Court File No. CV-10-403688

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

JENNIFER TANUDJAJA, JANICE ARSENAULT, ANSAR MAHMOOD, BRIAN DUBOURDIEU, CENTRE FOR EQUALITY RIGHTS IN ACCOMMODATION

Applicants

- and -

HER MAJESTY THE QUEEN IN RIGHT OF CANADA, HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO, ATTORNEYGENERAL OF CANADA and ATTORNEY GENERAL OF ONTARIO

Respondents

APPLICATION UNDER Rule 14.05(3)(g.1) of the *Rules of Civil Procedure*, R.R.O. 1990, O. Reg. 194 and under the *Canadian Charter of Rights and Freedoms*

AFFIDAVIT OF CATHERINE CROWE

I, **CATHERINE CROWE**, of the City of Toronto, in the Province of Ontario, **MAKE OATH AND SAY**:

A. AREA OF EXPERTISE

1. My area of expertise is in the area of primary health care, specifically in the area of homelessness. This includes assessing and treating the health needs of homeless people, identifying barriers to health, monitoring and responding to emerging trends and

issues, preventing illness and injury and providing health promotion and public policy responses.

2. In this affidavit, when I refer to homelessness I am referring to people who are living in emergency and violence against women shelters; sleeping in makeshift shelters outside such as cardboard boxes or shacks; staying in abandoned buildings; and people living under bridges. The term also includes people not otherwise housed who might have been in hospital or treatment facility while this was their circumstance.

C. EDUCATION

3. I am a registered nurse and have worked as a nurse practitioner, community health nurse and public health nurse. As a Street Nurse, I have worked directly with homeless people and people living in inadequate housing since 1987. My complete resume is attached as **Exhibit "A"**. A list of my film, research and publication credits is attached as **Exhibit "B"**.

4. In 1972, I received a Registered Nurse Diploma from the Toronto General Hospital School of Nursing.

5. In 1985, I received the degree of Bachelor of Applied Arts Nursing from Ryerson Polytechnic Institute, Toronto and was a member of the Dean's Honour List. During my studies there I received numerous awards, scholarship and bursaries.

6. In 1992, I received the degree of Masters in Education (Sociology) from the Ontario Institute for Studies in Education, University of Toronto.

7. I have been awarded three Honorary Doctorate degrees – in 2001 from the University of Victoria (Doctorate of Science in Nursing); in 2005 from McMaster University (Doctor of Laws); and in 2008 from the University of Ottawa (Faculty of Health Sciences). In June 2010, I will be awarded an honorary Doctor of Laws degree from York University (Faculty of Health).

8. In addition, I have received a number of community awards for my work including the Registered Nurses Association of Ontario - Award of Merit (1999); The International Centre for Nursing Ethics, Amsterdam - Human Rights and Nursing Award (2003); and the Toronto United Church Council - Heart and Vision Award (2009).

D. WORK EXPERIENCE

9. From 1972 to 1985, I practiced nursing in a variety of settings in Toronto, including a private medical practice, the cardiology unit of Toronto General Hospital, a family practice at Wellesley Hospital's St. Jamestown Clinic and relief work in acute care at a number of hospitals in the Toronto area.

10. After completing my bachelor degree, I began to work as a nurse practitioner and a registered nurse in community health centres in disadvantaged communities in Toronto. My work in these centres evolved as my understanding of the needs of these communities developed.

11. I began my work in the community health centres by providing primary health care at the South Riverdale Community Health Centre. When I moved to the Regent Park Community Health Centre in 1987, my role expanded to include public policy,

community development and nursing outreach to provide clinical care to people who were homeless. In 1989, I moved to work at Street Health where the provision of homeless health care and advocacy were primary responsibilities. It was here that my role developed into that of a “Street Nurse”.

12. In 1993, I began to work for the Central Toronto Community Health Centres at their Queen Street West location. I continued, through the Nursing Outreach Program, to provide health care to people who were homeless or living in inadequate housing - including housing which is unsafe due to inadequate locks, housing which is damaged by mould or infestations, and housing without adequate, working toilets or running water. I operated the Nursing Outreach program for ten years providing health care in drop-ins, shelters and through street outreach including to makeshift outdoor shelters erected by homeless people.

13. From 1997 until 2003, I was also employed by Ryerson Polytechnic University as a Sessional Instructor in an Interdisciplinary Studies course entitled “Homelessness in Canadian Society”. The course was taken by students in social work, nursing, early childhood, disability studies, nutrition, public health, and urban planning and combined theory with practical approaches to the issue. The course objectives included developing an analysis of the historical and structural causes of homelessness in Canada; analyzing the demographics and changing nature of homelessness; identifying policy and practice solutions or responses to homelessness; and applying health promotion and community development theory.

14. In 2004, I was awarded the Atkinson Charitable Foundation's Economic Justice Award. This enabled me to focus on my nursing work relating to homelessness and necessary solutions from January 2004 to July 2009. During that period I examined the health impact of homelessness in many communities across Canada, and concentrated my efforts on public education, writing, research and community development. I was a frequent guest lecturer on homelessness and health issues in many communities. I initiated numerous responses to emerging health issues of homeless people, including pressing for a public policy response to the worsening threat of inclement weather giving rise to a growing number of heat alerts, the emerging issue of bedbugs, worsening shelter conditions, the spread of infectious agents such as Norwalk, Clostridium difficile and ultimately the H1N1 pandemic and the growing need for palliative care.

15. The objective of this work was to bring people together to form working groups, to bring the issue to Boards of Health or other city officials all for the purpose of public awareness and education and, in most cases, to obtain funding for solutions. The results included the development of a working group and a manual about bedbug control in Toronto, development of a heat pilot project in rooming houses in Parkdale, and a palliative care group.

16. Another result of my recent work has been a book entitled "Dying for a Home: Homeless Activists Speak Out" (Between the Lines, 2007). This book provides an oral history of a number of people I have met in my work on homelessness and chronicles the health and housing struggles they have endured while homeless. The other outcomes have been three documentary films – "Home Safe Calgary" (2008), "Home Safe Toronto" (2009) and "Unheard Voices" (2010). These films aim to educate the public

about the health and social impacts of the lack of affordable housing in Canada's major cities by portraying the impact of homelessness on health, safety and security.

17. Since 1998 I have been the voluntary Executive Director of the Toronto Disaster Relief Committee, a community organization which advocates for government action on the ongoing homelessness crisis across Canada. This work has kept me in direct contact with those who are experiencing homelessness and those who are working on the front lines of providing health and social services to this segment of the population.

E. OBSERVATIONS AS A 'STREET NURSE'

18. Based on my expertise, I have been asked to provide evidence about the impact that homelessness has on a person's physical, mental and emotional security, and on their life. The evidence that I provide is based on my first-hand observations over the course of twenty years as a front-line nurse addressing the health needs of people who are homeless.

i) My Patients

19. My early work as a nurse involved more traditional nursing duties – monitoring heart rhythms on a cardiology floor; assisting doctors with physical examinations; performing well-baby checkups; providing birth control counselling and visiting senior citizens in their homes.

20. When my work changed to that of a Street Nurse, I encountered conditions that I had never experienced before. I saw an old woman living and dying in a car; a senior

sheltering himself under a bridge; another senior dying from tuberculosis; and an elderly aboriginal man whose primary diagnosis on admission to hospital was malnutrition. In one case I worked on, a young girl had burned to death in a makeshift shelter

21. I would see people who had not eaten all day; who had slept outside all night; a man who'd had heart surgery ten days earlier and was discharged back to a homeless shelter; an elderly man who was raped outside a homeless shelter; and a woman with a sick child who needed a note for the shelter where she was staying to say that her child was sick and needed extra juice.

22. These examples of the vulnerability of homeless people to tragic outcomes showed the trends that were occurring and I felt that I was seeing the results of a major health crisis.

ii) Illness Among the Homeless

23. I saw infections and illnesses devastate the lives of homeless people – frostbite injuries, malnutrition, dehydration, pneumonia, chronic diarrhoea, hepatitis, HIV infection, and skin infections from bedbug bites. For people who live in adequate housing, these conditions are curable or manageable. For homeless people, however, it is much more difficult.

24. The homeless experience greater exposure to upper respiratory disease; more trauma, including violence such as rape; more chronic illness, greater exposure to illness in congregate settings; more exposure to infectious agents and infestations such as lice

and bedbugs; suffer more from a greater risk of depression. This is compounded by their reduced access to health care;

25. In addition, I witnessed the resurgence of tuberculosis, a condition related to poverty and overcrowding which has severely impacted the homeless population and led to a number of deaths. The resurgence of this disease first began in the homeless population in North America in cities like New York where the public health infrastructure had been dismantled.

26. None of these conditions are especially easy to treat while people are living without adequate housing. But often the most difficult condition to treat in this segment of the population is the emotional and mental trauma that is a result of the chronic deprivation of privacy, sleep and sense of safety; and living in circumstances of constant stress and violence.

iii) The Impact of Cuts to Services

27. This situation was exacerbated in 1995 when the Province of Ontario reduced social assistance rates by 21%. Within months of these cuts I began to see a dramatic increase in the number of people who were coming to drop-in centres for the homeless. Because of the cuts to social assistance and other programs, it became increasingly difficult to find housing for people with life-threatening medical conditions and my nursing interventions became increasingly concerned with keeping people alive while they lived on the streets.

28. Prior to 1995 I was generally able to find adequate housing for my patients when they were ill. For example, if someone was homeless and newly diagnosed with brain cancer, I was usually able to find a safe, supportive housing unit where home care services including our nursing team could follow him and care for him. Once housed, the individual could obtain health care, receive supports in their home, reconnect with family, and so on.

29. After 1995 this became virtually impossible. Waiting lists were longer, projects that had been developed were full and the Government of Ontario's social housing program was suddenly ended with 17,000 units that were planned not being constructed. What housing was available was very expensive for people who were on social assistance and did not have the supports in place that some might have needed.

30. As a result, the need for palliative care services for people who were chronically homeless increased. In both Ottawa and Toronto, shelters began to provide palliative care programs. In addition, infirmary care (Sherbourne Infirmary in Toronto) for people who were homeless but needed a place to recuperate (for instance from surgery) was developed to provide what would normally have been home care. It also included follow-up care, emergency care, early identification of symptoms or complications, follow-up and referral to specialists and improved nutrition through services like meals on wheels.

iv) Death

31. When I began my nursing practice at Street Health in 1989, I became aware of the extent to which the homeless people I was treating were dying on the streets. At first it seemed unusual that, as a nurse working in the community, I would attend so many funerals for patients. Then it became the norm – an integral component of street nurse practice.

32. But in 1996, the number of deaths began to accelerate rapidly. In January, a man named Brent Simms died in his sleeping bag on a sidewalk in the Yorkville area of Toronto after having been run over by a car. In the months that followed three more homeless men – Eugene Upper, Irwin Anderson and Mirsalah-Aldin Kompani – froze to death on the streets in Toronto.

33. These deaths led to a highly-publicized Coroner's Inquest where I gave evidence and which resulted in the Coroner's jury finding that the three men died from "Homelessness". A copy of the jury's findings is attached as **Exhibit "C"**. A similar proceeding had been conducted in 1986 when a woman named Drina Joubert had frozen to death in the back of a truck in downtown Toronto. A copy of the jury's findings at that inquest is attached as **Exhibit "D"**.

v) Responses

34. In the mid-1990s, the most concerted response to the problems of homelessness came from charitable relief efforts. One such response was "Project Warmth" which had collected and distributed thirty-five thousand blankets and sleeping bags. Another

response was the volunteer programs operated by numerous faith groups (often known as "Out of the Cold" programs) which provided space in church basements and similar facilities one night a week during the winter months for emergency sleeping accommodation such as a mat on the floor.

35. These efforts frequently led to a forced, nightly movement of people from one shelter or Out of the Cold program to the next and necessitated more outdoor sleeping, even in inclement weather. Furthermore, many of these shelters do not meet even the most basic standards for human habitation. In one church I saw 120 men and women sleeping on mats on the floor in an airless basement.

36. Many municipalities across Canada have responded to the growth in homelessness by opening and expanding emergency shelters. In most communities, these shelters are operating at capacity and beyond. The United Nations sets minimum standards for temporary accommodation for refugees - for example, the allocation of 4.5-5.5 metres per person for individual sleeping space; requiring one toilet per twenty persons – and I have witnessed and documented emergency shelters in Toronto that do not even meet these standards. The Report documenting these conditions is attached as **Exhibit "E"**.

37. Families with children suffer in particular from the lack of family homeless shelters in their home community or adequate spaces for them in existing shelters. Run-down motels are rented on their behalf by the municipalities to provide emergency shelter, but these arrangements can result in ongoing homelessness due to dislocation from their communities and less access to supports. This creates particular hardships for

children, including disrupted education and health care, which in turn often compound the emotional trauma.

vi) A National Disaster

38. The conditions I saw led me to resolve to take more responsibility for education of the public and of decision-makers about the issues facing homeless people. I watched the news coverage of the 1998 ice storm in Eastern Ontario and Quebec and I considered volunteering to contribute my experience in providing nursing services in difficult conditions to the relief efforts. This made me realize the extent to which the people I was dealing with every day were the victims of a disaster. But unlike the ice storm this was not a natural disaster but a man-made one.

39. Over the next few months I worked with others in the community to create a campaign to have homelessness declared a "National Disaster" and to have governments provide funds to "provide the homeless with immediate health protection and housing and to prevent further homelessness". The largest municipalities in Ontario and British Columbia adopted our "Disaster Declaration", a copy of which is attached as **Exhibit "F"** and it was endorsed by hundreds of organizations from the Big City Mayors' Caucus of the Federation of Canadian Municipalities to the International Institute of Concern for Public Health. The Declaration was delivered to the United Nations Committee on Economic, Social and Cultural Rights in Geneva.

40. Despite the efforts by community members and government, the conditions that I have witnessed during my twenty years of providing street nursing services in a

community health setting continue to this day. Over this time I have seen more people falling into homelessness and fewer services available to meet their needs. Many of the people I have treated and worked with are still without homes and their health conditions are worsening. There are new and emerging threats to the health of people living in congregate settings such as homeless shelters including H1N1, Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile .

41. A small part of the human toll of the homelessness disaster is recorded by the Homeless Memorial in which homeless men and women who have died in Toronto are commemorated in a monthly ceremony at the Church of the Holy Trinity and their names inscribed at a memorial there. The list of names continues to grow each month and now contains over 600 names. I believe that many of these people would be alive today if adequate housing had been available to them.

F. CONCLUSIONS

42. It is my opinion that many people are currently experiencing unacceptable health outcomes - including shortened life expectancy - as a direct result of their living conditions. These outcomes could be avoided by improving these living conditions.

43. It is my further opinion that significant numbers of illnesses and injuries to men, women and children could be prevented or more effectively treated if housing were available to all that:

i) protected them from the elements;

ii) afforded them privacy and prevented intrusions;

iii) was maintained at a temperature that is appropriate for human habitation;

iv) provided access to sanitary and food preparation facilities;

v) was free of health and safety hazards; and

vi) allowed for participation in community life.

44. I am also of the opinion that these requirements can only be met by the provision of permanent housing and cannot be met by programs of support for living on the street, emergency shelters, drop-in programs or counselling and referral services despite the critical need for all these services until such time as permanent housing becomes available for everyone.

45. In making this affidavit, I acknowledge my duty as an expert witness. A copy of this acknowledgement in Form 53 is attached as **Exhibit "G"**.

46. I affirm this affidavit in order to provide evidence on the application herein and for no other or improper purpose.

AFFIRMED BEFORE ME at)
)
the City of Toronto, in the Province of) _____
) **CATHERINE CROWE**
Ontario, this day of , 2011.)

_____
Tracy Heffernan
Barrister and Solicitor

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Applicants

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Proceeding commenced at Toronto

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