doesn't mean that some people will choose
17 things that are high risky. It can but again, I think
18 it's really important to recognize the difference
19 between "feeling safe" and "being safe."

20 224. Q. And are you aware of any sexual
21 assaults taking place at 100 Vic?

22 A. I am not.

23 225. Q. Okay. In terms of motels, are you
24 aware of concerns that people have around sexual
25 coercion and exploitation at some of the local motels

1 in the Region?

2 A. As compared to being in an -- my
3 experience with people being in a -- in an encampment,
4 for example, is that some of the sexual exploitation
5 has been around providing claims that they will be
6 provided with safety, safety from others. And ---

7 226. Q. Okay, so ---

8 A. So, no, I am not aware of -- so no, I'm
9 not aware. And cannot make -- I am not aware of
10 sexual exploitation of people who have been sheltered
11 in motels in Kitchener-Waterloo area as opposed to
12 brought to a motel to be sexually exploited. So, no,
13 I don't have that kind of information, no.

14 227. Q. Okay. So there is some evidence in the
15 record, and Andrew, this is at Sara Escobar's
16 affidavit, Paragraph 23. I believe it's her first
17 affidavit, but I will confirm, where she talks about
18 some of the owners and staff at some of the local
19 motels in her experience that they are not safe for
20 vulnerable individuals to be around.

21 And so, you know, given some of these
22 concerns, would you agree that some women staying at
23 the encampment may be safer than a motel where they
24 could be exploited?

25 MR. LOKAN: Once again, with the Escobar

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1 affidavit, I am not sure that we have
2 anything connecting those motels to any
3 current work that the Region is doing in
4 terms of out-placement.

5 MS. SCHIUTEMA: Okay, so ---

6 MR. LOKAN: If you want to put it as a
7 hypothetical, that's fine.

8 MS. SCHIUTEMA: Yeah. It is a hypothetical.
9

10 BY MS. SCHIUTEMA:

11 228. Q. If there are risks of women being
12 sexually exploited in a motel, wouldn't you agree that
13 for some women, when they don't have access to
14 shelter, where their options are going to be exploited
15 in a motel by the workers there, are going -- and not
16 accessing a co-ed shelter -- or sorry, a women's-only
17 shelter -- wouldn't you agree that for some women
18 staying at the encampment may be a safer alternative?

19 A. I am going to keep saying that being in
20 an encampment is not safe. What you're asking me is
21 going to the motel safe? And I think that if people
22 are -- and absolutely, we are -- you know, there are
23 cases where women have been taken to motels to be
24 sexually exploited. And I can't speak for staff at a
25 motel.

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1 But what I can say is that I think that
2 there's a lot of assumptions in what you're saying.
3 And that most people who are working within a
4 business, including a motel, you know, if sexual
5 assaults are being identified at the motel, I hope
6 that that has been taken to the police. I hope that
7 those people are no longer working at the motel and --
8 in question -- and I hope that the workers involved in
9 placing people who are vulnerable which could include
10 going to motels, would be aware of this information.
11 And that the motels that they would be working with,
12 would not include hotels where this has occurred.

13 Is gender-based violence a problem in our
14 society? Absolutely. I would absolutely say that
15 gender-based violence is a problem in our society.
16 But to be able to say that overall, motels as a
17 business are a less safe environment for a woman than
18 an encampment, I don't have any information to be able
19 to say that.

20 And I have much more information to say an
21 encampment is not a safe place. And that most
22 businesses are not going to be -- the owners are not
23 going to be exploiting people that are coming to the
24 hotels. That's ---

25 229. Q. Okay, so that's your overall picture

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1 but let's assume for this hypothetical that you --
2 that the person living at the encampment knows that
3 there is exploitation taking place at this motel.
4 Would you agree ---

5 A. I would hope -- I would hope that when
6 she is working with a individual plan, housing plan,
7 with her worker, that that would -- information would
8 be made available to the worker. And that that motel
9 would not be considered an option for that woman. So
10 absolutely, if somebody has experienced that, that
11 needs to be -- first of all, that needs to be
12 reported.

13 And hopefully -- I understand the difficulty
14 that that can be but I think it certainly needs to be
15 reported at a high enough level that other women
16 aren't put at risk. Because holding that information
17 alone could be putting other women at risk.

18 But in this individual case dealing with an
19 individual housing plan, then that motel and perhaps
20 even motels themselves might not be the right option.
21 And that needs to be worked with the support worker to
22 have a better option for someone who has had that
23 experience. That does not mean I'd want to keep them
24 in an environment that I know is dangerous.

25 230. Q. Okay.

1 A. Especially when we're looking at
2 winter, the risk of having, you know, a cold event.
3 You know, the frost bite that I have seen leading to
4 loss of limbs and like fingers, toes and legs are in
5 people that stayed in an encampment.

6 And I have cases of people who were
7 vulnerable but didn't understand the risks of staying
8 in an encampment, certainly didn't understand the
9 risks of frost bite. And believed that because they
10 were being supported by professional workers that were
11 coming and giving care, that encampments were safe.

12 And they lost -- had life -- you know, some
13 of them it can be more serious and just life-altering
14 suffering. But the people that I've seen that had,
15 you know, severe repercussions from cold-related
16 injuries, particularly frost bite leading to
17 amputations, retrospectively would take the shelter.

18 And I think that just the comparison of one
19 thing or another, being in a -- being in a warm
20 environment has its own set of being safe that you
21 will not get when it's minus 10 in a shelter. So it's
22 -- it's -- it's -- hypothetical takes away context and
23 it takes away nuances, and takes away the overall
24 picture that, in general, being sheltered is safer
25 physically than being unsheltered including in an

1 encampment.

2 231. Q. No matter what the context of that
3 shelter is?

4 A. I do not know of anytime that there is
5 -- that I can think of -- I am sure there is -- this
6 is where being in a shelter is not safer from a
7 physical perspective particularly regarding the
8 elements which is what I was just talking about, than
9 being outdoors including in an encampment.

10 232. Q. Even if you're at risk of sexual
11 assault?

12 A. If you're at risk of sexual assault,
13 that does not change your risk of getting frost bite.
14 So the risks of being in an encampment are high,
15 including the risk of exposure. Going to a motel that
16 you are at risk of sexual assault is not what I'd be
17 recommending, obviously.

18 That when people are having a care plan,
19 that needs to be part of the individual housing plan
20 and looking at what is an appropriate motel. What is
21 appropriate as far as any individual person. What
22 they need to do as far as, you know, locking doors or
23 having someone that they can call right away,
24 partnering up with people, what they can do to
25 mitigate this, the environment, to make it safer

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1 wherever they are, that would be something that would
2 be something that should be worked with their
3 individual housing plan.

4 But being in a shelter, the people that I
5 saw that had the most horrific injuries from cold --
6 and one I can think of that a tent fire severely
7 damaged her face. The option of being,
8 retrospectively, they would have taken the motel if
9 they had -- or gone to -- I've seen people that had
10 options but did not understand the risks of being in a
11 -- sorry, the risk of being in an encampment and the
12 risks of being outdoors.

13 And would have taken a shelter recognizing
14 there can be some hypothetical risks to that shelter
15 compared to the actual risks of being outdoors. So
16 for the people that I've seen that have lost a limb,
17 if I ask them the same question, I don't think they
18 would necessarily give me the answer that this person
19 is giving you.

20 233. Q. Okay.

21 A. Because she hasn't experienced the loss
22 of limbs yet. But absolutely, if there is a shelter
23 -- if there is a place where people are exploiting
24 women, that needs to be exposed and it needs to be off
25 the table as far as some place that woman would be

1 sent. And that should be known by the outreach
2 workers.

3 234. Q. Okay, those are all my questions.
4 Thank you very much.

5 A. Thank you. Thank you for the
6 opportunity to answer your questions.

7 235. Q. Okay, thank you. Barbara or Mercedes,
8 I wouldn't mind a bio-break, I think.

9 THE WITNESS: I think a break would be
10 great.

11 MS. SCHIUTEMA: Yeah.

12 MS. PEREZ: Yeah, I mean, it's 12:12, so
13 maybe if we can just have a short
14 conversation. I mean, I need to eat
15 something, too. I can't -- I can't proceed
16 without least like maybe half-hour break to
17 eat something or a 20-minute break to eat
18 something. And go through the questions
19 because I notice that Ashley did ask some of
20 my questions. But, Andrew, I am just
21 mindful of your email from yesterday where
22 we asked you what Dr. Koivu's availability
23 is today and you said she can stay a little
24 bit past 1:00 but not too much.

25 MR. LOKAN: Okay, so we're good until 2:00.

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1 She would have difficulty beyond that. So I
2 am perfectly happy with a short break. And
3 I also would want to know what to tell Peter
4 when he should be standing by for.

5 MS. PEREZ: Yeah, I think the issue is that
6 I have at least a similar amount of
7 questions as Ashley. Like I don't think I'm
8 ---

9 MR. LOKAN: So ---

10 MS. PEREZ: --- going to be done in an hour.
11 So if we only have until 2:00 p.m. ---

12 MR. LOKAN: --- 12:30 until 2:00 p.m. is an
13 hour and a half.

14 MS. PEREZ: Yeah.

15 MR. LOKAN: Why don't we do that?

16 MS. PEREZ: Okay. Sorry, 12:30.

17 MS. SCHIUTEMA: Sure.

18 MS. PEREZ: Let's see where we get.

19 MR. LOKAN: We're not bringing Dr. Koivu
20 back. You need to plan these things
21 including between yourselves. You know, we
22 might be able to stay until like 10 or a
23 quarter past 2:00 but we're not bringing her
24 back. Unless a court orders us to.

25 MS. PEREZ: Okay, well let's come back right

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1 at 12:30 then.

2 MR. LOKAN: Sure.

3
4 --- LUNCHEON RECESS

5
6 MADAM REPORTER: I'm good to go. We're on
7 the record.

8 MS. PEREZ: Thank you. Good afternoon, Dr.
9 Koivu.

10 THE WITNESS: Good afternoon.

11 MS. PEREZ: I wasn't here at the beginning
12 of this cross-examination for a very short
13 period of time due to some technical
14 difficulties with my computer. And I missed
15 a question I think of you being asked the
16 pronunciation of your name. Did I pronounce
17 it correctly?

18 THE WITNESS: Yes, you did.

19 MS. PEREZ: Okay, well, thank you for your
20 patience with this process. My name is
21 Mercedes Perez. I am a lawyer and I've been
22 appointed *amicus curae* in this proceeding
23 which means that I've been appointed to
24 assist the court with respect to the
25 interests of people who reside at 100 Vic,

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1 are unrepresented by a lawyer and may lack
2 capacity to retain and instruct a lawyer.
3 So that's my role.
4

5 CROSS-EXAMINATION BY MS. PEREZ:

6 236. Q. I do have some questions arising from
7 your affidavit, the one that you've been discussing up
8 until now.

9 You were asked earlier about the term
10 "living rough" and you gave an answer describing your
11 understanding of the definition of that term. For the
12 purpose of my questions here today, when I use the
13 term "living rough" in this cross-examination, I am
14 referring to people who are living outside but not in
15 an encampment and specifically not in a tent. Okay?

16 A. Okay.

17 237. Q. At Paragraph 18 of your affidavit, you
18 cite a study that found that unsheltered people
19 experiencing homelessness have a 2.7-fold increased
20 risk of mortality compared to those who are sheltered.
21 This is the study at paragraph -- or sorry, at
22 Footnote 27 ---

23 A. Yeah.

24 238. Q. --- of your affidavit. It's the
25 Roncarati study titled "Mortality Among Unsheltered

1 Homeless Adults in Boston."

2 A. Yeah. I am sorry, what paragraph of
3 mine were you looking at; I missed what you said when
4 I was scrolling.

5 239. Q. No, that's okay. I was referencing
6 Paragraph 18 of your affidavit.

7 A. Of -- okay, yes.

8 240. Q. And we have the study here on the
9 screen.

10
11 --- SCREENSHARE

12
13 A. Mm-hmm.

14 241. Q. So first, can you confirm that this is
15 in fact the study that you've referenced at Footnote
16 27?

17 A. Yes.

18 242. Q. Okay, thank you. I'd like to mark this
19 study as an exhibit to the cross-examination. I think
20 we're at Exhibit E?

21 MR. LOKAN: It would be a numbered exhibit
22 if it's identified.

23 MS. PEREZ: Okay, sorry. So we are at
24 Exhibit 2?

25 MR. LOKAN: Yeah.

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1 MS. PEREZ: I can't remember. I think it's
2 No. 2.

3
4 EXHIBIT NO. 2: Roncarati study

5
6 --- SCREENSHARE

7
8 BY MS. PEREZ:

9 243. Q. Okay, so if we look at Page 2 of this
10 study and I don't know if it -- can you see it well on
11 your screen, Dr. Koivu, or is it a little small?
12 Could we maybe enlarge it a bit for Dr. Koivu? Is
13 that better?

14 A. Yes.

15 244. Q. Okay. And you'll notice with this
16 study and the ones that I'll be referring to later,
17 that I have tried to highlight the areas that I am
18 going to be taking you to, just to make it a little
19 easier for you to find things amongst all the text.

20 So if we look at Page 2 of this study under
21 the section "Importance" ---

22 A. Yeah.

23 245. Q. --- it says that:

24 "... Little is known about the pattern of
25 mortality among 'rough sleepers,' the

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1 subgroup of unsheltered urban homeless
2 people who avoid emergency shelters and
3 primarily sleep outside ..."

4 A. Yeah.

5 246. Q. And then if we look at Page 4 -- so if
6 you go down to Page 4, there's a comment here:

7 "... A paucity of literature exists
8 regarding the health status of
9 unsheltered, urban homeless adults,
10 also known as 'rough sleepers.' These
11 elusive, yet highly visible unsheltered
12 individuals eschew organized shelters
13 and choose to sleep on park benches, in
14 back alleyways, in doorways, under
15 bridges, near train stations, and in
16 abandoned cars ..."

17 So this study, if I am understanding it
18 correctly, it doesn't mention encampments or tents, it
19 doesn't distinguish the study participants or the
20 study people who are being observed ---

21 A. That's correct.

22 247. Q. --- (indiscernible) categories. You
23 agree with that, right?

24 A. Yes, that is absolutely -- that people
25 who are unsheltered it does not specifically identify

1 and people living in encampments, that is correct.

2 248. Q. And based on this definition here on
3 Page 4, it appears that people sleeping in tents and
4 in encampments may not even have been included.

5 A. I think though from the original --
6 going back to the definition that they had, it was
7 sheltered or unsheltered. And my understanding was
8 that unsheltered included people that were in tents.

9 You're right, in this particular line, the
10 reference to tents is not there but they, I believe in
11 another line, have referenced sheltered versus
12 unsheltered. But there is no specific reference to
13 people being in tents in this line. I would agree
14 with that.

15 249. Q. Okay, but ---

16 A. There's limitations to this study.

17 250. Q. Right and I am going to ask you about
18 those limitations but it's -- so you're saying there's
19 a line in this ---

20 A. Go back ---

21 251. Q. --- (indiscernible) tent.

22 A. Go back to the first one you showed me
23 again, if possible.

24 252. Q. Yeah, so that was on Page 2.

25 A. Yeah, I mean, it says, "To avoid and

1 primarily sleep outside." So with sleeping outside, I
2 would include in "outside" people in tents. They have
3 not identified that as a specific group but they
4 haven't identified it as an exclusive group either.

5 So they've talked about sheltered and
6 unsheltered and rough sleepers are people living
7 outside. You're absolutely right that this is not --
8 there is very little information that would help know
9 for sure the difference between different types of
10 unsheltered. And my understanding from this article
11 is that people in tents would be included in this.

12 But I wouldn't say that what you read later
13 was exclusive but it certainly doesn't specifically
14 include people living in tents.

15 253. Q. Okay. If we could just scroll down to
16 Page 16. So this is the Limitations section of the
17 article.

18 A. Yeah.

19 254. Q. And so if we look here at my
20 highlighted sections:

21 "... Additional limitations included a
22 lack of information about individual
23 comorbidities ..." ---

24 A. Yes.

25 255. Q. --- "... or the chronicity of being

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1 homeless before or during the
2 observation period; both could have
3 contributed to a more nuanced
4 understanding of mortality risk in this
5 population ..."

6 So does this mean that the authors
7 could not take into consideration individual
8 comorbidities or chronicity of being homeless before
9 or during the observation period and therefore
10 couldn't factor these issues into their analysis of
11 the cause of mortalities"?

12 A. Absolutely, there are limitations to
13 this study. I think what makes this study valuable is
14 that both -- any American study has limitations, too.
15 And I think that's really important. All American
16 studies have limitations because there's certainly
17 significant differences in the healthcare system and
18 social system within both the American and Canadian.

19 But what made this one I think of some value
20 is that everyone had access to the same types of
21 services in both of the groups. But there are
22 definitely limitations to this study. And you have
23 highlighted some of the limitations and I agree that
24 this study and essentially, most studies have
25 limitations in really having the nuances of knowing

1 what's happening within the unsheltered community
2 compared to the sheltered.

3 But in this one I looked at unsheltered
4 people with the same access to the same services as
5 sheltered people. They found that 2.7-fold increase
6 in mortality of unsheltered compared to sheltered.
7 But you absolutely bring up important limitations of
8 this study and all studies as far as the nuances of
9 who the unsheltered are, what that means.

10 And they didn't do an assessment before and
11 after of either group and could some of those factors
12 affect the outcome? Absolutely. I think what makes
13 it important is that it's kind of consistent with
14 other studies. But also that both groups had access
15 to the same services which isn't always the same in
16 every community but there are definitely limitations
17 to this study.

18 256. Q. I was going to ask you about the fact
19 that it's in Boston. You already touched upon some of
20 the limitations with American studies related to
21 access to healthcare, for example.

22 But if we look -- I didn't -- I neglected to
23 highlight this. But if we just look at the next
24 paragraph, it says, "Choosing Massachusetts" -- sorry,
25 sorry, the third paragraph. So it's the last

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1 paragraph on this page:

2 "... Generalizability to cities outside
3 Boston could be affected by difference
4 in access to homeless shelters, health
5 insurance, and health care. Boston
6 guarantees each homeless person access
7 to emergency homeless shelters each
8 night ..."

9 So that -- setting aside the healthcare
10 issue, the fact that at the time that this study was
11 conducted, Boston guaranteed each homeless person
12 access to emergency homeless shelters each night.
13 That's an important limiting factor when trying to
14 compare these results. For example, to the Region of
15 Waterloo where we heard earlier that there is a big
16 discrepancy between demand and supply.

17 A. I think it's tragic that in Boston they
18 are able to do that and we aren't here. But, yes,
19 you're absolutely correct that are definitely
20 differences between the communities.

21 257. Q. Okay. And then also another
22 characteristic of Boston's shelters mentioned here is
23 the limitations. This is in the middle of the
24 paragraph and I apologize that I forgot to highlight
25 this:

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1 "... Most of Boston's shelters have few
2 limits on the length of stay and have
3 little to no requirements regarding
4 sobriety. These shelters accept
5 individuals struggling with alcohol and
6 other drugs, an important factor in
7 minimizing the number of unsheltered
8 individuals in Boston ..."

9 So are you aware that in Ontario many
10 shelters do place these kinds of restrictions, length
11 of stay might be restricted, whether someone needs to
12 comply with sobriety requirements might be restricted.
13 Are you aware of that?

14 A. Yeah.

15 258. Q. Okay. So that would also be an
16 important limitation as to what we can extrapolate
17 from this study and try to apply it to the
18 circumstances in the Region of Waterloo?

19 A. That is correct, there are limitations
20 to this study.

21 259. Q. Okay. Thank you. And now turning to
22 Paragraph 17 of your affidavit. Here, you've written:

23 "... Encampments pose extensive health
24 and safety risks to the people living
25 in the encampments as well as public

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1 health and safety risks to the
2 community ..."

3 And you've cited a bunch of studies
4 that are listed in your footnotes. The first is found
5 at Footnote 6, so this is the Foster article about
6 Hepatitis A virus outbreaks associated with drug use
7 and homelessness.

8 A. Yeah.

9 260. Q. Okay, and so if we can just -- and
10 again, if you could -- Charlotte, if you could make
11 the printing, the font larger, that would be helpful.

12 A. Thank you.

13
14 --- SCREENSHARE

15
16 261. Q. Okay, so this is the study, this is in
17 fact the study referenced at Footnote 6 of your
18 affidavit?

19 A. Yes, I believe so, yes.

20 262. Q. Okay, so I'd -- thank you and so I'd
21 like to mark this as an exhibit to the cross-
22 examination. I believe it will be Exhibit No. 3.

23 MR. LOKAN: That's fine.

24 MS. PEREZ: Okay.

1 EXHIBIT NO. 3: Foster Study

2
3 BY MS. PEREZ:

4 263. Q. So if we look at just Page 1 -- sorry,
5 just give me one second, I am going to pull it up on
6 my screen. Okay, so if we look at just the very first
7 highlighted section:

8 "... During 2017, CDC received 1,521
9 reports of acute hepatitis A virus
10 infections from California, Kentucky,
11 Michigan, and Utah. The majority of
12 infections were among persons reporting
13 injection or non-injection drug use or
14 homelessness ..."

15 So first of all, from my reading of the
16 article, I didn't see that homelessness was defined as
17 restricted to encampments or even involving
18 encampments at all. Is that your understanding?

19 A. It was not specific to encampments, no.

20 264. Q. Okay. And the study also, from my
21 reading of it and I'll ask you to confirm, it doesn't
22 indicate what percentage of the 57 percent acquired
23 acute Hepatitis A infection from being homeless as
24 opposed to using drugs or both being homeless and
25 using drugs. Like it doesn't ---

1 A. It does not ---

2 265. Q. --- segregate that data.

3 A. No, it does not segregate that data.

4 266. Q. Okay, and if we just scroll down a
5 little bit on Page 1, there's a section titled,
6 "Public Health Response." Do you see that?

7 A. Yes.

8 267. Q. And then I have a highlighted section
9 where the authors reference:

10 "... In certain jurisdictions,
11 investigation teams also visited
12 homeless encampments to educate and
13 vaccinate unsheltered homeless groups
14 ..."

15 So first of all the vaccination against
16 Hepatitis A is considered, I guess, a robust public
17 health response to transmission, correct?

18 A. Yes.

19 268. Q. Okay, and would you agree that if we're
20 comparing homeless individuals living in encampments
21 versus those living rough, as I defined that term
22 earlier, it would be easier for public health teams to
23 reach homeless individuals residing at the encampment
24 because they know the location of the encampment? As
25 opposed to running around trying to find people

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1 sleeping under bridges and in bus shelters, etcetera?

2 A. The risk of the transmission of
3 Hepatitis A is greater in a group. So the risks of
4 getting Hepatitis A if you're isolated is
5 significantly different from the risks of getting
6 Hepatitis A or any of the other communicable diseases
7 are really about the risks of being in a group.

8 So you're absolutely right that if you're in
9 a specific area they can reach you but that is why
10 they're reaching you is because being in that area
11 puts you at risk of getting a transmissible
12 communicable disease or a disease such as Hepatitis A.

13 So your risk is higher because you're in the
14 encampment. And, yes, they are able to reach out and
15 do more on harm-reduction with this sense of a vaccine
16 in an encampment but they also need it there more. So
17 it's -- it's both.

18 You need it because you're in a group and
19 those sorts of things transmit in a group. But you
20 are able to be found in a group.

21 269. Q. Okay, so what I understand from your
22 answer is that the risk of transmission might be
23 higher in an encampment but it's also the encampment
24 itself is a form of harm-reduction because it makes it
25 easier to find people and educate and vaccinate them?

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1 A. No, I said giving everybody a vaccine
2 is a form of -- sorry, I am very sorry if that's how
3 it sounded. The vaccine is a form of harm-reduction.
4 Your risk is increased because you're in the
5 encampment and in that environment and then a --
6 reducing that risk is being able to give the vaccine.

7 But your risk itself increased because
8 you're in the encampment. The encampment doesn't make
9 it a form of harm-reduction. You've had the increased
10 risk of getting the disease. But then they will bring
11 the form of harm-reduction to you.

12 So I think it's a nuanced answer, I feel
13 like it's a bit different angle than what you're
14 saying. But the risk of getting the disease in the
15 first place is higher because you're in the
16 encampment. So the encampment itself as a form of
17 harm-reduction increases your risk.

18 But by being there, they can bring you the
19 form of harm-reduction which is the vaccine. So I'm
20 feeling like we're looking at it a little bit
21 differently. I don't think being at the encampment
22 itself is harm-reduction because it increased your
23 risk of getting the problem in the first place.

24 270. Q. But this study doesn't fully support
25 your statement that the risk of acquiring Hepatitis A

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1 is greater in an encampment because ---

2 A. The fact of acquiring any communicable
3 disease is greater if you're in any type of group
4 setting as opposed to spread in an individual. And so
5 that to me is sort of a given about communicable
6 diseases. They spread where people are close
7 together.

8 And this -- but as you point out, when
9 you're close together they can get the access to the
10 vaccine. So but I would say definitely people being
11 in a group are more at risk because they're in the
12 group.

13 But this -- I have to go over the nuances of
14 this article but I would agree with the limitations
15 that you have outlined, that it doesn't differentiate
16 between homeless and injection drug use as well as
17 specifically highlighting why this group was at risk
18 in the first place.

19 271. Q. In general, though, Hepatitis A
20 outbreaks are actually quite rare in Canada. Do you
21 agree?

22 A. Yes, I would agree.

23 272. Q. And the vast majority of those
24 outbreaks are actually attributable either to
25 elementary schools or contaminated foods that are sold

1 in grocery stores. Would you agree with that?

2 A. I don't have that data but I do know
3 that there are very few that are associated -- that
4 sounds consistent with my information but I could not
5 say that that is completely accurate. But it is
6 consistent with my experience and my understanding of
7 Hepatitis A outbreaks in Canada.

8 273. Q. And do you have any knowledge of any
9 Hep A outbreaks either at 100 Victoria Street in
10 Kitchener?

11 A. No.

12 274. Q. Or any other encampment in Canada?

13 A. No.

14 275. Q. And Hepatitis A outbreaks have occurred
15 within emergency shelters and drop-in centres,
16 correct?

17 A. I believe that has been documented.
18 Correct.

19 276. Q. Okay. Another one of the articles or
20 studies that you cite at Paragraph 17 is found at
21 Footnote 9. This is the Haber study called,
22 "Transmission of Hepatitis C virus by needle stick
23 injury in community settings." So if we could put
24 that one up on -- thank you. And make it a little bit
25 bigger.

1 --- SCREENSHARE

2
3 277. Q. Okay, so the first question, Dr. Koivu,
4 is just can you confirm that what we put on the screen
5 here is, in fact, the article?

6 A. Yes, it is.

7 278. Q. And so I'd like to have that marked as
8 an exhibit to the cross-examination. This will be
9 Exhibit No. 4.

10
11 EXHIBIT NO. 4: Haber study

12
13 279. Q. And so this -- just give me one second.
14 I didn't highlight anything here and if you need some
15 time to review it. I know you have a lot of studies
16 footnoted in your affidavit, so if you'd like some
17 time to review it, please just let me know.

18 My understanding is that this study focuses
19 on just two case studies, correct?

20 A. Yeah. I believe so.

21 280. Q. Okay. Relating to what's referred to
22 as "needlestick injury." The first ---

23 A. Yeah.

24 281. Q. --- is a -- the first case study which
25 was described starting at Page 1 is a case study of a

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1 young man working in a caravan park sustaining a
2 needlestick injury to his right index finger while
3 manually emptying rubbish bins.

4 And the second case study which is described
5 at Page 2 relates to a 64-year-old woman who stepped
6 on a used syringe in (indiscernible) needle while
7 walking through a public carpark in an inner-city
8 neighbourhood with a high prevalence of injection drug
9 use.

10 A. Yeah, that is correct.

11 282. Q. Okay, so I mean, generally we can't --
12 in terms of methodology, and in terms of trying to
13 extrapolate from case studies -- I mean, it's hard to
14 generalize from case studies, would you agree?

15 A. Case studies, they are not -- yes, case
16 studies are not high-level evidence. But they do
17 highlight that when people step on a needle, there is
18 steps they have to take that can make it very
19 stressful for them.

20 And those are examples that, you're right,
21 case studies and surveys, you know, individual surveys
22 and case studies are not high-level evidence but this
23 is sort of examples of people's experience. And this
24 is not specific to encampments either.

25 This is just stepping on or acquiring --

1 well, in one case stepping, in the other case
2 collecting garbage of what people have to go through
3 when they have a needlestick injury.

4 283. Q. Right, so let's -- these two case
5 studies illustrate that Hepatitis C can be transmitted
6 by a needlestick injury.

7 A. Yes.

8 284. Q. But you would agree with the comment at
9 -- if we could just go to Page 3 of the article and
10 then just looking at the second column, the first full
11 paragraph, it says:

12 "... Needlestick injuries from discarded
13 injecting equipment in public places
14 are considered to pose a very low risk
15 ..."

16 A. That is correct. But what they -- as
17 far as risk of transmission, they do pose low risk of
18 transmission, not no risk of transmission. But they
19 also pose a significant amount of stress and
20 requirement on the person who has had the needlestick
21 injury to seek medical attention and to be tested.

22 The probability of getting Hepatitis C or
23 HIV from a needlestick injury in the community is
24 actually fairly low but not zero. But the stress
25 someone has to go through when they've had a

1 needlestick injury is very real.

2 285. Q. All right. And are you aware of any
3 Hepatitis C transmission at the encampment at 100
4 Victoria Street?

5 A. No, I am not. I am not aware of
6 medical issues involving people at Victoria Street at
7 all. So I have no access to personal or medical
8 information about people who are at Victoria, 100
9 Victoria, or people who have worked there. I have no
10 access to their personal/private information.

11 286. Q. Right and I understood that from some
12 of the answers you gave earlier that probably no one
13 at 100 Victoria Street has been your patient.

14 A. Not that I know of, yeah.

15 287. Q. Yeah. But I'm just asking that
16 question in case you've heard something through other
17 means. But it sounds like you haven't with respect to
18 this specific question.

19 A. No.

20 288. Q. Another article that's cited at
21 Paragraph 17 of your affidavit is the one at Footnote
22 18, this is the Liu article which is titled,
23 "Communicable disease among people experiencing
24 homelessness in California."

25 So we pulled that up on the screen. Maybe

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1 if you could just -- is that a good size for you, like
2 is it ---

3
4 --- SCREENSHARE

5
6 A. I see that, yeah.

7 289. Q. --- (indiscernible).

8 A. And I can confirm that is the article.

9 290. Q. Okay, thank you. So I'd like to have
10 that marked as Exhibit No. 5 ---

11 MR. LOKAN: Sure.

12 MS. PEREZ: --- to this cross-examination.

13 Thank you.

14
15 EXHIBIT NO. 5: Liu study

16
17 BY MS. PEREZ:

18 291. Q. So if we just look -- if you just
19 scroll a little bit down on Page 1. Again, I've
20 highlighted some text here. The study right off the
21 bat identified that the definition of a person
22 experiencing homelessness differs by government agency
23 in the U.S. and it cites two different definitions.

24 One from the U.S. Department of Health and
25 Human Services which defines a homeless individual as

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1 one who lacks housing which includes an individual
2 whose primary residence during the night is a
3 supervised public or private facility that provides
4 temporary living accommodations. And an individual
5 who is a resident in transitional housing.

6 And then a different -- a somewhat different
7 definition from the U.S. Department of Housing and
8 Urban Development which expands the definition to
9 include people living in unstable housing arrangements
10 such as motels, personal vehicles and tents.

11 So this -- so the conclusion -- and then
12 I'll ask you about some of them that are drawn in this
13 paper -- are not -- pertain not just specifically to
14 homeless individuals living in tents in an encampment,
15 correct?

16 A. Correct.

17 292. Q. So we can't -- okay, sorry, I'll start
18 my question again. So it looks at the incidents of
19 communicable diseases among the entire homeless
20 population and doesn't draw any specific conclusions
21 related to people living at encampments, correct?

22 A. That is correct.

23 293. Q. Okay, look at the bottom of Page 2 of
24 this study. So this is under the title in the first
25 column that I've highlighted where it says,

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1 "Homelessness and communicable disease risk." It
2 says, PEH, which I understand to be the acronym for
3 "persons experiencing homelessness":

4 "... Living in crowded conditions such as
5 shelters have greater exposure to
6 pathogens, which increases the risk of
7 tuberculosis and diarrheal illnesses ..."

8 Do you agree with that comment?

9 A. Yes. Any crowded condition such as a
10 shelter or an encampment would increase the risk of
11 pathogens.

12 294. Q. Okay, but in here they're just
13 referencing shelters, they haven't referenced
14 encampments.

15 A. They said, "crowded living conditions"
16 and then they said, "such as," so, yes, they said
17 crowded living conditions such as. But they have not
18 identified specifically encampments. They have
19 identified specifically shelters.

20 295. Q. Okay. And then if we go to Page 7 --
21 sorry, just let me -- give me one second. There was a
22 comment in -- on Page 7 in the second paragraph that:

23 "... Exposures in congregate living
24 situations such as homeless shelters
25 may increase the risk of TB exposure

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1 among persons experiencing homelessness

2 ..."

3 You would agree with that statement,
4 correct?

5 A. I would agree with that statement and
6 point out why Canada is significantly different from
7 the States as far as response which is in another -- I
8 talk about TB specifically. The coroner's case that
9 was involved in the case in Toronto and how shelters
10 specifically, absolutely had an -- you know, TB
11 exposure in a shelter was an issue and how following
12 the coroner's case, we've been able to recognize the
13 issue and put processes in place within a shelter to
14 help decrease the risk of transmission of TB as well
15 as respond to it if it does happen.

16 But so, yes, being in a congregate area
17 gives you an increased risk. We've been able to
18 identify that within Canada and have specifically
19 addressed TB as something that we've been able to
20 reduce within shelters. And have really good success
21 as far as treatment within shelters. That, to my
22 knowledge, is not available within other areas of
23 congregate living such as encampments.

24 296. Q. I'll ask you about that TB study in --
25 or the TB example that you gave -- given another

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1 paragraph later on. But just sticking with this
2 article, on Page 8, there's -- at the top of the page,
3 it says:

4 "... Limited evidence suggests that
5 housing will be beneficial for other
6 groups as well. Among chronically ill
7 homeless adults, permanent supportive
8 housing was associated with decreased
9 mortality. Permanent supportive
10 housing programs provide a suite of
11 healthcare and social services to help
12 individuals stay healthy and housed ..."

13 Do you agree with that?

14 A. Yes. The goal should be housing.

15 297. Q. And then on Page 8 there are some
16 limiting factors that are identified. One of them
17 which is down at the bottom of the first column on
18 Page 8, it says:

19 "... Disease incidence among persons
20 experiencing homelessness may be
21 overestimated due to undercounting of
22 the true population of the people who
23 are homeless ..."

24 So (indiscernible) agree that that is a
25 limiting factor not just in this study but can be

1 generally when trying to make conclusions about these
2 rates or incidences of communicable disease
3 transmission?

4 A. Yes, there can be limitations in study
5 methodology being able to track people who are
6 homeless.

7 298. Q. Okay. And are you aware of anyone
8 having acquired syphilis at an encampment?

9 A. Not specifically syphilis. I am aware
10 of sexual transmitted disease transmission within an
11 encampment but not syphilis specifically, no.

12 299. Q. Okay, and what about -- is there a
13 Canadian study that looks at a similar issue as what
14 is being looked at in this American study? Do we have
15 Canadian data?

16 A. The -- the data from the study --
17 there's two studies that I've mentioned that are
18 Canadian. One is "Homelessness and Vulnerably Housed"
19 study which looked at Toronto, Ottawa and Vancouver, I
20 believe. And the other one is a study out of --
21 that's Nikoo which I think is my ---

22 300. Q. Oh, that's the Vancouver study.

23 A. Yeah. Which -- Vancouver, yeah. That
24 study are both Canadian studies that look specifically
25 at Canada.

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1 301. Q. I'll be asking you about one or both of
2 those later. So just returning to Paragraph 17 of
3 your affidavit, you also cited footnote -- a study
4 which is found at Footnote 19 of your affidavit. This
5 is the Moore study, Canadian Pediatric Society,
6 "Needlestick injuries in the community."

7 So if we could just pull that up on the
8 screen and, Dr. Koivu, if you could just confirm that
9 this is the study or ---

10 A. Yes.

11 302. Q. --- paper, position statement, I guess
12 I should call it.

13 A. Yeah.

14 303. Q. That's at Footnote number 19?

15 A. Yes.

16
17 --- SCREENSHARE

18
19 304. Q. I'd like to have this marked as an
20 exhibit to the cross-examination. I think it's
21 Exhibit No. 6.

22 MR. LOKAN: That's fine. I don't know about
23 the number but marking it is fine.

24 MS. PEREZ: Okay. Yeah, I am losing track.

25 Anyway, it's an exhibit to the cross-

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1 examination. We can figure out the numbers
2 later.

3
4 EXHIBIT NO. 6: Moore, position statement

5
6 BY MS. PEREZ:

7 305. Q. Okay, so this is a position statement
8 as opposed to a research study, correct?

9 A. Yes, that's correct.

10 306. Q. But you would agree with the comment on
11 Page 1 that I have highlighted, the first one, that
12 the risk of infection from needlestick injury is
13 extremely low, you agreed to that previously.

14 A. Yes, I did. I agree with that.

15 307. Q. And then you would also agree -- well,
16 tell me if you'd also agree with the other statement I
17 have highlighted here:

18 "... To date there have been very few
19 case reports of HBV, HCV transmission
20 and none of HIV transmission following
21 needlestick injuries or needles
22 discarded in the community ..."

23 A. Yes, I believe that to be still
24 correct.

25 308. Q. And I believe that you said earlier

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1 that HIV transmission -- well, let's just look at Page
2 5 of this position statement from the Canadian
3 Pediatric Society. It says on Page 5, right there:

4 "... It is extremely unlikely that HIV
5 infection would occur following an
6 injury from a needle discarded in a
7 public place ..."

8 Do you agree with that?

9 A. It's very unlikely.

10 309. Q. Okay. And ---

11 A. But again as we talked about with the
12 last case involving needlestick injuries, it's the
13 stress of what people have to go through regardless of
14 whether they have HIV, they have to go be seen
15 medically, they have to get tested, they have the
16 anxiety associated with it. The risk isn't zero, it's
17 unlikely.

18 But the process regardless of whether it's
19 likely for, no. I also would say having seen the
20 site, the probability of a child walking through that
21 specific site at 100 Vic, is extremely low. So, yes,
22 that -- that is very unlikely.

23 But if anyone has a needlestick injury that
24 is at 100 Vic, workers there, people collecting the
25 garbage, people who are cleaning the toilets or

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1 security, they would have to go through the process of
2 determining whether they have an infection which is --
3 there can be, in my experience for people who have had
4 that, it's very stressful. Had that experience of
5 having a needlestick injury, it's very stressful.

6 And I think that's why these are still
7 important even though the risks of transmission is
8 low, the need for follow-up and the stress associated
9 with it is quite real.

10 310. Q. Finally, going back to Paragraph 17 of
11 your affidavit, you've referenced one more document at
12 Footnote 35. This is the National Health Care for the
13 Homeless Council, a document from December 2022. It's
14 called an "Issue Brief: Impact of Encampment Sweeps on
15 People Experiencing Homelessness."

16 So first of all, can you just confirm that
17 this is the document that is listed at your Footnote
18 35?

19 A. Yes.

20 311. Q. Thanks. And I'll have some specific --
21 and, sorry, I'd like to mark this as an exhibit to the
22 cross-examination.

23 MR. LOKAN: That's fine.

24
25 --- SCREENSHARE

1
2 EXHIBIT NO. 7: Issue Brief, Dec. 2022

3
4 BY MS. PEREZ:

5 312. Q. And just generally, I reviewed this
6 Issue Brief and it appears that it focuses on the
7 impact of encampment sweeps on people experiencing
8 homelessness, not on the health and safety risks posed
9 by encampments?

10 A. If you look at the first sentence of
11 Paragraph 2, you've highlighted not the first
12 sentence.

13 313. Q. Yeah.

14 A. This is really is about encampment
15 sweeps but even in an article that's talking about
16 encampment sweeps, it specifically says:

17 "... Encampments are unsafe, violent, and
18 unhealthy places, and public health
19 officials are rightly concerned about
20 the impact of these congregate settings
21 on vulnerable people ..."

22 So that -- that context is where -- so
23 this -- this is dealing with encampment sweeps as a
24 general part of this. Even an article that's dealing
25 with encampment sweeps is clearly stating that

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1 encampments are unsafe, violent and as I've read.

2 So it's that -- perhaps that sentence per se
3 is what I am actually referencing when I reference in
4 this article. Because, you're right, this is
5 primarily dealing with encampment sweeps but even in
6 that, it's recognizing the risks of encampments.

7 314. Q. Okay, so I did see that one sentence
8 that's -- I mean, it's a -- it may be repeated once or
9 twice in this paper, I can't recall right now. There
10 might be another sort of duplication of that sentence.
11 It's not cited to anything. It's just a sentence. Do
12 you agree with that?

13 A. Yes. I didn't see -- I don't see a
14 citing of that, yes.

15 315. Q. Right. Okay. And otherwise, as you
16 agreed, this -- this paper looks at the impact of
17 encampment sweeps on people experiencing homelessness.
18 An encampment sweep is also -- is a term that can
19 refer to an encampment clearing or eviction or closing
20 down of an encampment. That's the same thing? I
21 think this is an American ---

22 A. No, I mean, encampment sweeps tend to
23 be -- a more forced removal of people. So a planned
24 dismantling of an encampment wouldn't be what I would
25 consider being specifically a "sweep." A sweep would

1 include less notice, possibly property being taken
2 away, and more of penalizing people. And removing
3 them in a different -- not -- not in a planned,
4 organized dismantling event.

5 316. Q. Okay. If we look at Page 2 of this
6 Issue Brief, it says:

7 "... Second, while some shelters are
8 well-run and fully-resourced, others
9 can be unsafe. There are threats of
10 violence, theft, increased substance
11 use and sexual harassment by shelter
12 staff and residents ..."

13 So -- sorry, I'll just break down my
14 question. First of all, do you agree that while some
15 shelters are well-run and fully-resourced, others can
16 be unsafe? Do you agree with that?

17 A. I don't know of an unsafe shelter in
18 Canada. I think that the level of safety within a
19 shelter depends on the resources that are available to
20 it. So, yeah, I can't comment that I know of any of
21 what I would say is truly unsafe shelter in Canada. I
22 am not aware of that.

23 317. Q. The second sentence says:

24 "... There are threats of violence,
25 theft, increased substance use and

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1 sexual harassment by shelter
2 staff and residents ..."

3 Is that something you agree with?

4 A. Again, I would say that there can be
5 some issues within shelters. My experience has been
6 that they are significantly higher outside of shelters
7 and that shelters mitigate them.

8 318. Q. This paragraph is within a section of
9 this paper that's titled, "Factors that Drive
10 Encampments." And if you need some time to review it,
11 you can but I am just wondering if you generally agree
12 that these are factors that can drive encampments.

13 There's -- I mean, we can go through them
14 one-by-one, but just in the interest of time, if
15 you're familiar with these paragraphs, I mean, do you
16 generally agree with what's written in these three
17 paragraphs?

18 MR. LOKAN: Mercedes, I think in the
19 interest of time, it might be better to do
20 that by way of undertaking. That we'll look
21 at it and advise if there is anything that
22 the witness does not agree with in those
23 paragraphs?

24 THE WITNESS: Sorry, I am having trouble
25 seeing what -- where you are looking. So --

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1 MS. PEREZ: So you have to -- sorry, you
2 have to start -- see, right here is -- on
3 Page 1, there is a heading, "Factors that
4 Drive Encampments" and then the Issue Brief,
5 according to my reading of it, has a few
6 paragraphs in that section that describes
7 some factors that drive encampments.

8
9 BY MS. PEREZ:

10 319. Q. And my question is simply whether you
11 agree that the factors identified in this section can
12 drive encampments?

13 MR. LOKAN: Again, I think it's more
14 efficient to do by way of undertaking so
15 that your time is preserved.

16 MS. PEREZ: That's fine.

17 THE WITNESS: I think that there are things
18 that can drive encampments. Absolutely
19 there are factors that can drive ---

20 MR. LOKAN: Dr. Koivu, when I -- when we've
21 given an undertaking, it means we're going
22 to do it after in writing. And so we don't
23 ---

24 THE WITNESS: Okay, sorry.

25 MR. LOKAN: --- interrupt her ---

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THE WITNESS: All right, sorry. Thank you.

MS. PEREZ: Okay.

UNDERTAKING

BY MS. PEREZ:

320. Q. And then maybe we can do the next question by way of undertaking as well.

Dr. Koivu, you already described your understanding of encampment sweeps. And if we look at Pages 3 down to -- 3 to 7 -- actually just 3 to 6. I am less interested in the factors on Page 7.

So the -- what the author's titled, "Damage Health, Well-Being, and Connections to Care." So they're documenting, according to them, some of the damages that they think arise from encampment sweeps.

If you could review those pages, Pages 3 to 6 and tell me whether you agree with some or all of the types of harms that are identified?

A. I think that an encampment sweep that is about doing things abruptly, doing things without notice, doing things that include taking people's property, there can be significant harm from that form of an encampment sweep.

Which is why it is extremely important that when an encampment is dismantled, it is done in a

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1 different format where people have an understanding, a
2 timeline, hopefully choices of where they can go other
3 than the encampment. That their property is not
4 destroyed, that they have sufficient time to pack up
5 their belongings if they have things they need to
6 move.

7 So I think that absolutely a sweep of an
8 encampment, a sudden, forced event is something that I
9 would not be -- I would feel is not in the best
10 interest of the people within the encampment.

11 And that there needs to be a much more
12 humane way to address moving people from an encampment
13 than the destructive way that can happen within a
14 sweep.

15 MR. LOKAN: So, Mercedes, I take it you
16 still want the undertaking? You've got
17 those answers on record but do you still
18 want the undertaking?

19 MS. PEREZ: I would like that undertaking,
20 thank you.

21 MR. LOKAN: We'll give that, thank you.

22 MS. PEREZ: But thank you for the answer,
23 Dr. Koivu.

24 **UNDERTAKING**

1 BY MS. PEREZ:

2 321. Q. Okay, just turning to Paragraph 18, the
3 second -- of your affidavit, the second sentence is a
4 statement that:

5 "... Encampments are not a safe
6 alternative to housing or to a shelter
7 ..."

8 And you've cited two studies here ---

9 A. What paragraph are we on? I'm sorry.

10 322. Q. Sorry, no, that's okay. Paragraph 18
11 and I am specifically looking at the second sentence
12 in your paragraph.

13 A. Okay.

14 323. Q. So you cited two documents, the first
15 is found in your Footnote 5 which is the Farha and
16 Schwan paper, "A National Protocol for Homelessness
17 Encampments in Canada: A Human Rights Approach."

18 So if we could just put that on the screen
19 for you. And if you could maybe make it a little
20 bigger.

21 So first, do we have the correct paper here,
22 up on the screen?

23
24 --- SCREENSHARE
25

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1 A. Yes, we do. Yes, you do.

2 324. Q. We do, thank you. Okay, so if we can
3 mark that as exhibit to the cross-examination.

4 MR. LOKAN: Yes. I think it's Exhibit 8.

5 MS. PEREZ: Thank you.

6
7 EXHIBIT NO. 8: Farha and Schwan document

8
9 BY MS. PEREZ:

10 325. Q. If we go down to Page 7, I've put a
11 little highlighted mark there in red. So looking at
12 Paragraph 7:

13 "... The purpose of this document is to
14 provide all levels of government with
15 an understanding of their human rights
16 obligations with respect to homeless
17 encampments, highlighting what is and
18 is not permissible under international
19 human rights laws ..."

20 So the main -- the purpose of this
21 article is not to convey the results of the study
22 concluding that encampments are not a safe alternative
23 to a shelter, correct?

24 A. One of the comments specifically in
25 this study is that encampments should not be

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1 considered -- and I don't have the sentence in front
2 of me but encampments should not be a replacement for
3 housing. And there is a specific -- again, perhaps
4 I'm taking -- you know, there is specifically
5 something in here that in spite of the -- and it's
6 talking about encampments but it does say that they
7 are not a safe alternative to housing.

8 326. Q. Right, but the authors also recognize
9 that encampments, they're both a human rights
10 violation but also a response to a human rights
11 violation.

12 MR. LOKAN: I am going to object to any
13 question about whether they do or don't ---

14 MS. PEREZ: Well, it's ---

15 MR. LOKAN: --- violate human rights.

16 MS. PEREZ: Okay, I mean, it's in -- I can
17 find the specific ---

18 MR. LOKAN: And you can argue it on the
19 application but this witness is not tendered
20 for knowledge of human rights.

21 MS. PEREZ: No, I understand that. But this
22 article is being put forward as an article
23 that supports that encampments are not a
24 safe alternative to housing or to a shelter.
25 And so I just ---

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1 MR. LOKAN: And that's adopted for that
2 purpose, yes, but that doesn't mean that
3 there's either an agreement or disagreement
4 with the rest of the article.

5 THE WITNESS: And I would agree with that.
6 Specifically that I've -- you're right, I
7 have taken out something in this article
8 that specifically says that encampments
9 should not be considered a humane or safe
10 alternative to housing. I have the sentence
11 that I used written down but I don't have it
12 in front of me.

13 So I think why it's important is
14 because I've -- I feel like there has been
15 -- I want to make sure people recognize that
16 when we're discussing encampments, they are
17 not safe. These are people that are talking
18 about encampments and there's even in this
19 article, it does say that there can be times
20 when encampments do need to be dismantled.

21 And so within this article they are
22 saying they are not safe, we should not
23 consider these instead of housing. And that
24 there can be times when encampments do need
25 to be dismantled. Those are why I think

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1 it's relevant. There's -- they have lots of
2 information here that may or may not be, you
3 know, what I was looking at and
4 highlighting.

5 But in this large document, their
6 conclusion isn't -- is that encampments are
7 not to be thought of as replacing housing.
8 And are not -- the endpoint that we are
9 striving for, are not encampments.

10
11 BY MS. PEREZ:

12 327. Q. The authors don't just recognize that
13 encampments don't constitute adequate housing, they
14 also take the position that it's both encampments and
15 shelters are recognized as inadequate housing.

16 Do you agree, first of all, that that -- so
17 I can find you an example where they say that if we go
18 to Paragraphs 13, 14 and 16. They recognize -- it's
19 not just encampments. It said encampments and
20 shelters are inadequate housing and that governments
21 need to create adequate housing for all people.

22 Do you agree?

23 MR. LOKAN: I'm sorry, this is straying from
24 the medical opinion. If you want to ask if
25 this witness has any comment from her

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1 medical expertise on these paragraphs by way
2 of undertaking, I am happy to give that.

3 MS. PEREZ: Okay. The sentence in the
4 affidavit says, "encampments." So this is
5 at Paragraph 18:

6 "... Encampments are not a safe
7 alternative to housing or to a shelter
8 ..."

9 And so, my question is related to that
10 comment. And the use of this article to
11 support that comment, this article also
12 finds that shelters do not constitute
13 adequate housing.

14 And I also believe that it doesn't say
15 anywhere that encampments are not a safe
16 alternative to a shelter. And so I am
17 putting that to Dr. Koivu. If she
18 disagrees, she can tell me that. But I am
19 giving her a chance to respond given that
20 she's using this paper to put forward a
21 proposition in her affidavit.

22 MR. LOKAN: I agree, Mercedes, that it's a
23 fair question to ask where in this paper did
24 you find support for the proposition that
25 encampments are not a safe alternative to a

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1 shelter, and focusing on that.

2 It's a long article, and again, let's
3 perhaps ask for an undertaking what part of
4 the paper did she rely on to support that
5 specific proposition. I am happy with that.
6 MS. PEREZ: Well if -- I mean, can Dr. Koivu
7 answer the question now or ...?

8 THE WITNESS: I'd have to look at the -- my
9 having read this article, my -- I took from
10 this article that encampments should not be
11 considered an alternative to housing. And
12 they are not a safe alternative to housing.

13 I agree that shelters are not the
14 endpoint either. But I also would feel that
15 they are safer than being in a shelter. But
16 where I use this specific article was in
17 comments regarding encampments not being the
18 endpoint.

19 And I feel perhaps my language is not
20 clear but I think it's important that we do
21 not think of shelters as an endpoint. That
22 we -- our goal should be housing, our goal
23 should be not maintaining and sustaining
24 shelters but trying to find alternatives
25 that are safer than shelters. The endpoint

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1 -- sorry, safer than encampments.

2 The goal shouldn't be encampments; the
3 goal should not be that encampments are
4 where we need to stop and be encouraging
5 people to stay in that type of an unsafe
6 environment. And I felt from what I read in
7 this, that they supported that encampments
8 are not where we should be stopping. We
9 don't need to stop at encampments.

10 We shouldn't be preventing them from --
11 preventing people from finding alternatives
12 that are safer than encampments. And I felt
13 that this article actually supports that.

14 There's a lot of other things within
15 this article and I'd have to find the exact
16 reference to that. But they're right,
17 shelters alone are not the endpoint as well.
18 But they're not talking -- from that
19 perspective, I didn't see that as much as
20 the safety as an endpoint.

21
22 BY MS. PEREZ:

23 328. Q. Okay, sorry. So just that was -- that
24 was a very long answer. I just want to be clear.

25 Are you saying that you made a mistake in

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1 your statement in Paragraph 18 that -- when you say
2 that encampments are not a safe alternative to a
3 shelter, that this article supports that? Or are you
4 saying that you need time to review this paper so that
5 you can tell me where it says that encampments are not
6 a safe alternative to a shelter?

7 A. I would say I need time to review where
8 that is.

9 329. Q. And that's fair. So why don't we --
10 that will be the undertaking, Andrew, if that's okay?

11 MR. LOKAN: Yes.

12 **UNDERTAKING**

13
14 BY MS. PEREZ:

15 330. Q. Okay, and then you've cited another
16 article here. It's found at Footnote 16. This is the
17 Cortez (ph) ---

18 A. Oh, yeah.

19 331. Q. --- Baggett (ph) and it's called,
20 "Permanent Supportive Housing for Homeless People."
21 And I couldn't find that article. Could I have an
22 undertaking that we be provided with a copy of that?

23 MR. LOKAN: Yes.

24 **UNDERTAKING**

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1 MS. PEREZ: And then ... Okay, that's it.

2
3 BY MS. PEREZ:

4 332. Q. So just moving on in your affidavit.
5 I'll take you to specific paragraphs. But you make
6 several comments in your -- you include several
7 comments and observations in your affidavit respecting
8 tents.

9 So, for example, at Paragraph 21, you talk
10 about tents are largely ineffective at preventing
11 injury from exposure. And shouldn't be regarded as a
12 safe alternative to indoor shelters.

13 And then -- and so for that specific
14 statement, you haven't provided a citation, correct?
15 That paragraph (indiscernible)?

16 A. There is no citation in that sentence,
17 no.

18 333. Q. Yeah. But you have provided some other
19 citations in other paragraphs so I'll ask you about
20 those in a second.

21 But just generally when I reviewed your CV,
22 I take it that you're not holding yourself out as an
23 expert in tents, tent structures, the different types
24 of tent when they're properly used to mitigate certain
25 risks of exposure to the elements?

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1 A. I am not an expert in tents.

2 334. Q. Okay.

3 A. And I provided information that would
4 be the type of information that, as a physician, I
5 would want to have aware that I would share with
6 patients.

7 Once I started -- I was doing my work for an
8 awfully long period of time and rarely saw any
9 frostbite. And then saw frostbite leading to
10 significant suffering and loss of digits and limbs
11 involved in being in a tent.

12 And essentially, all of the patients that I
13 saw with significant frost bite and suffering related
14 to frost bite and hypothermia, were in a tent. And
15 many believed that they were safe because they were in
16 a tent.

17 And really, I am just trying to give
18 information that would be -- give an understanding
19 that tents have significant limitations. Particularly
20 when we're looking at hypothermia and frost bite. And
21 that I think it's important for people to be aware of
22 those limitations. I am not an -- I've done a lot of
23 camping but I am not an expert in tents.

24 335. Q. Paragraph 36 of your affidavit, you
25 have some more specific information on, I guess, some

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1 of the limitations to using a tent.

2 A. Yes.

3 336. Q. Specifically, you're discussing here
4 the air temperature within tents that are shaded with
5 a sun umbrella tarp or a bedsheet.

6 A. Yeah. Yeah, this was particularly
7 relating to summer and to problems with tents in heat.

8 337. Q. Okay, and so you cited a study which is
9 a study found at Footnote 14 of your affidavit. This
10 is the Karanja paper that's titled, "Sheltered from
11 the heat: How tents and shade covers may
12 unintentionally increase air temperature exposures to
13 unsheltered communities."

14 A. Yes.

15 338. Q. We've pulled that up on the screen.
16 And again, if you just confirm that we have the
17 correct article here. This is the article cited at
18 Footnote 14?

19
20 --- SCREENSHARE

21
22 A. Yes, I believe so.

23 339. Q. Okay, and can we mark that as an
24 exhibit?

25 MR. LOKAN: Yes.

1 MS. PEREZ: Okay.

2
3 EXHIBIT NO. 9: Karanja study

4
5 BY MS. PEREZ:

6 340. Q. So if we scroll down to Page 6, this is
7 under the section which starts on Page 4, it's the
8 Discussion section. And I'm just moving down to some
9 of the discussion on Page 6.

10 And here, the authors do note that:

11 "... Allowing heat to escape tents
12 through minimizing covers and opening
13 tent windows and doors to avoid
14 trapping heat and moisture will support
15 cooling ..."

16 A. Yes.

17 341. Q. Okay. And so that means that in terms
18 of a risk of increased air temperature inside a tent,
19 it does depend on how -- what kind of tent is being
20 used and how it's being used.

21 Would you ---

22 A. Yes.

23 342. Q. --- agree with that based on your ---

24 A. Yes.

25 343. Q. --- knowledge? Okay.

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1 A. Well, I can't say specifically about
2 what kind because I don't have that kind of background
3 and this was referencing one tent. But how tents are
4 used -- and which is why certainly my concern about
5 encampments is when I have been to them and when I've
6 seen pictures of encampments, often the tents are
7 closed and not opened.

8 And I think there's issues around privacy,
9 there's issues around use, there can be many issues.
10 But I do not have -- have never had someone tell me
11 that -- that this was something that was discussed
12 with them in advance, and that they had a good
13 understanding of the risks of being alone with their
14 tent closed and what risks it could have.

15 But absolutely how it's used will, to a
16 degree, mitigate some of the risk.

17 344. Q. Okay, and when you say that you've seen
18 photos of encampments -- sorry, what did you say that
19 you've seen photos of encampments ---

20 A. I said when I've been to encampments.

21 345. Q. Yeah.

22 A. And when I saw the pictures of some
23 encampments, often I've seen that their zippers are
24 closed. Now I cannot say if someone is inside them or
25 not.

1 346. Q. Thank you. Thank you, that was my
2 question. So having visited encampments and seen
3 photos, you've seen tarps and other covers and zipped
4 up zippers on the doors. But you don't know if there
5 was someone inside at that time?

6 A. No, I don't.

7 347. Q. And if we just go back to Page 6 of
8 this study, that same highlighted sentence. The
9 second sentence in that paragraph says:

10 "... However, future research must
11 incorporate solar radiation and wind
12 flow to assess the entire heat exposure
13 situation. Furthermore, experiments
14 that allow the opening of tent doors
15 and in-tent mixing of air are crucial
16 for the overall evaluation of the
17 efficacy of tent-shading ..."

18 So what I take from that, and tell me
19 if I am wrong, is that the authors are saying we've
20 made some preliminary findings here. But really this
21 area of study requires more study.

22 A. I think that's the same with everything
23 in medicine. But one thing they do say that is about
24 the idea of heat -- of breath and heat flow. And when
25 I did look, I have not been to 100 Vic. But one side

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1 from what I could see right beside the railway track,
2 is a wall that would prevent a natural breeze from
3 taking place.

4 Having said that, I am not an expert on Vic
5 or the tents that are used there. But I did recognize
6 when I am looking at this and they talk about airflow,
7 that that would be something that would be -- could be
8 a concern in an area where you don't have airflow.

9 So when -- and I'll just leave it at that.

10 348. Q. Okay, and just in terms of the actual
11 increase in temperature that's documented in this
12 study, you've outlined it in your Paragraph 36,
13 there's four -- sorry, three specific numbers. The
14 highest of which is the 2.46 degrees Celsius.

15 A. Yeah.

16 349. Q. The study -- this article itself
17 doesn't draw any conclusions on specific heat risks
18 from a temperature rise of 2.46 degrees, correct?

19 A. No. No, no, it would -- it does --
20 it's referenced with respect to when the heat -- with
21 a temperature within a tent becomes above body
22 temperature.

23 So if the temperature is, you know, 35
24 degrees outside, then that can -- would mean it's
25 higher risk because it gets above body temperature.

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1 So it doesn't specify the risks, it's relative to body
2 temperature and the ability for the body to dissipate
3 the heat.

4 So the increase matters only with respect to
5 what the temperature is, an ambient temperature.

6 350. Q. Okay. And then just in the interest of
7 time, you've referenced in your affidavit at Paragraph
8 36 you reference another -- sorry, not Paragraph 36.
9 Just give me one second.

10 It's at Paragraph 35, you're citing a study
11 and you discuss ambient temperature, outer surface
12 temperature, etcetera. Just in the interest of time,
13 if you can recall, the study that you cite at Footnote
14 12 which is the Kow Lank (ph) study, "The thermal
15 environment and thermal comfort of disaster relief
16 tents and high temperature composite environments."

17 A. Yeah.

18 351. Q. That study specifically looked at
19 disaster relief tents. Correct?

20 A. Yes.

21 352. Q. Okay, in what they were -- the authors
22 referred to as a "high temperature composite
23 environment." Correct?

24 A. Yes. Yes.

25 353. Q. Okay. And a high temperature composite

1 environment, what is that?

2 A. My understanding would be in
3 temperatures that approach body temperature. So we're
4 looking at 37 degrees Celsius for temperatures that
5 would approach body temperature.

6 354. Q. Okay, so pretty -- that's really on the
7 higher end of hot weather?

8 A. Yes. Yes, but as you are aware, we've
9 had significant changes in weather patterns including
10 having times when our temperatures have -- I can't
11 tell you for sure for Waterloo. I have not looked at
12 the data but certainly approaching 35 degrees has been
13 an issue in the heat. We've had some heat waves in
14 June of last year, I believe. We've had some heat
15 waves.

16 So temperatures approaching areas which
17 would be considered critical are now something to be a
18 concern of in this area.

19 355. Q. And do you know what specific -- like
20 what is a disaster relief tent?

21 A. I would not be able to describe that
22 compared to a regular tent. I do think, though, that
23 the tend to be a bit bigger and house more people.
24 But I cannot tell you for sure what exactly would
25 constitute it a disaster relief tent.

1 356. Q. And to your knowledge those are not the
2 tents that we tend to see at encampments in Canada
3 including at 100 Vic, correct?

4 A. No. But the mechanism of transfer of
5 heat wouldn't change. To my knowledge, would not
6 change depending on the type. So when we're talking
7 about heat hitting a tent and how it transfers to the
8 body, I don't have any reason to think that would be
9 different, with different types of tents.

10 But this study specifically was about
11 disaster relief tents. I certainly can say from being
12 in tents in the heat that this -- this was the one
13 that I could find that would describe why it feels
14 hotter inside a tent than it is outside of the tent
15 during hot times in the summer. And I did not find
16 any other article that would substantiate that
17 experience that I think most of us who have been in a
18 tent in the summer recognize. This just described it.

19 357. Q. Okay, and in your affidavit, you
20 discuss the risk of frost bite and you've ---

21 A. Yes.

22 358. Q. --- spoken about it already today. But
23 in your affidavit, you don't discuss the comparator of
24 the incidence of frost bite among people living rough,
25 as I defined it earlier on, compared to the incidents

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1 of frost bite amongst people living sheltered in a
2 tent, in an encampment. Correct?

3 A. I did not find data that -- I can say
4 that all of the patients that I have seen with severe
5 frost bite, including losing limbs, were staying in
6 tents at the time they got their frost bite. I am not
7 aware of a study out that compares people who are
8 unhoused as to the risk of frost bite.

9 359. Q. I am sorry, I cannot recall if Ashley
10 asked you this question earlier. She did ask you
11 questions about your patients and you described having
12 a fairly high percentage of patients who are homeless.

13 Are your patients generally -- or can you
14 say? Are they generally homeless individuals who
15 reside in tents as opposed to sleeping rough?

16 A. In London, I can say that the vast
17 majority of the people that I saw that were homeless
18 outside of shelters, were sleeping in tents as opposed
19 to sleeping rough.

20 In St. Thomas, I don't think I can say. I
21 think there is less encampments. I also have seen
22 less injury but I would not necessarily equate that to
23 where people are staying.

24 So in London, since encampments have been on
25 the increase, most -- I would say the vast majority of

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1 people I see unhoused that aren't in shelters are in
2 tents or encampments. Although not all of them, some
3 do live in doorways. Everyone I saw that had a frost
4 bite injury, had been in a tent at the time that they
5 got it. And the people that I saw with severe burns
6 had been in a tent at the time that they received
7 their burns.

8 360. Q. But you said that in St. Thomas you've
9 seen less injury. So most of the -- so can I assume
10 that most of the frost bite injuries that you describe
11 in your affidavit, you saw in your patients who were
12 in London?

13 A. Yes.

14 361. Q. Okay. So I'd just like to turn to
15 Paragraph 24 of your affidavit. This is the paragraph
16 where you state:

17 "... Hypothermia is a problem in
18 encampments and can lead to cardiac
19 arrest and death ..."

20 And you've cited two sources to support
21 that statement. The first is at Footnote 45. And
22 this is a news article from Global News. So just when
23 I -- it's probably my lack of knowledge but when I
24 converted this article from the Web to a PDF, it
25 turned into 14 pages. Even though it's really only

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1 about two pages.

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4
5 So if we could -- so first of all, can you
6 confirm that this Global News article from -- is the
7 news article cited in your affidavit at Footnote 45?

8 A. From what I am seeing, I believe so.

9 362. Q. Okay, you can -- we can look through
10 it.

11 A. And I (indiscernible) so anyway. I'm
12 -- that sounds right. So I think so.

13 363. Q. I mean, take your time. You can look
14 through it. A lot of these pages are going to have
15 very little on them. And in fact, I think the block
16 are the end and aren't text of the article.

17 MR. LOKAN: We're content to mark it just --
18 and if for any reason, we find it's not the
19 article, to advise subsequently. But I'm
20 sure it is the article.

21 MS. PEREZ: Okay. So this is, just for the
22 record, it's a Global News article posted
23 January 18, 2024 and it's titled,
24 "Frustrating and deadly: How the extreme
25 cold is hitting Canada's homeless." And so

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1 we'll mark that as an exhibit for
2 identification.

3 MR. LOKAN: I think we can go further
4 because she said it looked like it's right.
5 So we can give it a number.

6 MS. PEREZ: Okay.

7 MR. LOKAN: The only qualification is if for
8 any reason we find that's not what it was,
9 we'd let you know. But I have no reason to
10 believe it isn't.

11
12 EXHIBIT NO. 10: Global News article, January 18, 2024
13

14 BY MS. PEREZ:

15 364. Q. And, Dr. Koivu, you may want to take a
16 few minutes to read through it. Just let me know.

17 But my question is from my reading of the
18 article, the article does not state that hypothermia
19 is a problem specifically in outdoor encampments but
20 rather a risk to all persons forced to reside outside
21 due to a lack of sufficient shelter beds in Toronto.

22 A. I would agree that it's about being
23 outdoors.

24 365. Q. Okay.

25 A. Including in encampments.

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1 366. Q. Thank you. And then, I am just going
2 to take you to your Footnote 46. This is an article
3 from the Invisible People website, titled, "Homeless
4 people face hypothermia every winter: Here's how you
5 can help." Posted November 18, 2020.

6
7 --- SCREENSHARE

8
9 And so again, if you could just confirm that
10 this is ---

11 A. It looks like it.

12 367. Q. --- the document cited at Footnote 46?
13 Okay. So if we can mark that as an exhibit to the
14 cross-examination.

15
16 EXHIBIT NO. 11: Article at Invisible People website

17
18 368. Q. And again, if you need some time to
19 review it, so just let me know. But again, my
20 understanding from reviewing this article is it
21 doesn't differentiate between people living rough or
22 those living in encampments. It simply states that:
23 "... Hypothermia is a risk for homeless
24 individuals and those with unstable
25 living situations ..."

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1 A. Actually, people outdoors are at risk
2 of hypothermia. And it does not differentiate.
3 Hypothermia is a risk if you're in an encampment or
4 not in an encampment if you're outdoors. So it is
5 about being outdoors, including in encampments.

6 369. Q. Thank you and then just turning to
7 Paragraph 26 of your affidavit you describe in this
8 paragraph the risk of severe burns from tent fires and
9 talk about some of your own personal experience. And
10 at the end, your last sentence here is:

11 "... I am aware of several people dying
12 in tent fires ..."

13 And you've cited three sources for
14 that. First of all, Footnotes 47 and 48, I believe
15 are actually the same. I think that's an error in
16 your compilation of footnotes. Can you confirm?

17 A. I can look. Can I look at -- can I
18 scroll down to my footnotes?

19 370. Q. Of course. Yes, it's -- I think
20 they're both references to the CBC News article.

21 A. I know that there were times -- I was
22 really trying hard to avoid that and ---

23 371. Q. That's okay.

24 A. --- sorry about that.

25 372. Q. I think -- so just for the record I

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1 believe that they're both a reference to the CBC News
2 article posted April 16, 2024, titled, "One year after
3 daughter's death in London tent fire." Her parents
4 say, "Year-round crash beds can save lives."

5 A. Oh, yeah, they do, I'm sorry. I am
6 very sorry about that; they are the same article.

7 373. Q. That's ---

8 A. I've got them some place differently
9 but they are the same article.

10 374. Q. Okay, thanks. So there are two
11 footnotes here, really for this ---

12 A. They are the same. Yeah.

13 375. Q. Yeah.

14 A. Absolutely, they're the same article.

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17
18 376. Q. And we pulled it up for you in case you
19 want to review it. But just to be clear, in terms of
20 the information in this article referencing a fire,
21 this was not a fire that you yourself witnessed,
22 correct?

23 A. No, this is not a fire that I
24 witnessed.

25 377. Q. Okay, and you didn't treat the young

1 woman who died?

2 A. No, no. I did not.

3 378. Q. And so you have no direct knowledge of
4 this incident?

5 A. No, I thought -- I tried to word it as
6 things I have seen versus things I am aware of. And
7 this was how I tried to have the language. I have not
8 taken care of this person.

9 379. Q. And according to the article -- and
10 again, if you need some time to review it, just let me
11 know. According to the article, the reason this young
12 woman was in tent outdoors was that she could not
13 access a shelter bed.

14 A. That's correct.

15 380. Q. And then Footnote 49 which is the
16 second footnote to your Paragraph 26, this is a
17 Toronto Star article. The Toronto Star article dated
18 February 17, 2021 titled:

19 "...This kind of living arrangement
20 outside is not safe,' acting fire chief
21 says as Toronto reports first
22 encampment fire fatality ..."

23 So again if you can just confirm.

24 A. Yeah, it is the article.

25 381. Q. Okay.

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1 A. Yes.

2 382. Q. And again, same types of questions, you
3 didn't witness this fire or treat the man who died?

4 A. No. No, I did not.

5 383. Q. So you don't have any ---

6 A. He died ---

7 384. Q. Yeah.

8 A. No, I did not have any direct
9 experience with this person and tried to separate that
10 in the language in that paragraph. I am hoping that
11 was clear. But thank you for allowing me to clarify
12 have not taken care of either of these two people or
13 been involved in -- and was not involved in this
14 person's care as well nor had any direct involvement
15 in their care.

16 385. Q. Thank you.

17 MR. LOKAN: So, Mercedes, you haven't asked
18 for either of the last two to be marked as
19 exhibits.

20 MS. PEREZ: No; no, I didn't.

21 MR. LOKAN: Okay, that's fine.

22

23 BY MS. PEREZ:

24 386. Q. Looking at Paragraph 28, you stated:

25 "... I am aware of risks from propane

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tanks used to heat tents including
explosions causing injury and death and
carbon monoxide poisoning ..."

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You've referenced one article from CBC
News from May 16, 2024. And so we put that up on the
screen for you again with my terrible PDF creation.
So a lot of extra pages, sorry about that. Can you
just confirm that the ---

A. Yes.

387. Q. It is? Okay. And again, you didn't
witness this fire or treat the deceased, correct?

A. No, that's why I put "I am aware of,"
not that I have experienced it.

388. Q. And this article refers to a fire but
not to carbon monoxide poisoning. Is that correct?

A. I believe so, yes.

389. Q. And so what is the source of your
comment that you are aware of risks that can cause --
from propane tanks that can cause carbon monoxide
poisoning?

A. I think that would be a general
understanding in medicine that a propane tank can

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1 cause carbon monoxide poisoning. And I have not
2 footnoted it within.

3 390. Q. Okay. But are you aware of any
4 incidents of that in tents and an encampment
5 somewhere?

6 A. I had a patient that likely experienced
7 carbon monoxide poisoning from a propane tank but
8 there was no explosion with that or any
9 (indiscernible). Their experience was consistent with
10 carbon monoxide poisoning. And they had a propane
11 tank but that is specifically just a report. I
12 understand propane tanks can cause carbon monoxide
13 poisoning and certainly within an enclosed
14 environment, that would be a risk.

15 I have not -- I am not involved with anybody
16 who died from carbon monoxide poisoning due to a
17 propane tank in a -- in a tent. That would just more
18 be a medical statement that a propane tank can cause
19 carbon monoxide poisoning. And I have had one patient
20 that expressed that as a concern.

21 391. Q. Sorry, so you had one patient who
22 expressed that as a concern or ---

23 A. Yeah, they thought that ---

24 392. Q. --- (indiscernible)?

25 A. --- they -- I don't believe they were

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1 diagnosed with carbon monoxide poisoning. I think the
2 thought was that they likely had a decrease in their
3 level of consciousness. And they felt that it was
4 partly related to the propane tank that they had in
5 their tent.

6 To be honest, I can't remember the details
7 of the medical experience prior to me seeing them.
8 But they did not have harms related to the carbon
9 monoxide poisoning. So I have not had anyone who have
10 had significant harms other than possible decreased
11 level of consciousness.

12 I could certainly go through -- no, I'll
13 just stop at that. That would be my experience and my
14 knowledge is that propane tanks can cause carbon
15 monoxide poisoning. As a physician that would be
16 something that I am aware of. But I am not
17 referencing it beyond this -- this specific article
18 which doesn't involve carbon monoxide poisoning as you
19 had pointed out.

20 393. Q. So if we move to Paragraph 30 of your
21 affidavit, this is where you discuss trench foot.

22 A. Yeah.

23 394. Q. And you cited one document which is
24 found at Footnote 4 of your affidavit. This is the
25 Bush (ph) article.

1
2 --- SCREENSHARE
3

4 A. Yes.

5 395. Q. It's titled just simply, "Trench foot."

6 A. Yes.

7 396. Q. So can you just confirm that what we
8 pulled up on the screen is the article you cited?

9 A. Yes. I believe so, yes.

10 397. Q. Okay. And so I'd like to have this one
11 marked as an exhibit to the cross-examination.

12 MR. LOKAN: Okay, that would be Exhibit 12,
13 I believe.

14 MS. PEREZ: Thank you.
15

16 EXHIBIT NO. 12: Bush article
17

18 BY MS. PEREZ:

19 398. Q. This article -- my understanding from
20 reading this article is that it does not anywhere say
21 that the moist environment created by condensation in
22 a tent is a risk factor for trench foot. Do you
23 agree?

24 A. It does not specify in a tent.

25 Certainly the moist environment in a tent is a risk

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1 factor. Tents becoming moist -- and I believe this
2 article does highlight that -- that a moist
3 environment increases the risk of trench foot.

4 And I think from other things that I talked
5 about with -- within tents and as I say I am not an
6 expert in tents -- but when people are breathing in a
7 tent, they have warm air. That warm air touches the
8 -- the surface of the tent which is now cool, that
9 will condense.

10 That's basic condensation so that's sort of
11 a basic science that the warm air from breathing --
12 the moist air from breathing is going to condense and
13 create a moist environment.

14 That footnote wasn't beside that but the
15 footnote is beside that this can happen even in
16 temperatures that are -- are not, specifically -- when
17 we think about cold injuries, we tend to think of
18 things that are, you know, zero degrees and colder.

19 But trench foot can happen even in warmer
20 temperatures specifically when people have a moist
21 environment. And that's where this reference comes in
22 is discussing that you can have trench foot even in
23 temperatures up to 16 degrees and very quickly.

24 399. Q. If we look at Page 2 of this article
25 just at the top in the highlighted section, this is

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1 under the section entitled, "Epidemiology." The
2 authors state that military personnel continue to be
3 the most commonly affected population.

4 And above it, they discuss I think the
5 origins of the term, trench foot ---

6 A. Yeah.

7 400. Q. --- which (indiscernible) World War I
8 soldiers.

9 A. Yeah.

10 401. Q. So you agree with -- you don't have any
11 reason to disagree that military personnel continue to
12 be the most commonly affected population?

13 A. I cannot say that that's accurate
14 within Canada but I cannot -- I have no experience
15 with military personnel to say that is or isn't true.

16 But my experience with trench foot has
17 essentially been limited to people who are in
18 encampments in tents. And I do not have experience
19 working with the military or specifically with
20 military personnel to -- to highlight that. I have no
21 reason to think it's wrong but I have no experience
22 with the military.

23 402. Q. Okay, well, if we just look at the one
24 comment here that does relate to the homeless
25 population. It's the last sentence in this section.

1 It says:

2 "... In everyday clinical practice, the
3 homeless population is also susceptible
4 to trench foot due to lack of shelter
5 and prolonged exposure to moist and
6 cold environments ..."

7 So that's something you would agree
8 with, I take it?

9 A. And I -- yes.

10 403. Q. Okay.

11 A. As long as we're looking at "lack of
12 shelter" meaning lack of a physical structure of
13 shelter. Yes.

14 404. Q. Trench foot is most common -- would it
15 be fair to say that trench foot is most commonly
16 caused by cold, damp feet, especially people who face
17 prolonged exposure to wet socks and footwear?

18 A. Yes.

19 405. Q. Okay. So when you say that your
20 experience with trench foot is limited to people
21 living in encampments in tents, you can't say that the
22 trench foot was caused by the tent as opposed to them
23 just spending the day and maybe the night in wet socks
24 and footwear?

25 A. I have not seen the same incidence in

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1 people who were -- almost that weren't in a tent. But
2 to know for sure why they're feet are wet, I can say
3 that the moist environment of a tent would increase
4 the risk. I can't say that any individual didn't
5 change their socks. But I have not seen trench foot
6 and had not seen it until I saw people in encampments.

7 So I have other homeless people that I have
8 no reason to think are changing their socks more or
9 less often. Perhaps people going into shelters are
10 changing their socks more often. But I don't have any
11 reason to know that that would be a difference in
12 populations that I've seen.

13 406. Q. Right, but your experience -- again,
14 just going back to how you described your patient
15 group, if I can put it that way -- is -- I mean, a
16 majority of them have been people in -- living in
17 encampments and in tents, right? You can't
18 (indiscernible).

19 A. I have the experience of the
20 unsheltered, yes. But I see both sheltered and
21 unsheltered patients. So I see a lot of the patients
22 who are sheltered. Of unsheltered, the majority are
23 in encampments. Of the sheltered -- of the homeless
24 population that I've seen that is sheltered or
25 primarily use a shelter, I have not seen trench foot.

1 407. Q. Right. So you're comparing -- based on
2 your own personal experience, you're comparing
3 sheltered individuals, for example, in shelters ---

4 A. Mm-hmm.

5 408. Q. --- to unsheltered individuals, the
6 majority of whom live in tents.

7 A. Yes.

8 409. Q. You're not comparing it to people
9 living in encampments versus homeless people living
10 rough on the streets?

11 A. No, I am not comparing it to people
12 living rough. I couldn't tell you if they had more or
13 less. Theoretically, they might have less but I have
14 not -- I've not had a patient who wasn't in a tent
15 that got trench foot. But that doesn't mean that
16 that's an exclusive possibility.

17 410. Q. And so when you speak in your -- I am
18 just going to kind of group it all together. You can
19 tell me if this unfair and I can try to break it up.
20 But when you talk in your affidavit about the risks of
21 adverse weather events, those adverse weather events
22 are also dangerous to people living rough, correct?

23 A. For the most part, yes, they are also
24 dangerous to people who are living rough.

25 411. Q. And the (indiscernible) ---

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1 A. (Indiscernible) unsheltered is
2 definitely a risk and however you are unsheltered, is
3 a risk. Trench foot I would question that there might
4 be more risk. But being unsheltered is a risk factor
5 and being in encampments doesn't, in my experience,
6 decrease that risk, but being unsheltered definitely.
7 All unsheltered people are at risk of problems related
8 to exposure.

9 412. Q. And that would apply to individuals who
10 can access a shelter that for nighttime sleeping but
11 have to leave the shelter during the day and maybe
12 spend, you know, 12, 14 hours outside during the day?

13 A. It's interesting because that -- I have
14 not seen that in people who are sheltered, take
15 shelter during the night. You're right, in theory,
16 people could have an incident related to the elements
17 during the day.

18 But during the day, there's a lot more
19 opportunity for people to be somewhere that is warm
20 whether it's a shopping mall, whether it's, you know
21 -- I'm thinking of the areas, you know. There are
22 other options for people to be in during the day.

23 Being outside particularly being outside
24 with a decreased level of consciousness is going to
25 increase people's risk of a problem. There are more

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1 options available to people during daytime hours as to
2 where they can go to find warmth.

3 And the highest risks certainly have been
4 about warming shelters after hours because there is
5 less availability of places people can go.

6 413. Q. Okay, and just to be clear, in your
7 affidavit you haven't provided any opinion or
8 information about what forms of shelter might be
9 accessible to a homeless person during the day.

10 A. No, no. No, I haven't. I can say that
11 I haven't had anyone who's being in a shelter at night
12 have the same problems that I've seen with people who
13 are living in encampments.

14 And perhaps that's because when they're in
15 an encampment, they tend to stay there both day and
16 night. And so it increases their risk of overall
17 exposure.

18 I can say that why I felt this was important
19 was because people that I'd seen in encampments in
20 tents that had had such severe injuries did not
21 understand the risk of their environment. Did not
22 understand or appreciate their risk of getting frost
23 bite that could lead to an amputation of both legs.

24 And I have not seen this in people who -- I
25 didn't see it all before the encampments. And I don't

1 see it in people who primarily go to shelters.

2 414. Q. Okay. At Paragraphs 39 to 42 of your
3 affidavit, you discuss dehydration, rhabdomyolysis ---

4 A. Rhabdomyolysis, sorry.

5 415. Q. Thank you. Rhabdomyolysis, kidney
6 failure. And at Paragraph 41 specifically, you say
7 that:

8 "... The combination of heat, dehydration
9 and methamphetamine increases the risk
10 of kidney failure ..."

11 A. Yes.

12 416. Q. And so do you know the incidence of
13 methamphetamine use among residents at 100 Vic?

14 A. No. And I cannot say that I know the
15 incidents of methamphetamine use. I know it's high in
16 London but I don't know in Waterloo.

17 417. Q. Okay, and ---

18 A. I think so. I read something. Now --
19 I feel like I read something that said that it has
20 increased in that area but I do not have data on 100
21 Vic.

22 418. Q. Okay, and the articles that you've
23 cited in these paragraphs, so the articles at Footnote
24 31, 22 and 25 as ---

25 A. They do not ---

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1 419. Q. --- well as the paragraphs themselves,
2 they don't address at all the risk of these conditions
3 developing specifically in homeless individuals living
4 in encampments, correct?

5 A. That is correct.

6 420. Q. Paragraph 45, you discuss that many
7 infections are caused by exposure to rodent droppings.
8 And I just wanted to ask you about the citation. So
9 the first citation it's to Footnote 18 which is the
10 Liu paper which is -- specifically, we looked at it
11 already.

12 It's about communicable disease among
13 homeless in California but does not mention -- unless
14 I missed it, it doesn't mention rodent-related
15 infections. Am I incorrect about that?

16 A. It -- I hope I haven't made -- so that
17 was number 18?

18 421. Q. Yes.

19 MR. LOKAN: That would be a good one for an
20 undertaking if the question is whether there
21 is anything in reference 18 on the rodent
22 infections.

23 MS. PEREZ: And that would be fine with me
24 to answer that by way of undertaking.
25

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UNDERTAKING

BY MS. PEREZ:

422. Q. And you may want to answer the next question by undertaking as well. The second citation is to Footnote 27 which is the Roncarati article that we also already looked at which was about mortality among unsheltered homeless in Boston. And which again on my reading of it, does not comment on rodent-related infections.

So if you can confirm ---

A. Yeah. I do not -- yes, I think you're right. I think I have the wrong references on there. I am quite concerned that I -- you are correct, that I do have the wrong references and in 18 and 27.

I think there are other references that I missed because I got the wrong ones there. But the ones that you're saying I specifically do think you're right that they do not apply here; they are incorrect.

MR. LOKAN: That can answer by way of undertaking.

THE WITNESS: Okay.

MS. PEREZ: Thank you.

UNDERTAKING

BY MS. PEREZ:

423. Q. And the last two citations at Paragraph

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1 45 which are Footnotes 56 and 57. These are two
2 newspaper articles. One from the Peterborough
3 Examiner and the second from CBC News.

4 And neither of which, again, based on my
5 review, specifically talk about the risk of infections
6 caused by exposure to rodent droppings. Rather, they
7 talk about rodents near homeless encampments. And so
8 again, maybe you want to answer that by way of
9 undertaking?

10 **UNDERTAKING**

11 MR. LOKAN: Yeah.

12 THE WITNESS: Okay.

13 MR. LOKAN: We will.

14 MS. PEREZ: And I am cognizant of the time
15 but I am getting to the end. And some of my
16 questions have been asked already. So just
17 give me a second because I'm skipping
18 through some questions.

19 MR. LOKAN: Sure. If you can keep it to
20 three or four minutes, we'd appreciate it.

21
22 BY MS. PEREZ:

23 424. Q. Okay, so just moving to Paragraph 53
24 and here you're discussing injection drug use in
25 encampments increasing the risk of infectious

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1 complications. And you've cited two sources, the
2 first is at Footnote 3 which is an article by Ball.

3 A. Oh, yes.

4 425. Q. "Sharing of injection drug preparation
5 equipment as associated with HIV infection." And I
6 think you reference this risk at length earlier in a
7 response to some questions from Ashley.

8 A. Yes.

9 426. Q. But this article doesn't mention
10 encampments at all.

11 A. No.

12 427. Q. Nor substance ---

13 A. No, but it -- yeah. It's specifically
14 about the risk of sharing paraphernalia.

15 428. Q. And then the second is your footnote at
16 -- is a Footnote 66 which is a CTV News article that
17 discusses concerns from local residents in Dartmouth,
18 Nova Scotia about drug paraphernalia. And outside
19 bathroom use that they attribute to an encampment.

20 But again, it doesn't talk about an
21 increased risk of infectious complications. Is that
22 fair?

23 A. It's fair. And I think what I want --
24 I was trying to highlight other issues. This is
25 specifically the sentence and perhaps by linking it

1 with references doesn't make sense to the sentence.

2 But it my experience, I have absolutely saw increase
3 in -- I had not seen spine infections regularly. And
4 then in started seeing spine infections after we had
5 an encampment.

6 And so my concern and why exactly, you know,
7 is it the drugs that are being used, is it the
8 conditions? But I can say is that I certainly saw a
9 spike in severe infections and that's why I put it in
10 my experience, number -- reference 3 is also something
11 I was involved in that publishing.

12 But my experience was that I saw an increase
13 in sepsis in spine infections in people who were -- in
14 injection drug users when they move from various other
15 locations to the encampment.

16 429. Q. Okay. And then are you aware of any
17 typhus outbreaks at homeless encampments in Canada,
18 the ---

19 A. Yeah. Sorry.

20 430. Q. Okay, yeah, the one reference in your
21 affidavit is to a typhus ---

22 A. Yeah.

23 431. Q. --- outbreak in Los Angeles, correct?

24 A. Yeah. Yes.

25 432. Q. And then at Paragraph 59, you discuss

1 directly-observed therapy as the treatment for some
2 types of TB -- a tuberculosis infection.

3 A. Yeah.

4 433. Q. So first of all, you're aware that
5 public officers of health in Ontario can order a
6 person detained for the purpose of receiving directly
7 ---

8 A. Yeah.

9 434. Q. --- observed therapy, if necessary,
10 under the *Health Protection and Promotions Act*?

11 A. Yeah.

12 435. Q. You're aware of that? Okay. And so
13 that would -- that power is available not only to
14 treat the person but also to prevent the spread of
15 infection.

16 A. Yes.

17 436. Q. Correct? Okay.

18 A. And again, given that you -- in order
19 to provide directly-observed therapy, it's -- it would
20 be helpful to know the location where the person can
21 be found. And so it would be presumably easier to
22 find a person residing at an encampment than living
23 rough out on the street somewhere. Do you agree?

24 A. As far as finding a person, yes. As
25 far as identifying that they had TB, that might be a

1 more difficult thing.

2 So if we're talking about identification of
3 someone with TB, I think that within an encampment
4 that is more difficult. If we're looking at the ease
5 with which someone could go on-site than being in one
6 specific place, has some potential for a benefit.

7 But my point in this was more to counter the
8 concerns about shelters being a negative place for TB
9 which is sort of thought of. And that in fact that a
10 shelter can have many forms of support to help
11 mitigate the risks of spread of disease and to help
12 improve the chance of treatment of disease. So that
13 -- that those treatments are available.

14 And those -- mitigating the risks such as
15 social distancing and masks, clean linen, etcetera,
16 all of those are things that are about what safeguards
17 can be available at a shelter.

18 437. Q. Okay. But doesn't being outdoors
19 significantly reduce the risk of TB transmission?

20 A. Being outdoors decreases the risk of
21 transmission but being within a group increases the
22 risk of transmission. So people within an encampment
23 are in fairly closed quarters as far as their location
24 and their interacting with each other. So there
25 certainly can be risks from being close -- in close

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1 proximity with other people.

2 But you're right, being outdoors does -- and
3 not having good ventilation is something that supports
4 a decrease risk in getting TB.

5 438. Q. Okay. Just moving to Paragraph 67 of
6 your affidavit, this is where you reference that Nikoo
7 study from Vancouver.

8 A. Yeah, yes.

9 439. Q. Okay, so if we could put that up on the
10 screen. So this is the Nikoo, "Chronic physical
11 health conditions in the homeless" study. Can you
12 just confirm that this is ---

13 A. Yeah.

14 440. Q. --- as study at Footnote 21?

15 A. Yeah.

16
17 --- SCREENSHARE

18
19 441. Q. Okay, and so if we can mark this as an
20 exhibit to the cross-examination. So in Paragraph 67
21 that -- you're okay, Andrew, with marking that as ---

22 MR. LOKAN: Yes.

23 MS. PEREZ: Okay, thank you.

24
25 EXHIBIT NO. 13: Nikoo study

1 BY MS. PEREZ:

2 442. Q. So in Paragraph 67, you reference the
3 study from Vancouver that you say:

4 "... Compares chronic physical health
5 conditions among people experiencing
6 homelessness who were sheltered with
7 those who were not sheltered including
8 living in encampments ..."

9 If we look at the method section of
10 this study which is found on Page 5, so in the
11 highlighted section it says:

12 "... Fifty percent of participants were
13 recruited from emergency shelters and
14 50 percent were recruited from living
15 homeless on the streets ..."

16 It doesn't mention anything about
17 encampments, just that half the participants were
18 homeless on the streets, correct?

19 A. In this paragraph, yes. And I believe
20 that there is no reference specifically to encampments
21 other than that they were sheltered and unsheltered in
22 this -- in this particular article. And living on the
23 streets would include encampments but not specifically
24 encampments alone.

25 443. Q. Okay, and if we go down to Page 13, and

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1 again this is -- I've highlighted the section right at
2 the bottom of the page. It says:

3 "... Living on streets was associated
4 with increased frequency of all
5 categories of chronic health conditions
6 except infectious and respiratory tract
7 conditions ..."

8 A. Yeah, and they were -- they were equal.
9 So, yes, they weren't -- so "living on the street" was
10 associated with an increased frequency of the chronic
11 health conditions. Those ones were equal in both
12 groups.

13 444. Q. Okay. And does this -- and maybe now
14 that you've explained it a little bit in your answer,
15 I just thought, was there an inconsistency between
16 this statement that I just pointed you to and the
17 comment in your affidavit at ---

18 MR. LOKAN: Where are we ---

19 MS. PEREZ: --- Paragraph 67 -- sorry.

20
21 BY MS. PEREZ:

22 445. Q. Where you say:

23 "... There were no instances where being
24 in a shelter posed a risk over not
25 being sheltered ..."

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1 You're saying they were equal?

2 A. Yeah, they were equal.

3 446. Q. Okay. Okay.

4 A. I tried to word that -- wordsmith that,
5 but, yes.

6 447. Q. Okay, and I just wondering, why did you
7 attribute -- like in your Paragraph 67, you attribute
8 the findings of the study specifically to people not
9 sheltered including living in encampments, when that's
10 not mentioned in the article? Is it just because
11 there's no specific definition of ---

12 A. Yes.

13 448. Q. --- "homeless on the streets"? Okay.

14 A. Yes. When they -- and I think there
15 was a paragraph that -- that -- how they've defined it
16 as sheltered versus unsheltered, and unsheltered --
17 sometimes people think of a tent as a shelter. So I
18 think that that's why I think it's important to
19 recognize of unsheltered -- tents are not considered a
20 shelter. People living on the street includes
21 sheltered -- include people who are in encampments. I
22 would have to look back. I've jotted notes down when
23 I looked at each thing.

24 But I believe that the word "encampment" is
25 not used in this. It's -- it definitely separates

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1 "sheltered" from "unsheltered." And I've pointed out
2 that unsheltered would include those who are in
3 encampments.

4 449. Q. Okay. And I am at the end. I think I
5 have three more questions. So first of all, you --
6 just in reference to the paragraphs in your affidavit
7 where you speak about the risk of violence. You would
8 agree that stabbings, beatings, shootings and theft
9 also occur in shelters, correct?

10 A. I think violence can occur within a
11 shelter. I am not aware of that -- I have not had
12 experience with shootings within a shelter. I have
13 not had aware of -- experience with -- from my
14 patients that have been stabbed, it has been outside
15 of a shelter. But absolutely, violence can occur
16 within a shelter.

17 450. Q. And in fact, there have also been
18 murders that have occurred in shelters in Ontario.
19 Would you agree with that?

20 A. There have been murders in shelters and
21 murders outside of shelters, including in encampments
22 in Ontario.

23 451. Q. Okay, and so my final question relates
24 to a final article that I am going to take you to. So
25 this is with reference to your Paragraph 71 where you

1 say that:

2 "... Studies have also found that
3 shelters have also provided protection
4 from violent crimes when compared to
5 unsheltered ..."

6 And you cite Footnote 86 which is the
7 Niamafi (ph) article. This one is titled, "Sheltered
8 versus non-sheltered homeless women." So we've pulled
9 that up.

10 MS. CAHILL: Sorry, I don't have that one,
11 Mercedes.

12 MS. PEREZ: Oh, you don't have that one.
13 Okay.

14 MR. LOKAN: Do you want that just produced
15 by way of undertaking?

16 MS. PEREZ: Sure, I mean, my question is
17 just a simple one and similar to ones I've
18 asked previously. Well, first of all can
19 this be -- sorry, let me start over.

20
21 BY MS. PEREZ:

22 452. Q. The question for the undertaking would
23 be that this study doesn't differentiate between women
24 residing at encampments and women living rough on the
25 streets.

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1 A. That I can answer. That does not
2 differentiate.

3 453. Q. Okay. So thank you, Dr. Koivu, we are
4 at the end of my questions. And again, thank you for
5 your patience. I know we've gone over the time that
6 we allotted for you today.

7 A. Okay, thank you for the opportunity to
8 answer your questions.

9 MR. LOKAN: I have a couple of brief re-exam
10 questions. So if you can stay another
11 couple of minutes ---

12 THE WITNESS: Yes.

13 MR. LOKAN: --- Dr. Koivu.

14
15 RE-EXAMINATION BY MR. LOKAN

16 454. Q. First, you were asked some questions
17 about steps people can take to increase ventilation in
18 a tent that's overheating.

19 A. Mm-hmm.

20 455. Q. Do you recall that?

21 A. Yes.

22 456. Q. Do you have any comment on how that
23 might work with people staying in tents who have taken
24 sedating drugs?

25 A. I think that my concern is it can be

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1 very, very different to be in a tent because you're
2 trying to separate yourself from others than if you're
3 in a tent, like camping.

4 So if you've taken a sedating medication,
5 you are trying -- you're being in an environment where
6 you're actually trying to exclude others, you're at
7 high-risk of not being aware of how hot it gets. And
8 I've absolutely seen heat injuries and hypothermia
9 including Rhabdomyolysis as a result of people who
10 have been in tents and taken sedating medication, and
11 weren't aware of how warm the tent was.

12 So absolutely, the things you can do to
13 mitigate the risks are things a), you have to know and
14 b), you have to be capable of doing. And I think both
15 are problematic, that people don't know, don't
16 understand.

17 If they did know, I think they would pick a
18 different location for an encampment that would allow
19 more air flow than the one from what I can see from
20 the pictures where there's a large wall. So
21 absolutely, I think that there is definitely risks for
22 people who are unconscious from sedating medication.

23 457. Q. Okay. You've been shown a number of
24 articles and sources today by both Ms. Schiutema and
25 Ms. Perez. And you've been asked a number of

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1 questions. Were any of those sources or any of those
2 questions cause you to change your opinion as set out
3 in your affidavit?

4 A. No. I -- no, it caused me to proofread
5 a little closer but as far as what I have witnessed,
6 why I came forward, I can tell you this was not
7 something that is -- that is easy to do. But the
8 harms and suffering that I have seen related to people
9 being in an encampment, particularly to people who
10 didn't understand the risks, that thought that because
11 people were encouraging them to be there, that they
12 were safe.

13 And the harms that I have seen are very
14 real, very palpable. And so it's always tricky to
15 find the right data to support the harms that you've
16 seen when it's so visceral and so real. But the
17 suffering that I have seen is real and I have not --
18 you know, the questions haven't -- I don't think I --
19 I might have to wordsmith things and be careful.

20 I do think I have an incorrect footnote but
21 as far as my concerns about encampments being places
22 that are not safe, that I have not changed how I feel
23 about that.

24 458. Q. Thank you; those are my questions.

25 MR. LOKAN: So you may go now, you're done.

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1 THE WITNESS: Thank you.

2 MR. LOKAN: Off the record.

3 MADAM REPORTER: We're off.

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8 --- ADJOURNED
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THIS IS TO CERTIFY that the foregoing
is a true and accurate transcription of
my recordings and notes, to the best of
my skill and ability.



Barbara A. Pollard
Certified Court Reporter

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THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and-

Court File No. CV-25-00000750-0000
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

**ONTARIO
SUPERIOR COURT OF JUSTICE**

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