

# **Paying with our Taxes (and our Lives)**

CAMPP WINDSOR-ESSEX:  
CITIZENS FOR AN ACCOUNTABLE MEGA-HOSPITAL PLANNING PROCESS  
DECEMBER 2018



**F**lawed data, outdated reports and an opaque strategy were used to select and gain approval for a controversial greenfield location for a single site acute care hospital for Windsor-Essex.

The \$2 billion hospital project is being used to justify a new 400 hectare mixed-use (residential and commercial) subdivision. It will require an \$850M municipal infrastructure investment at a time when Windsor's growth is stalled, the retiree population is rising sharply, and the working age population is shrinking.

In what ways will Windsor residents (and the Province of Ontario) be on the hook for the anticipated (and unanticipated) consequences?

Among the impacts:

- **Significant additional costs** to compensate for a hospital site chosen without regard to population density. There is no evidence that this or other critical factors have been analyzed;
- **Wasteful demolition of** provincial hospital infrastructure investments made from 2001-2016, collectively valued at almost \$200M;
- **Significant reduction in timely healthcare service delivery:** This will have a potentially deadly impact on tens of thousands of residents, especially seniors and those with impaired mobility;
- **Infrastructure deficit:** Windsor's ability to reduce its \$1 billion infrastructure deficit will be compromised;
- **Dis-economies of scale:** The new hospital as planned will not meet the evolving needs of the population it is meant to serve. On opening day, it will have the same capacity that exists now. Future expansion beyond the current bed capacity will jeopardize efficiencies.

While this is hyped as a regional hospital, Windsor residents will pay a disproportionate price, in access and infrastructure costs.

We will pay both with our taxes and our lives.

# About CAMPP

Citizens for an Accountable Mega-Hospital Planning Process (CAMPP) is a grassroots citizens group that formed in 2014 to ensure:

- all voices are heard and counted in the planning of Windsor-Essex's new hospital
- decision-making be financially, socially and environmentally responsible
- sound urban planning principles are followed

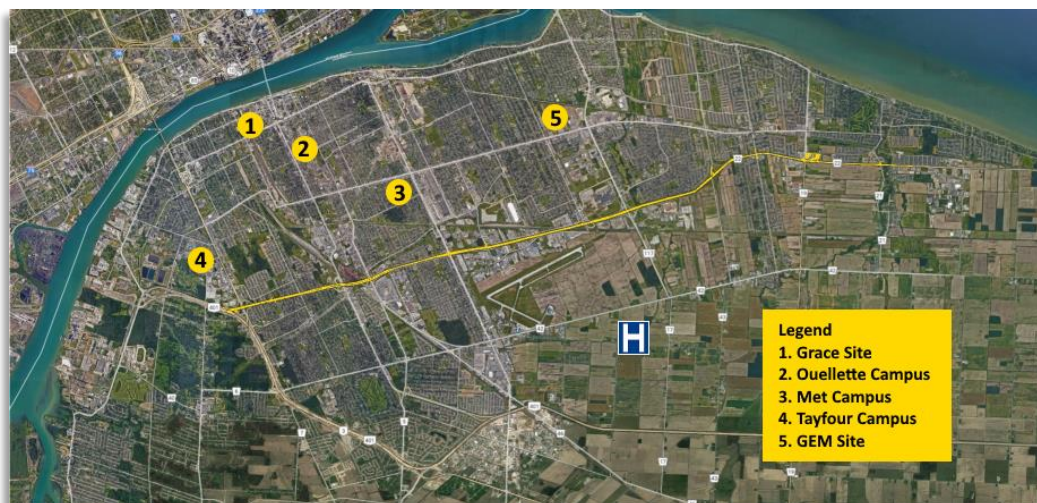
Supporters include thousands of Windsor-Essex residents. They represent a broad range of backgrounds and all socio-economic levels.

## The \$2 Billion Hospital Plan

**\$1.7 billion (\$1000/sq. ft) for the new hospital. \$385M more for satellite facilities**

- A **P3-financed hospital** on County Road 42, 13km from downtown Windsor, to replace the existing campuses ("Met" and "Ouellette") of Windsor Regional Hospital ("WRH"). It will serve as the community's only full service acute care hospital
- **Demolition of Met & Ouellette**, including the \$17M Cancer Centre built in 2001
- An **Urgent Care Centre** to serve downtown Windsor residents on the former Grace Hospital site. Doors to close to the public at 10pm daily
- **Transfer of 60 mental health beds** from downtown Windsor to Tayfour Campus, which offers services in mental health & addictions, rehabilitative and palliative care
- **No additional ALC, Long Term Care or hospital bed capacity** to address current bottlenecks
- **Outpatient** mental health, addictions and chronic disease management services on the former Ouellette site. No overnight services will remain downtown

Zoning approval of the hospital on County Road 42 is *the* catalyst for a concurrently approved 400 hectare subdivision south of Windsor Airport.



# 21<sup>st</sup> Century Health Care Service Delivery

“Since the original facilities were constructed, patient needs have changed as result of changes in health service delivery models, including a shift from inpatient to outpatient care.” -- Business Case/Options Analysis, Agnew Peckham 2009

**The Windsor Hospitals System Plan replaces all hospital services in the city core with urgent care and non-acute outpatient services.**

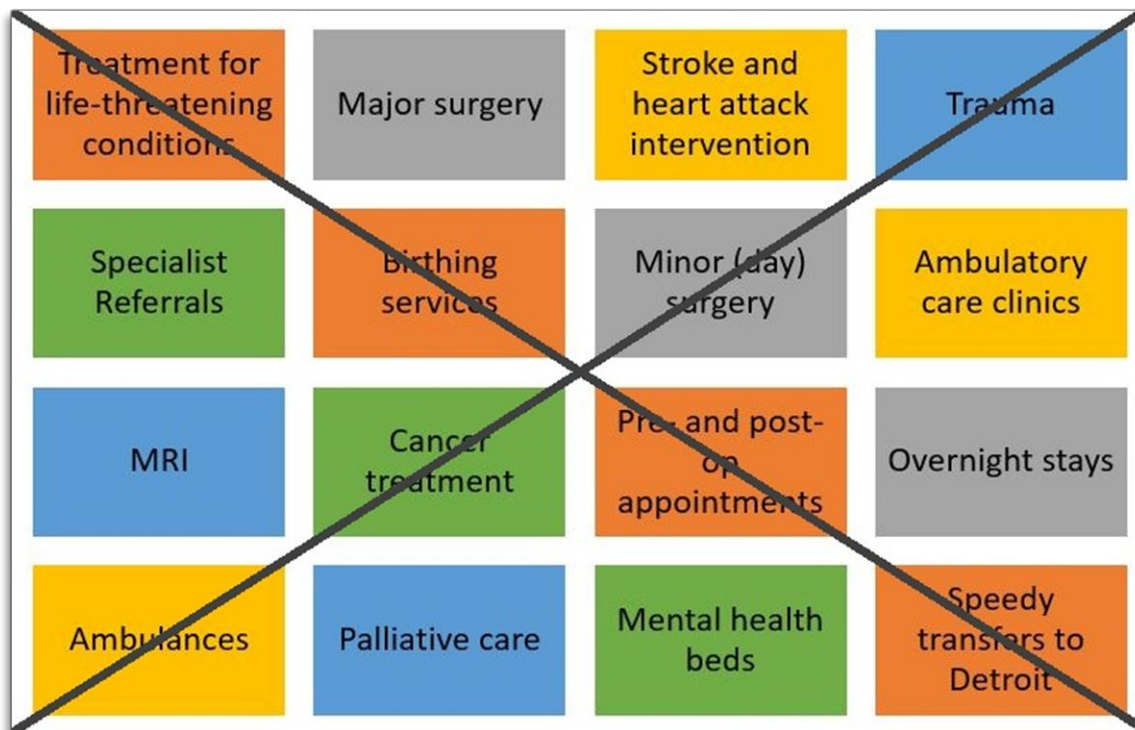
It is true that health care service delivery has experienced a major shift from inpatient to outpatient care. In the past two decades, hospital stays have fallen dramatically for many operative procedures.

However, Windsor’s rapidly aging 21<sup>st</sup> century population has more complex medical conditions than ever before, leading to the need for a more extensive array of services than those planned to replace hospital services in Windsor’s city core.

## Urgent Care is for less serious conditions

Urgent Care is not intended for life-threatening or complex conditions. It will not be available 24/7. The city’s lowest-income wards are home to the greatest number of people who do not drive. For tens of thousands of urban residents dependent on active transportation to get around, the planned hospital site will be considerably less accessible.

## Key Health Care Services that will be Lost from the City Centre

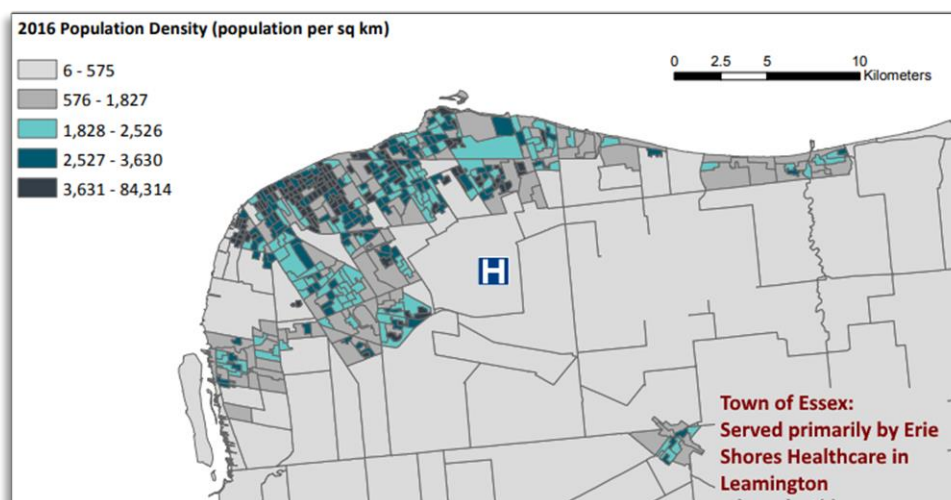


# Key Numbers



- 217k** Windsor population in 2016 according to Stats Canada
- 329k** 2016 population of Windsor CMA, the new hospital's primary catchment area
- 7,752** Windsor population growth projected from 2016 through 2031 is 3.56%. The Planning Dept. acknowledges the potential of a decline after that
- 38,188** Regional population growth expected in Essex County 2018- 2031
- (4,219)** Expected decline in regional working age population through 2031
- 105%** People aged 65+ comprise 105% of regional population growth expected through 2031. The number of residents below 65 is expected to shrink
- \$850M** Projected total infrastructure development cost
- \$220M** Infrastructure cost to be paid by Windsor municipal taxpayers
- \$14.5M** Development charges (DC) attributable to the hospital. This is \$2.5M more than DCs applicable to a site in an existing neighbourhood

The greenfield hospital location is farthest from the Windsor CMA's greatest population density:



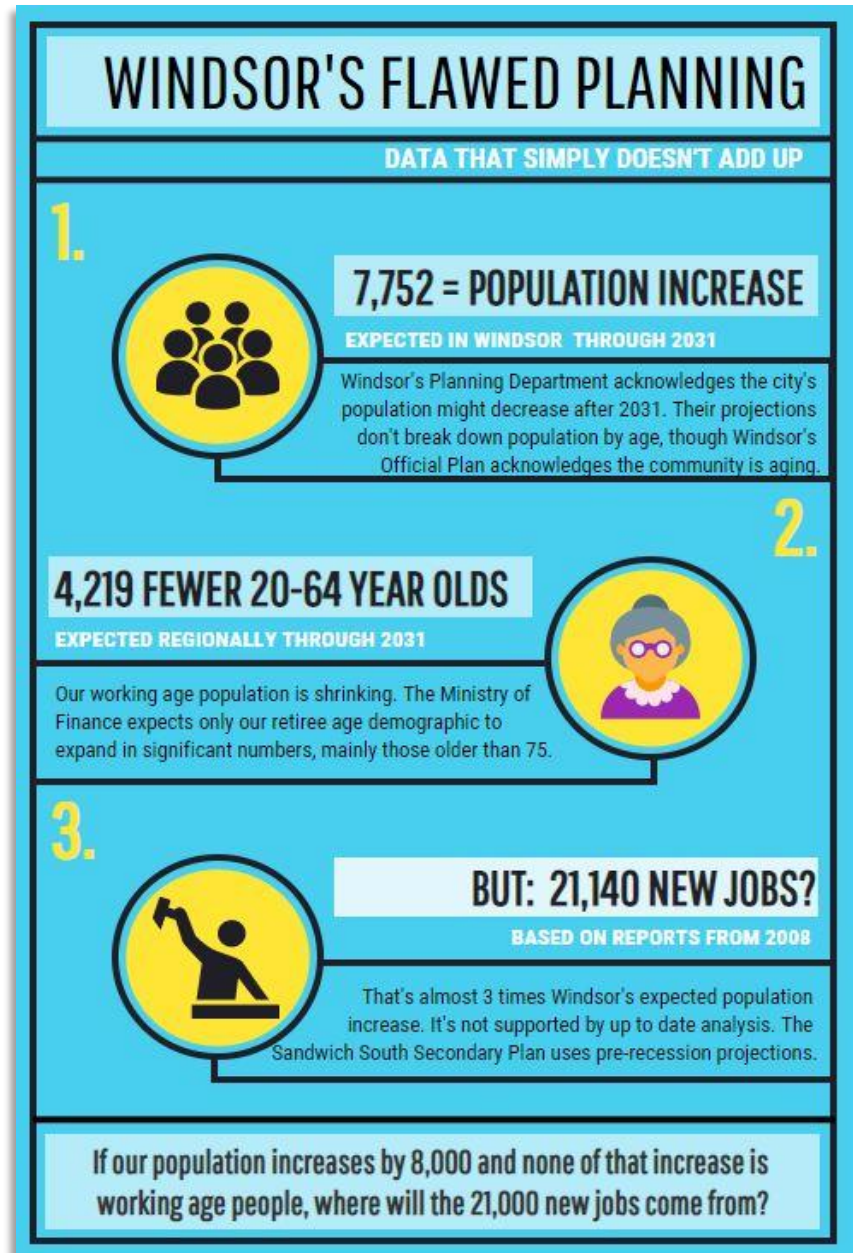
# Flawed Data: Numbers That Don't Add Up

The Ministry of Finance expects the regional supply of working age residents to decline over the next 13 years through 2031. Without growth among 20-64 year olds, there is no reason to expect significant employment expansion.

Employment growth of 21,140 jobs is based on obsolete population projections for Windsor:

The employment land needs calculation is based on [a 2008 study](#) by EDP Consultants.

They drew on 1996 and 2001 Census data and a [2008 Lapointe Consultants report](#).



The new hospital location is likely to result in greater capital and operational costs for services like road maintenance, EMS and public transportation.

Windsor's infrastructure will be even more challenging to maintain than currently in view of stalled (or anticipated negative) population growth, as well as a rapidly aging and declining working age population.

# Data that Backs Up the Infographic

Windsor's Planning Department projects population growth of 7,752 through 2031.

Year	2016	2021	2026	2031	2036
2015 Projection (Planning Dept)	217,716	221,955	224,677	225,466	225,466
Growth (5 year increments)		4,240	2,722	789	NIL

Source: Pg.18 of [bit.ly/CAMPP\\_council](http://bit.ly/CAMPP_council)

Yet, Altus Consulting, on behalf of the City of Windsor, inexplicably stands by an employment land needs forecast to accommodate **21,140 new jobs for Windsor residents**. Of note:

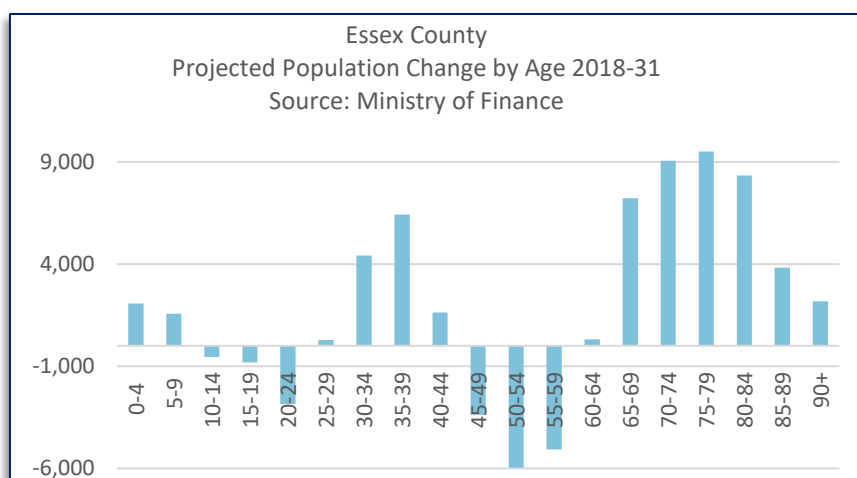
- **4,545 new manufacturing jobs**, at a time of rapid loss of employment to automation
- **4,460 additional institutional jobs**

EDP Forecast by Sector	Jobs	% of Jobs on Employment Lands	Employment Land Jobs
Manufacturing	4,545	100%	4,545
Other Industrial Related	2,705	95%	2,570
Popn & Business Services	9,410	20%	1,882
Institutional	4,460	10%	446
Primary	20	0%	-
<b>Total</b>	<b>21,140</b>		<b>9,443</b>

Source: Pg. 265 of [bit.ly/CAMPP\\_altus](http://bit.ly/CAMPP_altus)

Windsor does not break down its projections by age, but regional projections from [Ontario's Ministry of Finance](http://Ontario's Ministry of Finance) show:

- **Population loss:** expected among those younger than 65, in particular, the 45-59 age group
- **Population growth:** overwhelmingly concentrated among those of retirement age and older



	0-19:	20-64:	65-74:	75+:	Total
<b>2018-31</b>	2,289	(4,219)	6,277	3,841	<b>38,188</b>
	<b>(1,930)</b>		<b>40,118</b>		



# Malfeasance?

## Alteration of Consulting Engineer's Figures

Significant taxpayer-funded costs were concealed from public scrutiny by altering the Consulting Engineer's calculations after he submitted his figures, and by excluding known costs from the site evaluation.

- Phase 1 site selection favoured GEM, an infill site requiring only minor site infrastructure and no additional road construction
- Phase 2 eliminated GEM in favour of the County Road 42 site, on the basis of a \$1.8M higher land acquisition cost differential. This was achieved by making significant changes to the figures submitted by Rick Spencer (the Consulting Engineer for both shortlisted sites), without consultation with him. Without these material alterations, the GEM site would have remained in first place
- External development costs, including upgrades to access routes, were excluded from the evaluation

**Mr. Spencer, who is not in agreement with the substance of these alterations, wrote a letter that can be read in full in Appendix A**

The following excerpts demonstrate the seriousness of his complaint:

**"We were advised that...Stantec Consulting would review all reports to ensure consistency with the cost estimates and would liaise directly with our firm to obtain agreement on same."**

**"We do not concur with the second statement regarding improvement to the City/County arterial road system. Our comparison...is consistent relative to the N-S arterial road systems for both sites."**

**"The extra costs...are significantly more than our external services costing and should have been reviewed with our firm, the author of these required reports."**

## Development Charges ("DCs")

DCs allocate the true cost of infrastructure investments where they are incurred. They were excluded from the ranking of the shortlisted sites. **In this way the greenfield site was artificially made to appear more cost-effective than a fully serviced infill site.** Had DCs been considered, the GEM site would have remained in first place. DCs would have reversed the \$1.8M land cost differential that put the County Road 42 site in the winning position in Phase 2

	DC/square meter	Development Charge
90,000 Square meters		
Existing	\$ 131.97	\$ 11,877,300
Sandwich South	\$ 160.82	\$ 14,473,800
Difference		\$ 2,596,500

## Fairness Advisor's Limited Mandate

The appointment of a Fairness Advisor to oversee just a portion of the site selection process created a false appearance of integrity. His [mandate excluded evaluation of site selection criteria](#)

# Accessibility Measured as the Crow Flies; Population Density Ignored

The site selection criteria used radius (rather than population density or travel distance) to evaluate accessibility

1. Proposed hospital location on County Rd 42, showing actual travel distances that greatly exceed the distance as the crow flies:



2. Actual travel distances to top-scoring GEM property, an infill site that is surrounded by residential neighbourhoods and served by public transit today:



# None of these Analyses have been Performed

Where is the *Value for Money Analysis* comparing the greenfield site located so far from the centre of population density to other options?

**Thorough analysis of the impacts of the County Road 42 hospital location is needed to ensure effective and cost-efficient planning**

## **Demographics**

- Windsor population growth projection by age group
- Residential housing needs after factoring in planned downtown Community Improvement Plan (CIP) projects
- Places of Employment, using the same up to date population growth projections that were used to project residential housing needs

## **Financial**

- **Fiscal Impact Analysis** of Sandwich South development to determine lifecycle cost recovery
- Updated Technical Building Assessment (last performed 2008)

## **How removing an acute care hospital will impact Windsor's urban core**

- Long term economic consequences of loss of 3-4,000 jobs from the city core
- Cost to expand service area and maintain public transportation network (currently not 24/7)
- EMS capital and operational needs resulting from increased travel distances from areas of social deprivation (a LHIN term) to the new hospital
- ER referrals for non-admitted patients to determine location & frequency of follow-up care
- Mental health ER usage and admissions after 10 p.m.
- Transit dependency and socio-economic factors affecting patient mobility

## **How health care professionals will be affected**

- Survey of health care workers who live within walking distance of existing hospitals
- Survey of physicians to determine how many will have to move to the area around the new hospital (e.g. physicians and nurses with on-call responsibilities)

## **Carbon Footprint**

- Environmental impact of a greenfield hospital on County Road 42

## **Ontario Planning Policy**

- Impact of hospital location on aggregate vehicle trips and commute distances
- Barriers to access for seniors and persons with impaired mobility

# Outdated Reports Used for Decision-Making

- Sandwich South Employment land needs calculation is based on [2008 EDP Consultants'](#) report, which drew on 1996 and 2001 Census data and a [2008 report by Lapointe Consultants](#)
- Lauzon Parkway EA ([Pg.110](#)) (roads to be upgraded under the Sandwich South Secondary Plan), used 2006 Census data to project population growth of 30k through 2031 and is no longer valid
- Windsor Asset Management Plan and Strategy: [current plan is dated 2013](#)
- Brownfield Land Inventory: [current strategy is dated 2012](#)
- [Official Plan](#): statutory 5 year review was last updated in 2013

## Smoke and Mirrors

### Letters of Support Obtained through Relationships of Influence

A complex web of Board and professional relationships influenced the letters used to demonstrate community support for this project. Many referred to the hospital without referencing its controversial location.

### Opaque and Convoluted Decision Making Structure

- According to the Erie St. Clair LHIN, **location is Steering Committee's responsibility**
  - Yet LHIN approval is a requirement for Ministry to proceed
  - Five Steering Committee members were Erie St. Clair LHIN employees
- **Steering Committee is accountable to WRH Board**
  - Majority on Site Selection Committee associated with WRH Board
  - Site Selection Chair was also Chair of WRH Board at the time of the location decision (July 2015)
  - WRH Board did not respond to CAMPP's May 2017 letter outlining concerns
- **Erie St. Clair LHIN role**
  - Dave Cooke, Steering Committee Co-Chair, is former LHIN Board Chair
  - Board meetings held in Chatham (82km from Windsor)
  - Currently no Board members live in Windsor, although Windsor represents 1/3 of the Erie St. Clair LHIN population
  - It took more than 12 months and many requests from CAMPP to get the LHIN to meet in Windsor (May 24, 2016)
  - Only 3 residents were permitted to speak at this non-Town Hall meeting
  - LHIN Board gave no subsequent response to CAMPP's questions
  - LHIN Chair Dr. Martin Girash claimed LHIN played no role in site selection
- **Mayor Dilkens claimed location was outside City's purview** (April 2016 levy meeting)
  - Mayor Dilkens said location was already decided (August 2018 zoning meeting)
  - However, plan includes a land swap between WRH and City of Windsor that has never been discussed at City Council, raising questions about valuation, due diligence and lines of responsibility for decision making.

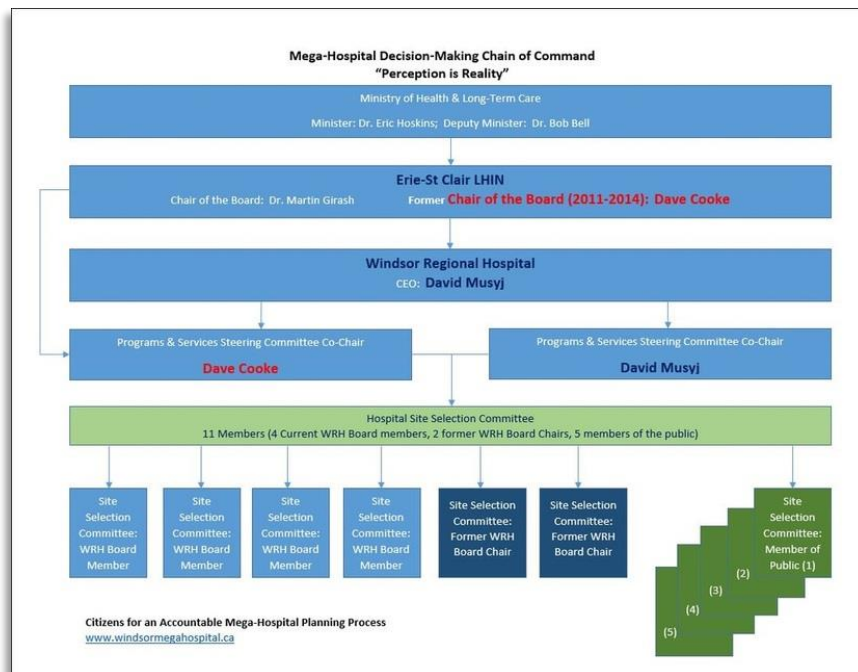
# The Decision Makers

The hospital project reached planning Stage 2 under former Minister of Health, Dr. Eric Hoskins. Ontario's new Minister of Health, Christine Elliott, has not made any further announcements.

**Windsor Hospitals Program and Services Planning and Steering Committee**

Name	Title	Organization
Dave Cooke	Co-Chair	
David Musyj	Co-Chair, President and CEO	Windsor Regional Hospital
Janice Kaffer	President and CEO	Hotel-Dieu Grace Healthcare
Carol Derbyshire	Chair of the Board of Directors (now past chair)	Hotel-Dieu Grace Healthcare
Gay Wrye	Chair of the Board of Directors (now past chair)	Windsor Regional Hospital
Gary Switzer	CEO	Erie-St.Clair LHIN
Brian Gregg	CAO	County of Essex
Thom Hunt	City Planner/Executive Director	City of Windsor
Ralph Ganter	Senior Director, Health System Design & Implementation	Erie-St.Clair LHIN
Sandra Lariviere	Health System Design Manager	Erie-St.Clair LHIN
Lori Marshall	CEO	Erie-St.Clair CCAC
Tim O'Callahan	Physician	Essex County Medical Society
Ken Deane	CEO (interim)	Leamington District Memorial Hospital
Terry Shields	CEO (on temporary medical leave)	Leamington District Memorial Hospital
Steve Erwin	Manager, Communications	Windsor Regional Hospital
Allison Johnson	Manager, Communications	Windsor Regional Hospital
Kevin Marshall	Director, Corporate Services	Windsor Regional Hospital

\*\*Shaded are WRH staff supporting the project



# Site Selection Committee Controlled by WRH

- Four serve(d) on the Board of WRH, another 2 are former Chairs of the Board
- Only 3 are members of the public without apparent ties to WRH

Furthermore, none of the of 11 committee members has a planning background.

## Site Selection Subcommittee members:

**Robert Renaud, Chair of Site Selection Committee,** is Vice Chair and incoming Chair of Windsor Regional Hospital's Board of Directors. He retired as a Vice President and a member of the Board of Directors of Chrysler Canada. Following his retirement, Robert served as Executive in Residence at the University of Windsor's Odette School of Business as well as a director on many prominent and respected not-for-profit Boards and Committees within Ontario.

**Brian Bildfell** is a retired management professional with 25 years experience in various roles with the Ministry of Health and Long-Term Care. Before retiring in 2011, Brian held the very first position of Chief of EMS for Windsor and Essex County. For 11 years, following the downloading of ambulance services to municipalities, he oversaw EMS operations for the City of Windsor and Essex County, serving a population of close to 400,000. Brian has extensive experience working with land ambulance operations in both the city and the county.

**Mike Ray** is a retired lawyer, educator and former Chair of the Windsor Regional Hospital Board of Directors. Mike served as member of Windsor City Council and as a Member of Provincial Parliament. He currently serves as a member of the Windsor Police Services Board and the Windsor Port Authority Board of Directors.

**Dr. Wilf Innerd** is the former Dean of the Faculty of Education at the University of Windsor. He is the Past Chair of the Windsor Regional Hospital Board of Directors and a retired university professor with a distinguished career in education.

**Victoria LaLonde** used her background in architecture to launch a successful career in the field of healthcare. Right now, she is a Project Designer for the Henry Ford Health System, where she works on a variety of renovation projects. Victoria's career path, and interest in the future of regional healthcare, stem from personal experience. She spent a great deal of her childhood in all 3 Windsor hospitals visiting her father, who is a diabetic and double amputee.

**Mason Leschyna** feels that since the new hospital site is intended to serve the community for decades to come, it is important that youth - who will be using the facility the longest - be included in this discussion. Mason has a degree in Engineering Science and will begin his studies in the Doctor of Medicine program at the Western University's Schulich School of Medicine and Dentistry, in Windsor, this fall. His volunteer experience includes work as the chair of the Town of Lakeshore's Youth Council, and board chair of the Association of Campus Emergency Response Teams of Canada.

**Yvan Poulin** is a member of the Windsor Regional Hospital Board of Directors and a Planner with Erie St.Clair/South West French language health planning entity. He wants to ensure the voice of the Francophone community is heard during the site-selection discussion. Yvan also worked in the banking industry where he was involved in personal relocations and branches relocation. He is looking forward to adding his past experiences to this very important decision making process.

**Suzanne Semeniuk** spent her career working as a teacher and social worker, and continues to serve the region as an active and dedicated volunteer. Suzanne has been a member of the Board of Directors at the local chapters of the United Way, Big Sisters and is currently the family representative on the Board of Directors of the CMHA. She says she has had many positive experiences at Windsor Regional Hospital and is looking forward to helping the new hospital "find its place in our community."

**Bert Serre** is no stranger to the process of site selection. He participated in several site selection committees during his decades of work in the automotive industry. Bert held many high profile positions with Ford Motor Company in Canada, the United States and Australia. He also served as VP of Corporate Relations for the Lear Corporation. Having spent time in all three of the city's hospitals this past year, Bert is also very familiar with the city's medical system.

**Pam Skillings** retired as the Principal of the John McGivney Children's Centre School Authority 7 years ago. Now she teaches part time at St. Clair College in the Educational Assistant Program. In addition, she sits on several not-for-profit boards of directors including Windsor Regional Hospital, where she has served since 2012, the House of Sophrosyne and Family Respite. Pam feels this is a "big deal" for our community and wants to bring a community consumer point of view to the process.

**Lynne Watts** is a retired community college administrator who worked for many years at St. Clair College. As Vice President, Administration, at Centennial College in Toronto, she played a key role in the building of a new campus. Lynn has been on the Windsor Regional Hospital Board of Directors for 7 years and is the incoming Vice Chair. She feels Windsor "needs and deserves" this new facility and is looking forward to contributing to the project in any way possible.

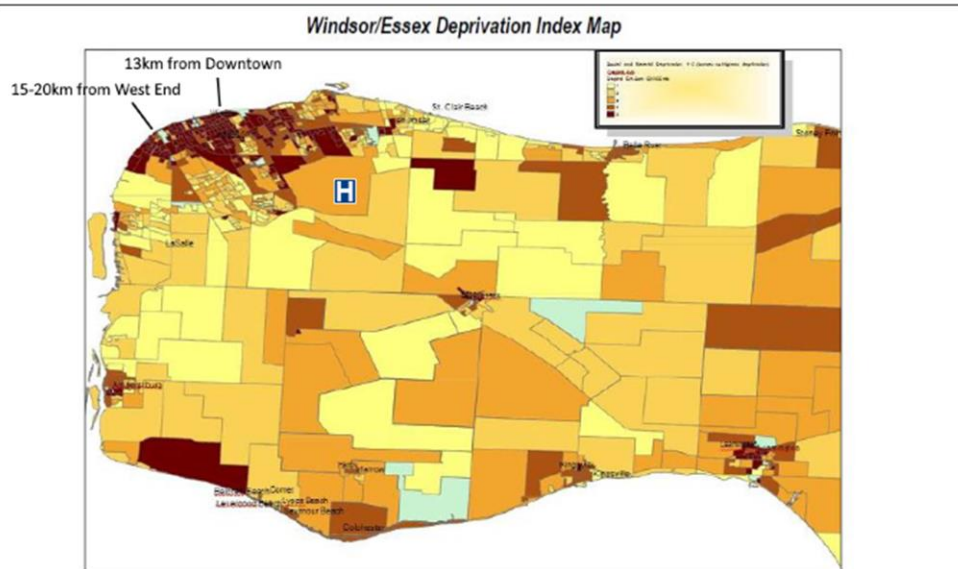
# Social Deprivation in Hospital Use Ignored in Site Selection

- According to the Erie St. Clair LHIN, neighbourhoods with higher deprivation index scores have higher hospital utilization rates
- The County Road 42 site achieved an 80% site selection score for *Proximity to EMS services* (#15). The scoring description includes a requirement that travel times for emergency services to the hospital be less than current times. **No data is available to justify this improbable score**

**This map was originally created by the Erie-St Clair LHIN and shows where economic need is greatest, since this greatly affects health outcomes.**

**Yet they are silent on stakeholder concerns with the plan to demolish both existing hospitals in Windsor's core, replacing them with a new facility that is beyond the airport, making this Canada's most distant hospital relative to the city it serves.**

**Downtown and West End residents will have to travel 13-20km to the hospital, if their needs can't be met at the planned outpatient urgent care facility that will close its doors to the public at 10pm, according to the plan.**



SDI mapping for Windsor/Essex indicated the following:

Key areas with a high concentration of social deprivation that require attention include Windsor West, Windsor City Centre and Essex County South Shore. These areas have:

- very high percentages of people living below the low-income cut-off
- very high unemployment rates
- higher utilization for hospital separation rate, average total acute and ALC LOS in comparison to Ontario
- higher CHF and ischemic heart disease hospital discharges per population than Ontario
- a high active mental health case rate

# 600+ Bed Hospitals Cost More Money to Run

Projections show all of the region's population growth among the senior population (the demographic group with the greatest hospitalization rates). Yet:

- The new hospital is to have the same number of beds (just under 500) on opening day that WRH has now
- The plan indicates a need for 669 beds, but not until 2032/33

The NWEH bed projections are:

- 2017/18: 492
- 2022/23: 544 (10.6 per cent)
- 2032/33: 669 (35.9 per cent)

## Optimal hospital size

Studies consistently report improved economies of scale for 200–300 bed hospitals:

- Dis-economies of scale can be anticipated below 200 and above 600 beds
- This contradicts the wisdom underlying Ontario's decade-old mega-hospital construction trend

This is the conclusion found in this March 2017 [metadata study](#):

PLoS One. 2017 Mar 29;12(3):e0174533. doi: 10.1371/journal.pone.0174533. eCollection 2017.

### Efficiency and optimal size of hospitals: Results of a systematic search.

Giancotti M<sup>1</sup>, Guglielmo A<sup>1</sup>, Mauro M<sup>1</sup>.

Studies analysed in this review showed that economies of scale are present for merging hospitals. Results supported the current policy of expanding larger hospitals and restructuring/closing smaller hospitals. In terms of beds, studies reported consistent evidence of economies of scale for hospitals with 200-300 beds. Diseconomies of scale can be expected to occur below 200 beds and above 600 beds.

PMID: 28355255 PMID: PMC5371367 DOI: 10.1371/journal.pone.0174533

Similarly, in [Are bigger hospitals better?](#), the Health Evidence Network (a WHO member agency) concludes:

“It is tempting to think that larger hospitals are more cost-effective than smaller ones because of the operation of economies of scale. However, the evidence does not back up this belief...The literature on hospital economies of scale suggests that they are fully realized in facilities of 100 to 200 beds...**Research shows that they rarely result in lower costs or better patient outcomes.**”

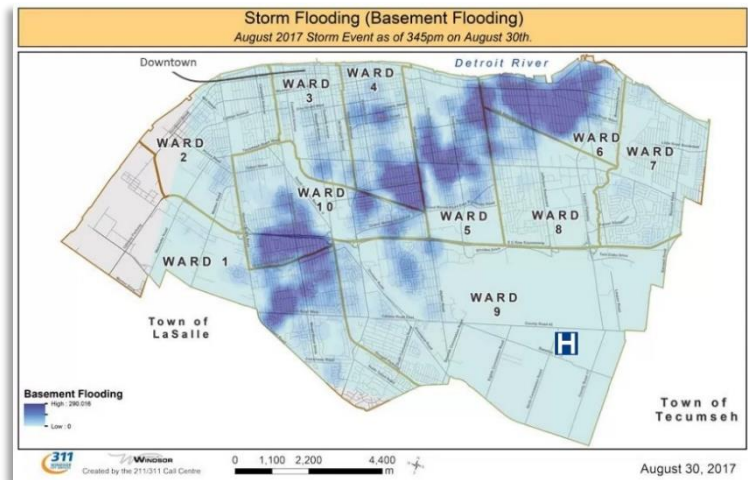
***This should serve as a sober warning for decision-makers seeking the wisest and most cost-effective way to allocate scarce health care resources***



# Decision Makers Ignored Residents' Concerns

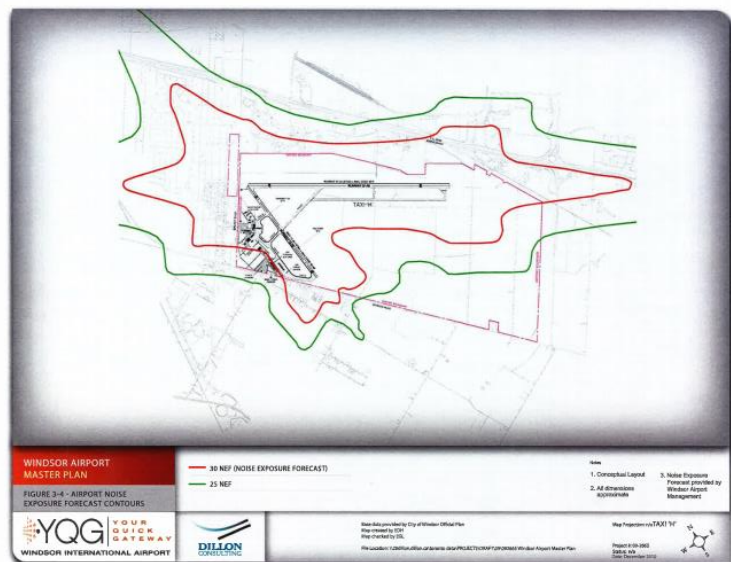
Many residents have unresolved concerns about the construction of the region's only hospital close to Windsor Airport. For example:

- A new subdivision far from Windsor's urban core will present financial challenges in the delivery of city-wide municipal services to all neighbourhoods
- Residential neighbourhoods near airports tend to be less desirable, which puts the future recovery of life-cycle infrastructure costs at risk
- In the extremely unlikely event of an aircraft collision, the region would lose access to its only hospital
- Flooding in 2017 cut off the densely populated north-west side of Windsor from its south-east where the hospital is to be built. Future floods could jeopardize most of the community's access to critical health care services
- While new hospitals have features to prevent and contain the spread of disease, in the event of a system failure at the single-site facility, there would be no health care back-up
- A body of academic research points to health concerns in residential neighbourhoods near airports, caused by volatile organic compounds (VOC's) and nitrogen oxides emitted by airplanes



## Limitations on Future Expansion

- Height restrictions in the airport's flight path will preclude future vertical expansion of the hospital
- Noise exposure forecast (NEF) contour restrictions close to the hospital site also preclude the possibility of future runway expansion



# No Meaningful Community Consultation

## The public's concerns about the hospital location have never been addressed

- For four years Mayor Dilkens declined to meet with members of CAMPP about the community's concerns, claiming he had no influence, even though the deal included a major municipal land swap.
- The meeting to proceed with the tax levy to pay the 10% local share of the hospital cost was squeezed at short notice into the agenda for the December 21, 2015 Council meeting. This was also the annual Budget meeting, already the longest meeting of the year. The Mayor stressed that the location of the hospital was not to be discussed.

“As in the previous consultation session on September 7, 2016, many attendees voiced concerns with locating the new Windsor Regional Hospital within the Study Area.”

Source: [Secondary Plan documents \(Pg. 182\)](#)

## First Nations Consultation under UNDRIP: There has been no meaningful consultation with First Nations

- Emails invitations to a stakeholder meeting were sent to Caldwell and Walpole Island First Nations. Secondary Plan appendices indicate no response was received.
- At the April 25, 2016 Windsor City Council meeting, a First Nations resident spoke about the requirement for meaningful consultation under UNDRIP obligations. **However, no further efforts were made to engage First Nations.**

<input checked="" type="checkbox"/> WALPOLE ISLAND FIRST NATIONS (J. MACBETH)	<input checked="" type="checkbox"/> CALDWELL FIRST NATION FIRST reception@caldwellfirstnation.ca
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## Lack of Accurate Public Messaging: Many residents *still* incorrectly believe the new hospital is an additional facility

- Many refuse to believe the project involves the loss of both existing hospitals.
- Another prevalent misconception is that the new hospital will provide additional programs and services so residents will no longer have to travel to London or Toronto for specialized treatment. Several Windsor councillors even indicated they believed this to be true at the August 13, 2018 zoning meeting. Without significant population growth and operating resources, this is an unrealistic dream.

## Marginalizing the Expression of Public Concern

- The community has consistently expressed significant concerns **regarding the hospital location** at meetings, in person, in letters, on social media, through billboards and with thousands of highly visible lawn signs.
- Meanwhile, the Steering Committee Co-Chairs consistently marginalized all expressions of concern, referring to those in opposition to the plan as a small group putting the success of the project at risk.

# Demolition of 21<sup>st</sup> Century Capital Investments

## 1. Windsor Regional Hospital Met Campus – *to be demolished:*

Year	Value	
2001	\$17M	New 73,000 sq. ft. <b>Regional Cancer Centre</b> adjacent to WRH Met Campus. Project description at <a href="http://www.canadianarchitect.com/features/building-health">www.canadianarchitect.com/features/building-health</a>
2005	\$101M	<a href="#">Final phase of a 420,000 sq. ft. expansion &amp; renovation</a> including: Admitting, Ambulatory Care, Central Sterilization, Pharmacy, Oncology, Operating/Recovery Rooms and Orthopaedic Clinic
2016	\$1.6M	<a href="#">\$1.6M Ronald McDonald House within a hospital</a> at WRH Met Campus

## 2. Windsor Regional Hospital Ouellette Campus – *to be demolished:*

2005	\$58M	200,000 sq.ft. <b>renovation</b> & 130,000 sq. ft. <b>new wing to the east of the existing hospital on 3 levels</b> including the Emergency Department, Outpatient Clinics, Diagnostic Imaging, Surgical Suite, and ICU. As part of the new Diagnostic & Treatment addition, a new main entrance, drop-off, lobby, and vertical connections were created, along with a new ambulatory and ambulance emergency entrance on Goyeau Str.  The addition houses Angioplasty, ER expansion, Renal Dialysis, Day Procedures & Ophthalmology, Nuclear Medicine, elevators <a href="#">and a structure that is adequate for the addition of floors in the future.</a> Project description: <a href="http://www.healthcaredesignmagazine.com/architecture/h-tel-dieu-grace-hospital-windsor-ontario">www.healthcaredesignmagazine.com/architecture/h-tel-dieu-grace-hospital-windsor-ontario</a>
2015	\$12M -\$15M	<a href="#">24/7 angioplasty program, as well as 20,000 sq. ft. renovation</a> , new Cath Lab on the 5th floor & relocating the day surgery program to the 2nd floor

**Value of recent hospital investments slated for demolition: \$192M**

## 3. HDGH Tayfour Campus

2012	\$91.7M	<a href="#">New construction of a \$91.7M, 75,000 sq. ft. long-term mental health building &amp; renovation</a> of 35,000 sq. ft. of space in the Tower Building, to house in-patient rehabilitation services
2016	\$1.7M	9,800 sq. ft. <a href="#">rehabilitation and wellness centre</a>

## 4. Windsor Regional Hospital Ouellette Campus – *put on hold:*

2008	\$670M	<a href="#">20-year project scheduled for completion by 2016/17.</a> Phase 1 was a \$100M three-storey addition: A 10,000 sq. ft cardiac care centre with 2 angioplasty suites. Also included: medical school improvements, expanding the ER by 40%, and a new ophthalmology centre & endoscopy centre.  “Hospital officials indicated the new plans will focus solely on improving angioplasty care,” Source: <a href="https://windsorstar.com/health/100-million-expansion-at-former-hotel-dieu-grace-hospital-falls-by-wayside">https://windsorstar.com/health/100-million-expansion-at-former-hotel-dieu-grace-hospital-falls-by-wayside</a>
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**Value of hospital investments put on hold: \$670M**

# Time Line

DATE	DETAILS
JUN 2009	Master plan, with greenfield site and demolition of Windsor Regional Hospital including Cancer Centre (2001) identified as preferred option
NOV 30, 2012	<a href="#">Windsor Hospitals Study Final Report released</a>
NOV 23, 2013	<a href="#">Stage 1A announced</a>
MAY 7, 2014	<a href="#">Public invited to apply for 4 of 10 positions on Site Selection Committee.</a> Deadline May 16 <sup>th</sup> .
MAY 20, 2014	<a href="#">Site Selection Committee announced</a>
MAY 25, 2014	<a href="#">Survey: Public invited to rank a predetermined set of site selection criteria</a>
JUN 11, 2014	<a href="#">Site Selection criteria announced</a>
JUL 23, 2014	<a href="#">Land offers accepted</a>
JUL 16, 2015	<a href="#">County Road 42 site announcement</a>
NOV 11, 2015	<a href="#">The only downtown public meeting (hosted by DWBIA)</a>
DEC 21, 2015	<a href="#">Windsor City Council Levy Meeting</a> (Note also: " <a href="#">Levy, not Location</a> ")
DEC 22, 2015	<a href="#">Lawsuit launched against WRH by GEM Properties (later dropped)</a>
JAN 7, 2016	<a href="#">News release on site selection following CAMPP FOI request</a>
APR 20, 2016	<a href="#">County Council approves levy share</a>
APR 25, 2016	<a href="#">Windsor Council approves levy share</a>
MAY 24, 2016	<a href="#">Erie St. Clair Board Meeting in Windsor (set of questions presented by CAMPP to the Board)</a>
SEP 7, 2016	<a href="#">Public information meeting on Secondary Plan convened by Stantec (official response submitted by CAMPP)</a>
JUL 5, 2017	<a href="#">Public meeting convened by MHBC Consultants (official response submitted by CAMPP)</a>
DEC 1, 2017	<a href="#">Dr. Hoskins announces Stage 2: Adds that the re-use of Ouellette Campus instead of Grace Site will be investigated</a>
FEB 2, 2018	<a href="#">MHBC Background Plan submitted to City of Windsor</a>
AUG 13, 2018	<a href="#">Combined Planning and Council meeting to approve Secondary Plan Amendment and hospital zoning</a>
SEP 17, 2018	<a href="#">Council adoption of Secondary Plan Amendment and hospital zoning by-laws</a>

# Appendix A: Consulting Engineer's Letter

**Mr. Spencer's letter suggests a pattern of bias and interference in the work of an independent expert in order to favour an unserviced site for the new hospital**

Rick Spencer was the Consulting Engineer for both shortlisted hospital sites (County Road 42 and GEM)

- **Alterations to Mr. Spencer's work without consultation is highly irregular and calls into question the role of an independent Consulting Engineer**
  - Significant additional servicing costs were allocated to both sites
  - He disagrees with the substance of the alterations to his work
  - The GEM site access route was changed to Jefferson Boulevard without explanation. Jefferson would require upgrades, though to a much lesser extent than claimed by Stantec. This increases the apparent advantage favouring the County Road 42 site
- **Road upgrades were not included in the site evaluation, giving the greenfield hospital site an unfair advantage that will greatly increase taxpayer-funded costs**
  - The [\\$100k/acre \(\\$6M\) land cost for the 60 acre County Road 42](#) site is eclipsed by the \$20M-\$30M cost of upgrading its access road
  - The [\\$136k/acre land cost for the \(up to\) 77 acre GEM](#) site is initially higher than the County Road 42 site. However, both of its access roads from Lauzon Parkway (via Tecumseh and Catherine) are fully engineered and require no upgrades, according to the Consulting Engineer
- **The cost of upgrading hydro service to the County Road 42 site has yet to be quantified**

## 1. "We Do Not Concur"

The calculations used to select the winning hospital site were materially different than those Mr. Spencer submitted to Stantec. This serious irregularity has not been investigated.

We do not concur with the second statement regarding improvement to the City /County arterial road system. Our comparison of the N-S and E-W arterial road system is consistent relative to the N-S arterial road systems for both sites. Jefferson Boulevard does not have an arterial road status and is quite limited in length i.e. E.C. Row Expressway to Tecumseh Road East and does not have a full interchange at E.C. Row Expressway.

## 2. Infrastructure deficiencies at the County Road 42 were not flagged in the site selection evaluation

The need for a new watermain and greater hydro capacity raises questions of how the County Road 42 site was able to achieve a 70% score for its servicing.

- **Watermain provides insufficient pressure**

The existing 150 mm watermain provides insufficient pressure to service a hospital. A two-kilometre long 300 mm diameter watermain is needed from the 8<sup>th</sup> Concession to the County Road 42 site, which lies along the 9<sup>th</sup> Concession:

O'Keefe site external costs included the extension of almost 2 kilometres of 300mm diameter watermain and an "external" outfall sewer to Little River watercourse. The difference in these external costs was **\$580,000 more for the O'Keefe site** and it did **not** include any allowance for hydro distribution upgrades or plant extension if required.

- **Insufficient Hydro Capacity**

The capacity of the County Road 42 site's Hydro One feeder is insufficient to absorb the load required for a hospital. This cost of this upgrade has yet to be quantified.

## 3. Why did Stantec not liaise with Mr. Spencer as agreed?

The RFP required a determination of the probable costs to bring each site to a condition "*which can be readily connected to municipal services including water, sanitary and storm sewers, electrical, natural gas, and other utilities.*"

Mr. Spencer determined that the GEM site would require a new stormwater management lift pump station, while the County Road 42 site would require a wider watermain.

The price differential for these additions is **\$580k more for County Road 42.**

**Subsequent to this determination, significant additional servicing costs favouring the County Road 42 site were added *without consultation* with Mr. Spencer:**

The extra costs noted in the third statement (\$1.4 million and \$925,400) are significantly more than our external services costing and should have been reviewed with our firm, the author of these required reports.

Though the final price differential remained in GEM's favour, it was more than halved, to just **\$213k:**

We completed and submitted site servicing reports on behalf of both of these proponents. We were advised at the Phase 2 Site Selection Committee Meeting that Stantec Consulting would review all reports to ensure consistency with the cost estimates submitted and would liaise directly with our firm to obtain agreement on same.

### **Why did Stantec not liaise with Mr. Spencer *before* changing his cost estimates?**

Stantec Consulting originally informed him they were in agreement with his work. They also indicated they would liaise with his firm in the event of any required adjustments to the cost estimates. This needs to be addressed.

#### 4. Changing GEM's access road to inflate cost and favour County Road 42

Mr. Spencer's letter explains that there are two access roads to the GEM site from Lauzon Parkway (a 6 lane Class I arterial road with a centre turning lane): via Tecumseh Road (a recently upgraded 6 lane Class II arterial road), and Catherine (a short 2 lane Class I collector road). Lauzon Parkway serves County municipalities via E.C. Row Expressway and Highway 401.

Mr. Spencer alleges the access route to the GEM site was changed to Jefferson Boulevard *after* he submitted his calculations. This is a significant alteration.



**Access to the site will be via the E-W Class II arterial, Tecumseh Road which links to the N-S arterial roads, Lauzon Parkway to the east and Walker Road to the west. Catherine Street is an alternative access to Lauzon Parkway. Both N-S arterial roads serve the neighbouring County municipalities via E.C. Row Expressway and Highway 401.**

In this way, \$26.9M in unnecessary road upgrades were added to the equation. This is in comparison with \$22.9M in upgrades needed for County Road 42.

**The decision to use a different access route without prior liaison with the Consulting Engineer needs to be addressed.**

#### 5. Taxpayer-funded roadwork would cost >80% less if the GEM site was selected

Bearing in mind that Mr. Spencer already explained why the use of Jefferson is redundant, he notes that the stretch of Jefferson Boulevard in question is much shorter than County Road 42.

- Using the same cost per kilometre estimate used in the Lauzon Parkway Environmental Assessment, he alleges that the more realistic cost to widen Jefferson is closer to \$5.1M, not \$26.9M as stated.
- However, he also notes that Jefferson's infrastructure is in better condition than County Road 42. Therefore, the per kilometre road construction cost on Jefferson should be lower than on County Road 42.



RC SPENCER ASSOCIATES INC.  
Consulting Engineers

25 January 2016  
File No.: 15-452

**GEM Properties**  
**6550 Tecumseh Road East**  
**Windsor, Ontario**  
**N8T 1E6**

**Re: GEM Properties Inc. – Windsor Regional Hospital**  
**Proposal for a New Acute Care Hospital Facility**

We are in receipt of your letter of 11 January 2016, requesting our review and comments on the facts presented in the 8 January 2016 issue of the Windsor Star (Mr. Brian Cross, Reporter).

We understand there were only two sites short listed by the Selection Committee for the New Acute Care Hospital Facility.

1. GEM Properties – 6550 Tecumseh Road East and
2. O’Keefe Property – County Road 42 at 9<sup>th</sup> Concession

We completed and submitted site servicing reports on behalf of both of these proponents. We were advised at the Phase 2 Site Selection Committee Meeting that Stantec Consulting would review all reports to ensure consistency with the cost estimates submitted and would liaise directly with our firm to obtain agreement on same.

The Windsor Star article states:

“The infrastructure costs directly tied to the hospital site at 42 would be less than the cost for the GEM site.”

It further states that:

“They estimated the GEM site at \$26.9 million (for improvements to Tecumseh Road and expanding Jefferson Boulevard) compared to \$22.9 million for the 42 site (four-laning and servicing County Road 42)” and

“The 42 site came in with a price of \$100,000 per acre, plus extra costs estimated at \$1.4 million, while the GEM site was asking \$136,000 an acre plus \$925,400 in extra costs.”

1

Windsor Office: 261 Shepherd Street East - Windsor, Ontario, N8X 2K6 • 519.946.1122  
Leamington Office: 18 Talbot Street West - Leamington, Ontario, N8H 1M4 • 519.324.0606



Professional Engineers  
Ontario



Our reports, per a Stantec email of 16 April 2015, were to provide servicing details and cost estimates to bring servicing (storm and sanitary sewers, watermains, electrical, gas etc.) to the front property limits and address intersection improvements and driveways at the roadway. In addition, a design brief for the stormwater management was prepared along with a cost estimate for the on-site facility. Existing infrastructure lacking sufficient capacity for the new facility was also to be addressed. Stantec indicated that they “may have to add additional costs to any site to bring services to a logical building location.”

The GEM report identified the following salient features about the site:

- Existing 250mm diameter sanitary sewer on Tecumseh Road East and 450mm diameter sanitary sewer on Catherine Street at the site’s east boundary. **Thus, sufficient capacity and depth for either alternatives, with good redundancy**
- Existing 750mm diameter feeder watermain on Tecumseh Road, 250mm diameter services main to the rear of Home Depot and 300mm diameter watermain at the terminus of Catherine Street. Fire flows and pressures some of the highest in the City. **Thus, excellent available water supply at 3 locations on the site with good redundancy.**
- 27.6kV hydro distribution with 3 different feeders from 2 stations. **Thus, excellent power available with redundancy.**
- 250mm diameter NPS gas main on Tecumseh Road East. **Thus, adequate natural gas supply.**
- Available Hawkins Drain located along the northern boundary of the site. **Sufficient detention storage will be available in the site parking areas.**
- Tecumseh Road East is a Class II E-W Arterial Road (6 lanes plus a centre turning lane) with a signalized intersection at the site’s west limit; Lauzon Parkway is a Class I N-S Arterial Road (minimum 6 lanes plus a centre turning lane) with signalized intersections at Tecumseh Road East and Catherine Street; Catherine Street, within 60m of the site at its mid-depth) is a Class I Collector Road (2 lanes) with 4 lanes at the west leg of the Lauzon Parkway signalized intersection.

**Access to the site will be via the E-W Class II arterial, Tecumseh Road which links to the N-S arterial roads, Lauzon Parkway to the east and Walker Road to the west. Catherine Street is an alternative access to Lauzon Parkway. Both N-S arterial roads serve the neighbouring County municipalities via E.C. Row Expressway and Highway 401.**

The O'Keefe report identified the following salient features about the site:

- Existing 1350mm diameter trunk sanitary sewer on the north side of County Road 42. **Thus sufficient capacity and depth.**
- Existing 150mm diameter watermain with inadequate available pressure and fire flows. **It is necessary to construct a new 300mm diameter watermain from the 8<sup>th</sup> Concession easterly to the site.**
- Existing 3 phase power feeder on County Road 42 east of 8<sup>th</sup> Concession fronting Municipal No. 5255. **It is unknown (Hydro One) at this preliminary stage if the feeder has capability to absorb the additional Hospital Facility load.**
- Little River watercourse is located at the southeast corner of the site and the site is high enough to construct without the importing of fill to raise the site. **Sufficient detention storage will be available in the site parking areas.**
- County Road 42 is an E-W Arterial Road within the City of Windsor (2 lanes rural cross-section). **Access to the site will be via CR 42, improved to a 4 lane urban cross-section in accordance with the May 2013 Lauzon Parkway Improvements Class EA Study. It will link to the N-S arterial roads, Lauzon Parkway, to the east and Walker Road to the west. Both N-S arterial roads serve the neighbouring County municipalities via E.C. Row Expressway and Highway 401.**

Common to both sites was the planned extension of the Lauzon Parkway to link to Highway 401.

Relative to our preliminary engineering site services costs as described, we were advised by Stantec Consulting that they were in agreement with our cost analyses. There were no external costs assessed to the GEM site, as would be expected; only an "external" stormwater management lift pump station for discharge to the shallow Hawkins Drain watercourse. The O'Keefe site external costs included the extension of almost 2 kilometres of 300mm diameter watermain and an "external" outfall sewer to Little River watercourse. The difference in these external costs was **\$580,000 more for the O'Keefe site** and it did **not** include any allowance for hydro distribution upgrades or plant extension if required.

It is to be noted that if the hospital facility is located more to the rear of either site, there would be no significant difference in costs to extend services into the sites since the GEM site has a sanitary sewer and watermain available on Catherine Street, which is comparable to the front property line of the O'Keefe site. Further, because the CR 42 trunk sanitary sewer is very deep, one would expect the tapping/connection cost to be more but not of significance when considering the overall site servicing and paving and grading cost of either site's development.

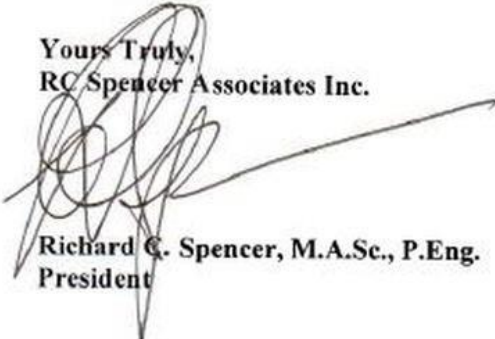
The extra costs noted in the third statement (\$1.4 million and \$925,400) are significantly more than our external services costing and should have been reviewed with our firm, the author of these required reports.

We do not concur with the second statement regarding improvement to the City /County arterial road system. Our comparison of the N-S and E-W arterial road system is consistent relative to the N-S arterial road systems for both sites. Jefferson Boulevard does not have an arterial road status and is quite limited in length i.e. E.C. Row Expressway to Tecumseh Road East and does not have a full interchange at E.C. Row Expressway.

Further, the noted Lauzon Parkway ESR provides a preliminary cost estimate of \$25.7 million for a constructed length of 8.81 km to improve to a 4 lane urban cross-section. If one does consider Jefferson Boulevard as a legitimate N-S arterial road and applying the same cost per kilometre of road as County Road 42, the preliminary cost estimate is more in the range of only \$5.1 million since the existing 2 lane section of Jefferson Boulevard is only 1.75 km in length (Queen Elizabeth intersection to Tecumseh Road East). Further, the Jefferson Boulevard right-of-way infrastructure is more up to date than the CR 42 infrastructure, with an expected reduction in cost per kilometre of road reconstruction.

We can meet at your convenience if you require clarification of the foregoing.

Yours Truly,  
RC Spencer Associates Inc.



Richard C. Spencer, M.A.Sc., P.Eng.  
President

# Appendix B: Ontario Planning Policy

Windsor City Council's September 17, 2018 decision is not consistent with the intent of the Provincial Policy Statement relating to planning *for the city as a whole*, with regard to compact community development, wise use of resources, and reduction of land use barriers for persons with disabilities and older persons, as outlined below:

Ref	Sandwich South Secondary Plan
1.1.1(a)	Healthy, liveable and safe communities are sustained by (a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term
1.1.1(f)	Healthy, liveable & safe communities are sustained by (f) improving accessibility for persons with disabilities & older persons by identifying, preventing & removing land use barriers which restrict their full participation in society
1.1.1(h)	Healthy, liveable and safe communities are sustained by (h) promoting development and land use patterns that conserve biodiversity and consider the impacts of a changing climate
1.1.3	It is in the interest of all communities to use land & resources wisely, to promote efficient development patterns, protect resources, promote green spaces, ensure effective use of infrastructure & public service facilities & minimize unnecessary public expenditures.
1.1.3.2 (a)	Land use patterns within settlement areas shall be based on (a) densities and a mix of land uses which efficiently use land and resources; are appropriate for, and efficiently use, the infrastructure and public service facilities which are planned or available, and avoid the need for their unjustified and/or uneconomical expansion
1.2.2	Planning authorities are encouraged to coordinate planning matters with Aboriginal communities.
1.6.3 (a)(b)	Before consideration is given to developing new infrastructure & public service facilities: (a) the use of existing infrastructure & public service facilities should be optimized (b) opportunities for adaptive re-use should be considered, wherever feasible.
1.6.4	Infrastructure and public service facilities should be strategically located to support the effective and efficient delivery of emergency management services.
1.6.7.1	Transportation systems should be provided which are ... appropriate to address projected needs.
1.6.7.4	A land use pattern, density and mix of uses should be promoted that minimize the length and number of vehicle trips and support current and future use of transit and active transportation.
1.6.7.5	Transportation and land use considerations shall be integrated at all stages of the planning process.
1.7.1	Long-term economic prosperity should be supported by: (b) optimizing the long-term availability & use of land, resources, infrastructure, electricity generation facilities & transmission and distribution systems, & public service facilities; (c) maintaining and, where possible, enhancing the vitality & viability of downtowns & main streets; (e) promoting the redevelopment of brownfield sites
2.0	Wise Use and Management of Resources: protecting natural heritage, water, agricultural, mineral and cultural heritage and archaeological resources for their economic, environmental and social benefits.

<b>Ref</b>	<b>Hospital Zoning</b>
1.1.1(c)	Healthy, liveable and safe communities are sustained by (c) avoiding development and land use patterns which may cause environmental or public health and safety concerns
1.1.1(f)	Healthy, liveable and safe communities are sustained by (f) improving accessibility for persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society
1.1.1(h)	Healthy, liveable and safe communities are sustained by (h) promoting development and land use patterns that conserve biodiversity and consider the impacts of a changing climate
1.1.5.5	Development shall be appropriate to the infrastructure which is planned or available, and avoid the need for the unjustified and/or uneconomical expansion of this infrastructure.
1.2.2	Planning authorities are encouraged to coordinate planning matters with Aboriginal communities.
1.2.3	Planning authorities should coordinate emergency management and other economic, environmental and social planning considerations to support efficient and resilient communities
1.6.3 (a) (b)	Before consideration is given to developing new infrastructure & public service facilities: (a) the use of existing infrastructure & public service facilities should be optimized (b) opportunities for adaptive re-use should be considered, wherever feasible.
1.6.4	Infrastructure and public service facilities should be strategically located to support the effective and efficient delivery of emergency management services.
1.6.7.1	Transportation systems should be provided which are safe, energy efficient, facilitate the movement of people and goods, and are appropriate to address projected needs.
1.6.7.4	A land use pattern, density & mix of uses should be promoted that minimize the length & number of vehicle trips & support current & future use of transit & active transportation.
1.6.7.5	Transportation and land use considerations shall be integrated at all stages of the planning process.
1.7.1	Long-term economic prosperity should be supported by: (e) promoting the redevelopment of brownfield sites
1.8.1(e)	Improve the mix of employment and housing uses to shorten commute journeys and decrease transportation congestion
2.0	Wise Use & Management of Resources protecting natural heritage, water, agricultural, mineral & cultural heritage and archaeological resources for their economic, environmental and social benefits.
3.1.3	Planning authorities shall consider the potential impacts of climate change that may increase the risk associated with natural hazards.
3.1.5	Development shall not be permitted to locate in hazardous lands and hazardous sites where the use is: an institutional use including hospitals
Part IV	The wise use and management of these resources over the long term is a key provincial interest.

# Appendix C: Windsor's Official Plan

Windsor City Council's September 17, 2018 decision does not conform with Windsor's Official Plan, as outlined below:

Ref	Sandwich South Secondary Plan
1-3	Designation of additional lands for residential and commercial uses will be tied to increased population growth. ...Windsor presently has a substantial oversupply of lands available for commercial development.
1-5	The numbers within [the 20-44] age group are expected to decline by approximately 500 over the next 20 years which represents a decline as a % of the total population from 37% to 33% by 2026. This decline is anticipated because of the trend in lower fertility rates. There will be substantial growth in the 65-84 age group between the years 2011 & 2026.
1-5	...there will be an increase in the older population cohorts. An increase in this age group should result in continued household growth & demand for both "move up" & "move down" housing & housing suitable for seniors.
Vol II 1.23	It is important that these agricultural uses be able to continue and provide economic benefit to the residents and surrounding community until such time as development is needed and appropriate on the basis of population growth and servicing availability.
3.2.2.2	The City Centre will continue to be the major focus of cultural, social & economic activities. The City Centre is & will remain the heart of Windsor, serving as the visual symbol of the entire community. A diverse mixture of businesses, cultural venues, major government offices & entertainment destinations will strengthen downtown as a major economic centre. The heart of our community will also provide a liveable residential environment for a variety of people & be a welcoming arrival point for visitors.
3.2.3.1	Windsor will work toward achieving a sustainable transportation system where all modes of transportation can play a more balanced role. The creation of mixed use and employment centres will allow businesses and services to be closer to homes and allow greater opportunities for walking, cycling and transit.
3.2.4.1	People will be involved in the municipal processes that shape Windsor and its neighbourhoods.  Residents will be encouraged to work with municipal staff to identify and resolve city-wide and neighbourhood issues. New ways will be found to build consensus within the community to ensure that Windsor advances toward its desired future.
3.2.4.2	Windsorites want a planning process that is responsive, effective and fiscally responsible. Planning services will be efficiently delivered and carefully targeted to achieve the community vision.
4.2.1.5	To encourage a mix of housing types and services to allow people to remain in their neighbourhoods as they age.
4.2.3.2	To encourage the location of basic goods and services ... where people live and work.
4.2.4.2	To encourage development that fosters the integration of all residents into the community.
4.2.5.2	To encourage and facilitate public involvement in planning and development initiatives.
4.2.5.3	To ensure effective public information and communication on planning

	and development initiatives.
4.2.3.5	To encourage community services at appropriate locations throughout Windsor.
5.1.1	Council's environment goals are to achieve: A healthy and sustainable natural environment
6.1.2	Council's environment goals are to achieve: Environmentally sustainable urban development
6.1.6	An integration of institutions within Windsor's neighbourhoods
6.6.1.2	To ensure all institutional uses are strategically located within Windsor to be both accessible and act as neighbourhood focal points
6.6.2.5 (d) & (e)	The following guidelines shall be considered when evaluating the proposed design of a Major Institutional development: (d) pedestrian and cycling access is accommodated in a manner that is distinguishable from the access provided to motorized vehicles and is safe and convenient (e) the development design facilitates access via public transportation
7.2.2.21 (c)	Council shall implement land use patterns that promote sustainable travel by locating land uses within reasonable walking or cycling distance.
7.2.2.25 (e)	Council shall support transit friendly design by (e) Promoting urban design that encourages walking and cycling
7.2.5.2	Council shall require that the design of development proposals and infrastructure undertakings facilitate easy access to public transportation.
10.2.1.14	Consultation with First Nations will take place as part of a development application or detailed planning study.

Ref	Hospital Zoning
1-3	Windsor presently has a substantial oversupply of lands available for commercial development
3.2.3.1	Windsor will work toward achieving a sustainable transportation system where all modes of transportation can play a more balanced role. The creation of mixed use and employment centres will allow businesses and services to be closer to homes and allow greater opportunities for walking, cycling and transit
3.2.4.1	People will be involved in the municipal processes that shape Windsor and its neighbourhoods. Residents will be encouraged to work with municipal staff to identify and resolve city-wide and neighbourhood issues. New ways will be found to build consensus within the community to ensure that Windsor advances toward its desired future
3.2.4.2	Windsorites want a planning process that is responsive, effective and fiscally responsible. Planning services will be efficiently delivered and carefully targeted to achieve the community vision
4.2.1.4	To protect against climate change and its possible adverse effects on human health, the physical environment, economy and quality of life
4.2.1.6	To provide for pedestrian scale neighbourhood centres that serve the day-to-day needs of the local residents
4.2.3.2	To encourage the location of basic goods and services where people live and work
4.2.3.5	To encourage community services at appropriate locations throughout Windsor.
4.2.4.2	To encourage development that fosters the integration of all residents into the community
4.2.5.3	To ensure effective public information and communication on planning and development initiatives.
4.2.7.3	To encourage emergency services in close proximity to where people live
6.1.6	An integration of institutions within Windsor's neighbourhoods.

6.6.1.2	To ensure all institutional uses are strategically located within Windsor to be both accessible and act as neighbourhood focal points
6.6.2.5 (d) & (e)	The following guidelines shall be considered when evaluating the proposed design of a Major Institutional development: (d) pedestrian and cycling access is accommodated in a manner that is distinguishable from the access provided to motorized vehicles and is safe and convenient (e) the development design facilitates access via public transportation
7.2.2.21 (c)	Council shall implement land use patterns that promote sustainable travel by locating land uses within reasonable walking or cycling distance by: (c) integrating land use and transportation planning decisions by ensuring each fit the context of each other's specific needs
7.2.2.25 (e)	Council shall support transit friendly design by (e) Promoting urban design that encourages walking and cycling
7.2.5.2	Council shall require that the design of development proposals and infrastructure undertakings facilitate easy access to public transportation
8.4.1.1	To integrate barrier-free pedestrian routes in the design of urban spaces
10.2.1.14	Consultation with First Nations will take place as part of a development application or detailed planning study



## **Citizens for an Accountable Mega-Hospital Planning Process**

Website: [www.windsormegahospital.ca](http://www.windsormegahospital.ca)

Email: [windsorcampp@gmail.com](mailto:windsorcampp@gmail.com)

Facebook:

Page: [www.facebook.com/megahospital](http://www.facebook.com/megahospital)

Group: [www.facebook.com/groups/windsormegahospital](http://www.facebook.com/groups/windsormegahospital)

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