Citizens for an Accountable Mega-Hospital Planning Process

BUILDING FOR THE PAST: SANDWICH SOUTH SECONDARY PLAN AMENDMENT & HOSPITAL ZONING

CAMPP Windsor Essex Residents Association
www.windsormegahospital.ca
August 13, 2018

Contents

Note
Two motions are under discussion at the Joint Meeting of the Planning, Heritage & Economic Development Standing Committee and Windsor City Council on August 13, 2018:

- An OFFICIAL PLAN AMENDMENT for the entire lands described as the "County Road 42 Secondary Plan Area"

- A ZONING BY-LAW AMENDMENT for the land located at the southeast corner of the intersection of County Road 42 and the 9th Concession Road.

The planning documents supporting the proposed Official Plan and the Zoning By-Law amendments are referred to collectively in this document as **CR42SP.**

In this document, specific references to relevant sections of the **Ontario Planning Policy** and **Windsor's Official Plan** are boxed on the right of the pages.

Executive Summary: Building for the Past

The County Road 42 Secondary Plan (CR42SP) is a shocking and wildly inaccurate proposal. It omits up-to-date key data and analysis. It relies on decade-old reports, some based on data as old as 1996, to create an overly optimistic local population and job growth scenario. It disregards current demographic expectations, good urban planning, and importantly, the principles of sustainable development embodied in Ontario's Planning Policy Statement and Windsor's Official Plan.

CR42SP expands Windsor's developed footprint by 400 hectares[1] and features:

- **Canada's most distant hospital** relative to the city it serves.
- **New houses for 7,134 people**. This represents 92% of all anticipated new future Windsor residents through 2036.
- **Space for 6,880 new jobs**, even though the regional working age population is expected to decline through 2041.

The CR42SP plan:

1. Ignores responsibility for the impact on the city as a whole, and the costs in perpetuity to taxpayers of maintaining the new subdivision.
2. Decreases access to hospital-based health care services, including treatment for acute life-threatening conditions, for the majority of Windsor's population.
3. Overlooks increased transportation barriers to health care for vulnerable residents.
4. Escalates loss of population and businesses from established neighbourhoods, to neighbouring municipalities with significantly lower development charges and property taxes.
5. Increases commute distances and car dependency, when the community is more elderly and greater numbers of young people are choosing car-free lifestyles.
6. Neglects the environmental and financial consequences of developing productive farmland in an area that, if developed, will require expensive and extensive flood containment measures.

For a community aging so rapidly that, by 2032, 33% of Windsor's adults will have reached retirement age, this is an inefficient and absurdly costly response to a demonstrated shortage of compact and accessible housing options in existing neighbourhoods.

For all of these reasons, and as explained in greater detail in the pages that follow, the proposed Official Plan Amendment and Zoning By-Law Amendment to be voted upon by Windsor City Council on August 13, 2018, represent a development blueprint that does not meet the needs of any of the constituents that Council is elected to represent.

This plan would never be seriously considered viable in the absence of the proposed hospital on County Road 42.

It presents an outdated vision of Windsor that no longer represents the city's realistic future.

It is building for the past.

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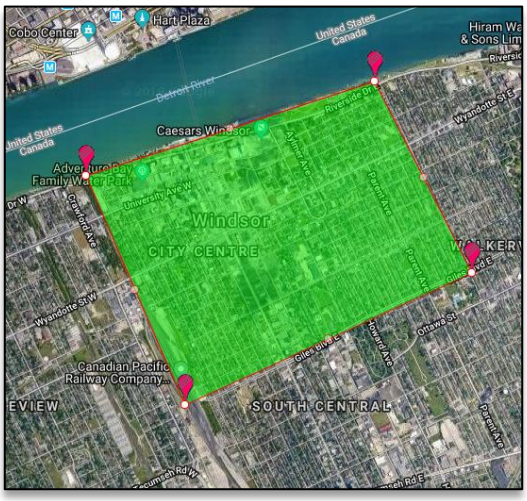
1. This satellite map of the centre of Windsor (bounded by Caron to the west, Pierre to the east and Giles to the south), provides a visual representation of 400 hectares. It is home to 18,760 people (2016 census), The population density is 4,690 people per square km.



"While I can appreciate the regional aspect of this new hospital's purpose, the decision to place this hospital to the disadvantage of so many Windsorites I feel is short sighted and ultimately will have a societal cost and long term capital cost that is unfair to taxpayers of the City of Windsor."

-- Stephen Kapusta MCIP, RPP
Former City of Windsor Transportation Planner

"Car dependency is a leading contributor to the epidemic of preventable diseases that are linked to how we design our cities. We have created obesogenic environments that are literally killing us... The costs and consequences aren't just to us as individuals, they're to all of us as taxpayers.

Bankrupting municipal budgets, creating epidemics of preventable diseases, and helping to cause climate change — that's how you start a conversation about why the suburbs need to change, and why more of our growth should go to infill and transit-oriented development.

The argument is not ideological, it's mathematical."

-- Brent Toderian MCIP, Vancouver's former Chief Planner

1. Incomplete & Deeply Flawed Data

CR42SP is missing key demographic, accessibility and locational data that is essential for informed decision-making.

Windsor's Official Plan was last reviewed five years ago in 2013. The 2018 review has not been completed.

> **Ontario Planning Policy:**
>
> 1.6.7.5 Transportation and land use considerations shall be integrated at all stages of the planning process.
>
> **Windsor's Official Plan:**
>
> Windsor needs to plan for the accessibility and locational needs of an aging population.
>
> 4.2.5.3 To ensure effective public information and communication on planning and development initiatives.

1.1 Demographics: Stalled population growth
CR42SP (p.18) shows the Planning Department's expected population growth for Windsor: a total of 7,751 persons (just 3.5%) through 2031, with an acknowledgment that population might decline in the years beyond 2031. No additional demographic detail is identified in CR42SP.

1.2 Critical gap: Growing local senior population
CR42SP includes no analysis of aging trends. Seniors are the group needing the most acute health care services in Windsor Essex. This is a critical data gap when Canada's population is aging in greater numbers than at any other time in history.

The lack of consideration for seniors' accessibility and locational needs in CR42SP is an astonishing omission for a process driven by a health care institution. **(4.2.5.3)**

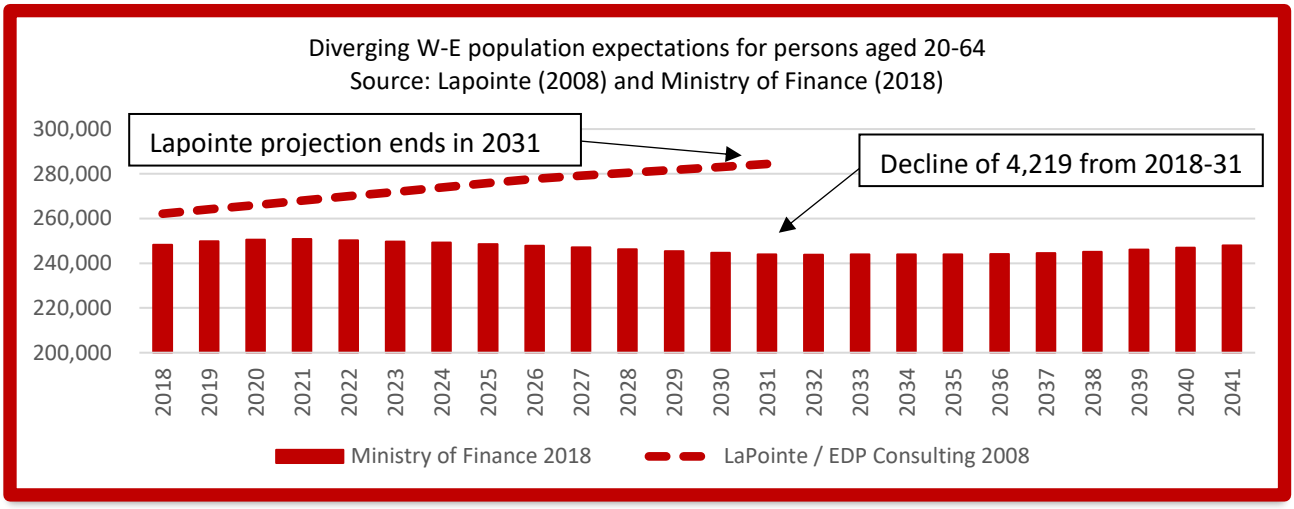
Year	2016	2021	2026	2031	2036
2015 Projection (Planning Dept)	217,716	221,955	224,677	225,466	225,466
Growth (5 year increments)		4,240	2,722	789	NIL

1.3 Not only seniors **(4.2.5.3)**
CR42SP completely lacks analysis of other major demographic groups. This information is essential to the planning of the region's new hospital, as well as the city's outward expansion, for example:

- socio-economic diversity
- public transit dependency
- persons with physical and cognitive disabilities
- locations and capacity of retirement residences
- locations of low income housing

1.4 Employment growth of 21,140 jobs based on obsolete population projections
The Ministry of Finance (2018) expects the regional supply of working age residents to decline by 4,219 (1.7%) over the next 13 years through 2031. This data was ignored in CR42SP. Instead, the plan's employment land needs calculation (p.190) is based on a 2008 study by EDP Consultants, who drew on 1996 and 2001 Census data and a 2008 report by Lapointe Consultants.

Without growth among 20-64 year olds, there is no reason to expect employment expansion:



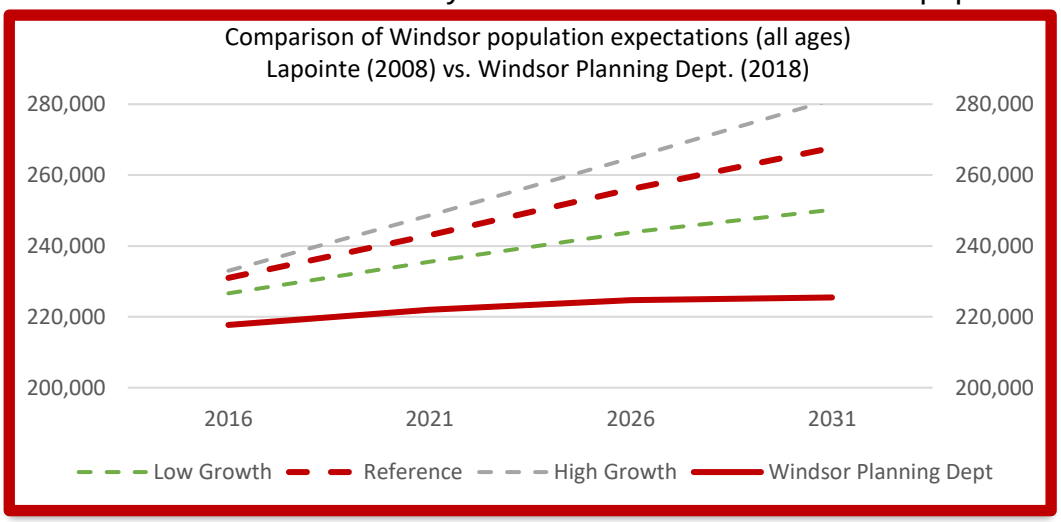
Source: Ministry of Finance (2018), Lapointe (2008), EDP (2008)

Though the Planning Department updated its overall *population expectations* in 2018, the *employment growth* data in CR42SP is based entirely on outdated population projections from the 2008 Lapointe report that uses data from the 2006 Census.

Even Lapointe's *Low Growth* scenario materially overestimates Windsor's future population:

Source: City of Windsor (2018), Lapointe (2008), and EDP (2008)

Yet CR42SP sticks with its 2008 *Base Case* of 21,140 new jobs through 2031.



This would represent an 8.5% increase to today's working age population (assuming a 100% labour participation rate), which is at odds with Ministry of Finance expectations of a decline.

In retrospect, EDP's *Low Growth* scenario projecting 4,520 total new jobs might have been more appropriate, though it still reflects greater population growth than currently expected in 2018.

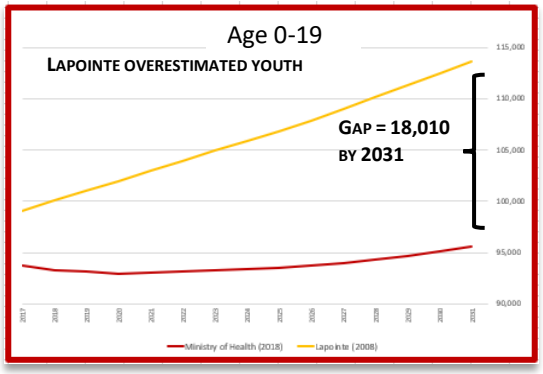
CR42SP (p.34) assumes 6,880 of the 21,140 new jobs will be created on the Sandwich South Employment Lands, with 14,260 to be accommodated "in the City" (CR42SP words). By extension, that means all 4,520 jobs under the *Low Growth* scenario (diagram below) could have been accommodated "in the City," with no further need to develop the Employment Lands at all.

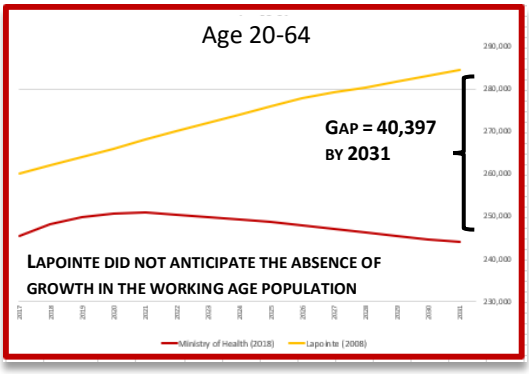
Table 6: Employment at Fixed Places of Work Projection

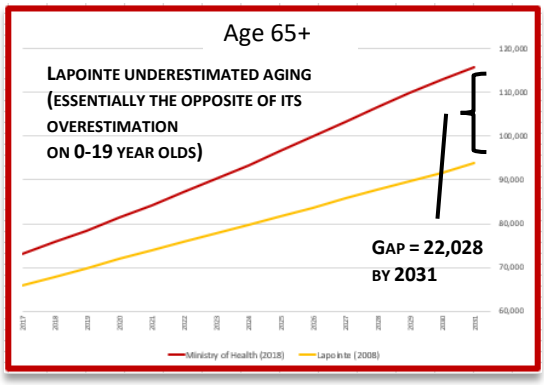
Employment at Fixed Places of Work Projections, Windsor						Change 2006-2026
Scenario	2006	2011	2016	2021	2026	
Base Case	120,700	120,970	126,200	133,290	141,840	21,140
Low Growth	120,700	117,560	119,120	122,130	125,220	4,520
High Growth	120,700	125,900	136,630	149,010	162,520	41,820
Source: EDP Consulting (2008)						

The available supply is 275.2 ha. Based on 25 jobs per ha, these lands could accommodate 6,880 jobs. Based on the EDP projection of 9,445 fixed employment jobs, there would be a need to designate enough land to accommodate an additional 2,565 jobs in the City. At 25 jobs per ha, there is a need to designate about 102 gross ha of land.

1.5 Why is such obsolete data being used?







Beyond overall numbers, EDP and Lapointe, in 2008, anticipated a materially different demographic mix than the regional figures the Ministry of Finance projects in 2018.

CR42SP uses the 10-year old data, without reconciling it to the Ministry's 2018 population projections.

The scale and nature of the discrepancies is obvious in these comparative graphs.

The EDP report (p.7) explicitly recognizes significant uncertainty in its long-term projections because of changes to Windsor's economy and the age of the data.

It therefore "***recommends that these employment projections be revisited as part of the next Official Plan Review.***"

Why has this not happened ahead of the Secondary Plan amendment meeting on August 13th?

1.6 Transit planning not integrated

The absence of transit service and operating cost details in CR42SP make it clear that public transportation and land use considerations were never seriously integrated into the planning process. (1.6.7.5)

Refer to Appendix A, in which former City of Windsor Transportation Planner Stephen Kapusta describes the shortcomings of this part of the plan.

1.7 A plan that puts cars ahead of people (1.6.7.5)

CR42SP is a car-centric plan. While promising bus transportation for those who don't drive, no facts are provided about service levels or how much this will cost the municipality. No details are provided as to:

- How the plan will impact seniors and those with physical or cognitive impairments (the two demographic groups singled out in (1.6.7.5)) if they do not drive
- Where Transit Windsor's core market (see section 1.8 below) is most likely to live
- How residents will access health care, especially if they need services greater than day-time urgent care

An update to Windsor's 2006 Transit Masterplan, which uses 2001 Census data, is long overdue. The absence of an update ahead of voting on CR42SP means Council's vote will be based on inadequate and obsolete data on residents' locational public transit needs. (4.2.5.3)

1.8 Transit Windsor's core market are vulnerable residents who don't own cars

The Transit Masterplan acknowledges that *"Trends for specific groups of potential riders are especially important in understanding and anticipating the future demand for transit. In Windsor these groups have been identified as immigrants, seniors, students, low-income individuals, and people with physical and/or cognitive disabilities. These riders are considered Transit Windsor's core market."*

1.9 Transportation Impact Study does not address future capacity increases

The Transportation Impact Study in CR42SP examines the traffic impact of a 500 bed hospital, using trip surveys for the newly constructed 457 bed Oakville hospital as a comparison.

The Stage 1a & b plans submitted to the Ministry of Health for their approval show the number of beds increasing to 669 by 2032, representing a 34% increase over 2018 levels. How such an increase will affect traffic patterns is not addressed.

Figure 14: Current and Projected Bed Summary of the New Windsor/Essex Hospital

	Acute Sites	New Acute Hospital		
	Current	Projected		
	2012/13	2017/18	2022/23	2032/33
Medical	255	259	291	371
Surgical	130	118	131	160
Pediatrics	20	12	12	12
Obstetrics [a]	34	40	41	40
Critical Care [b]	48	55	61	78
Mental Health				
Adult	68	8 [c]	8 [c]	8 [c]
Child/Adolescent [d]	--	--	--	--
Rehab	18	-- [c]	-- [c]	-- [c]
TOTAL	573	492	544	669

Source: Stage 1a & b planning documents submitted to the Ministry of Health for approval

1.10 Why is the number of hospital beds used as a measure of traffic patterns in 2018? (4.2.5.3)

Since the 1990's, advances in health care delivery have led to far more medical services being provided in ambulatory care settings than ever before.

Windsor Regional Hospital lists, for 2018, the following medical interventions not typically associated with inpatients: 112,315 Emergency Department visits, 305,480 radiology procedures, 69,777 Cancer Centre visits, 34,427 chemotherapy visits, 24,563 fracture clinic visits. Where are the recent statistics for day surgeries, ambulatory care clinics, visitors to inpatients or other trips to the hospital?

> **"If you're biking to an acute care hospital, you're going to the wrong spot!"**
>
> **-David Musyj**
> **WRH CEO**
> **Feb 2018**

How do people get to hospitals in 2018? (4.2.5.3)
Insight into how people travel to and from the hospital is necessary for informed decision-making.

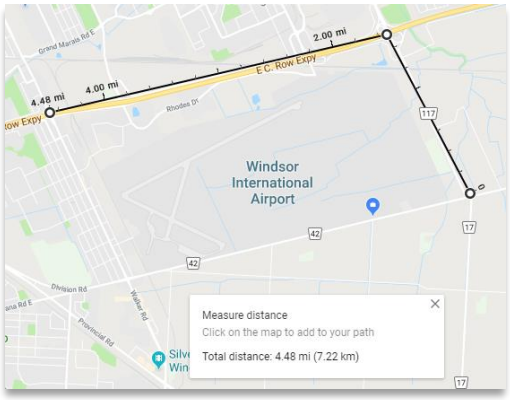
There is no place for flippant comments by key decision makers joking about patients biking themselves to the hospital. While most patients do not cycle in for a hospital visit, hospital staff do in fact ride bikes, walk, or take the bus or a cab. Many choose active transportation for reasons such as: to improve their health, to reduce carbon emissions, or to save money.

This issue needs to be thoroughly analyzed and quantified.

Using radius as a measure of hospital access distance is unsound (4.2.5.3)
Since the impassable Windsor Airport land (5 km long, 2.5 km wide) lies between Windsor's centre and the proposed hospital location, radius is an absurd measure of commute distance.

Yet, radius was the only measure by which commute distance was addressed in the hospital site selection. From the scoring criteria:

> Centrally located to the population within a 5 km drive (current and to 2031):
>
> - 100%: 80% of Region's population within a 10km radius
> - 70%: 80% of Region's population within a 15km radius
> - 50%: 80% of Region's population within a 20km radius
> - 30%: 70% of Region's population within a 20km radius
> - 10%: less than 60% of Region's population is within 20km



Source: Request for Proposals for the purchase of a Site for the New Acute Care Hospital Facility, Google Maps

1.11 No analysis of commute distances

There is no evidence in CR42SP to support a reduction in trips and commute distances for patients and hospital visitors. CR42SP ignores the indisputable increase in travel distance for those living in Windsor's Wards 2, 3, 4 and 5, a total of some 100,000 residents.

CAMPP's analysis concludes that aggregate trip and commute distances will increase as a result of CR42SP. *This is covered in detail in Section 3.*

1.12 No Fiscal Impact Analysis performed (4.2.5.3)

Without the critical data identified in this section, it is impossible to analyze the future financial and societal costs of this 400 hectare greenfield development. This raises fundamental questions about the transparency of the costs of CR42SP that will affect all Windsor residents.

2. Land Use Barriers for Persons with Disabilities & Older Persons

Identifying, preventing and removing land use barriers, and improving accessibility for an aging population are addressed in Ontario Planning Policy. Yet, CR42SP lacks details about how these needs will be met. For those in Windsor's urban core, especially for those who do not drive, the plan increases land use barriers and limits accessibility to health care.

2.1 Aging

Canada's 2016 census shows that:

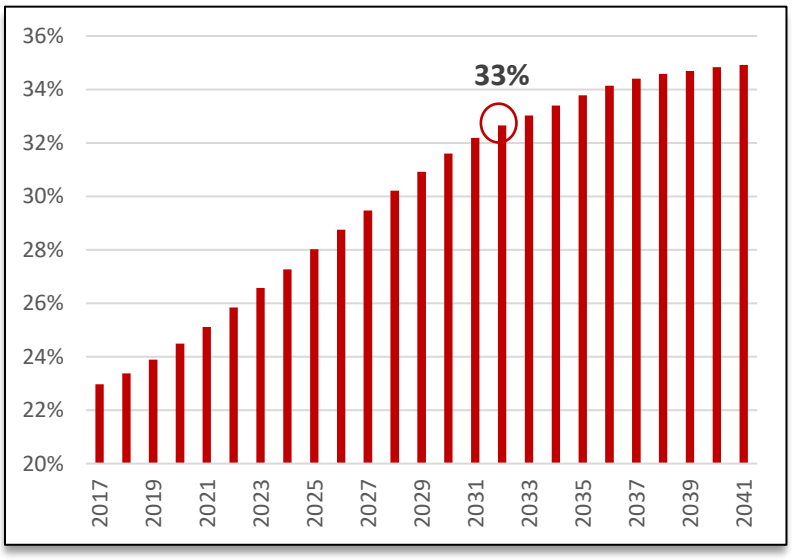
39% of Windsor seniors live in Wards 2, 3, 4 & 5

32% of the city's total senior population lives in 12 of the region's most densely populated census tracts, concentrated in the downtown core and along the city's northern boundary. The planned location of the acute care hospital exceeds 10 km in each instance.

2.2 Quantifying future aging

The graph below shows the projected proportion of seniors (aged 65+) as a percentage of Windsor-Essex's adult population from 2017 - 2041.

By 2032, a third of adults are expected to have reached retirement age:



Source: Ontario Ministry of Finance 2018 update

Ontario Planning Policy:

1.1.1 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

1.6.4 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.

1.6.7.5 Transportation and land use considerations shall be integrated at all stages of the planning process.

Windsor's Official Plan:

Windsor needs to plan for the accessibility and locational needs of an aging population.

GOALS:

6.1.6 An integration of institutions within Windsor's neighbourhoods.

4.2.1.5 To encourage a mix of housing types and services to allow people to remain in their neighbourhoods as they age.

2.3 Limited service in the city centre

The planned health care investments will provide only limited services to meet the needs of seniors living in or near the city centre.

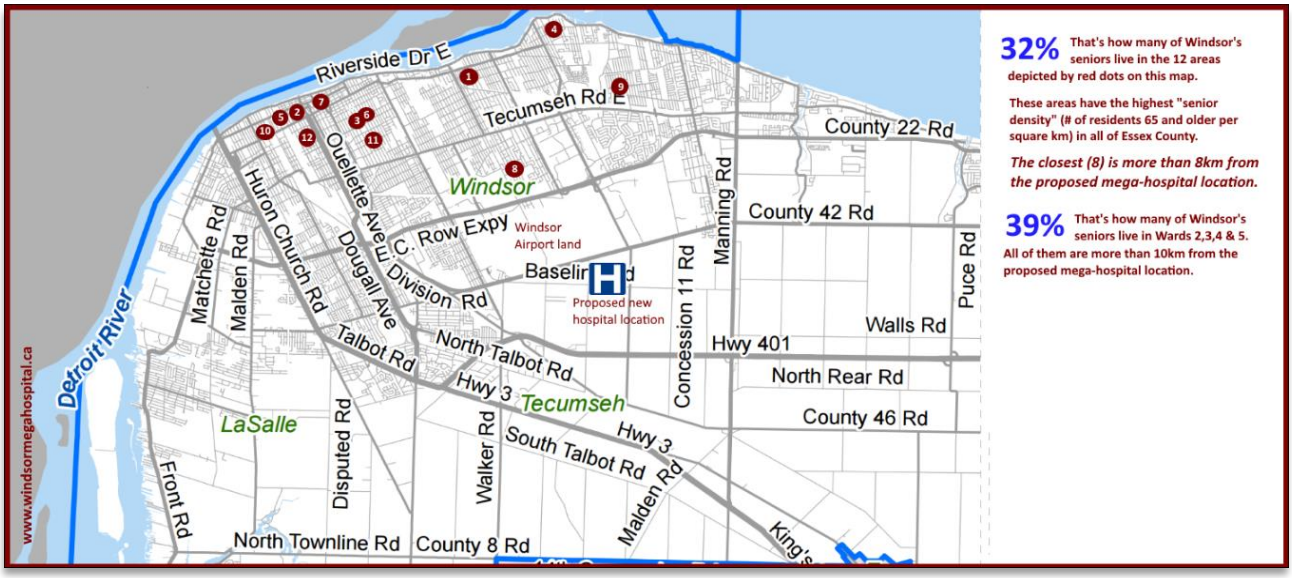
Outpatient care will not meet the needs of those nearing the end of their lives. It is well established that medical need is greatest at that time, when significant logistical demands also often fall on family members.

2.4 Band Aid approach to planning: Transfer services will be costly and only partially address residents' needs

While ambulance transfers from downtown will be offered to those in medical distress, a thorough analysis is required to determine the ongoing costs to taxpayers of unrecouped costs, and capital requirements to keep enough ambulances on the roads over longer distances. No detailed cost or logistical exercise appears to have been performed.

Geo graphic name		Central point	Ward	65+	# of seniors /km	17.7% % of pop
5590040	1	Rossini & Wyandotte	5	2,050	1,708	40%
5590032	2	Park & Church	3	955	1,151	20%
5590033	3	Mercer & Broadhead	3	965	985	20%
5590043.01	4	Wyandotte & Westcheste	6	1,410	959	28%
5590031	5	University & Oak	3	410	953	27%
5590034	6	Langlois & Niagara	4	590	728	14%
5590035	7	Glengarry & University	3	725	718	20%
5590018.03	8	Westminster & Joinville	8	1,005	679	29%
5590019.03	9	McHugh & Magnolia	7	2,445	586	24%
5590030	10	Martindale & McEwan	2	500	575	15%
5590024	11	Shepherd & Langlois	4	580	552	15%
5590026	12	Pine & Church	3	500	505	13%

Source: 2016 Canada Census data



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.

4.2.7.3 To encourage emergency services in close proximity to where people live

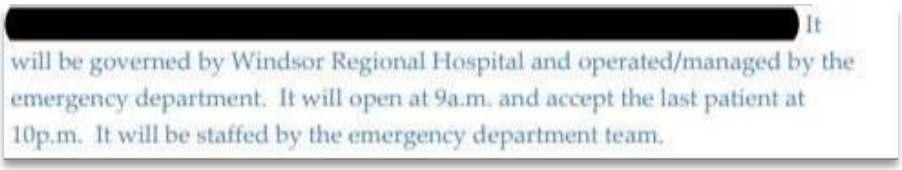
6.6.1.2 To ensure all institutional uses are strategically located within Windsor to be both accessible and act as neighbourhood focal points

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.

2.5 No integration of institutions within Windsor's neighbourhoods (6.1.6, 6.6.1.2)

The planning documents explicitly indicate that the Urgent Care Centre (as currently proposed) will close its doors to the public at 10pm:


[redacted] It will be governed by Windsor Regional Hospital and operated/managed by the emergency department. It will open at 9a.m. and accept the last patient at 10p.m. It will be staffed by the emergency department team.

Source: Stage 1a & b planning documents

The planned Urgent Care Centre will have no overnight beds, no ambulance arrivals, and no treatment for life-threatening conditions. Ambulatory care clinics and operative care, MRI services, as well as the region's only Emergency Department will be located at the new single site acute care hospital.

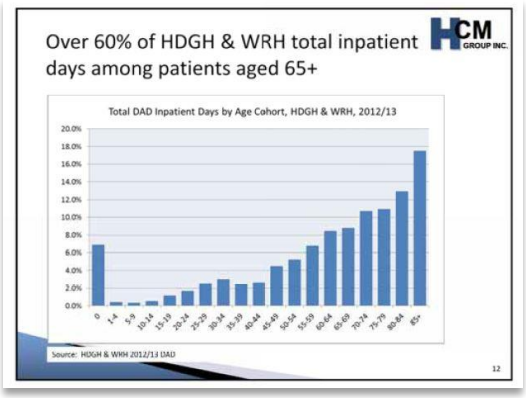
Patients with referrals to specialists and clinics will need to travel to the acute care hospital. There is no analysis of the extent of further referrals for patients visiting the emergency department who do not need to be admitted.

This diagram shows health care services that will be lost from the city centre under the plans for the new hospital system:

Treatment for life-threatening conditions	Major surgery	Stroke and heart attack intervention	Trauma
Specialist Referrals	Birthing services	Minor (day) surgery	Ambulatory care clinics
MRI	Cancer treatment	Pre- and post-op appointments	Overnight stays
Ambulances	Palliative care	Mental health beds	Speedy transfers to Detroit

In fiscal year 2012/13, 67,422 ED visits (51.6 per cent) were during the day; 41,627 ED visits (31.8 per cent) were during the evening; and 21,733 (16.6 per cent) were overnight (based on registration time). In fiscal year 2012/13, 93,322 ED visits (71.4 per cent) were on Monday-Friday; and 37,460 ED visits (28.6 per cent) were on Saturday or Sunday (based on registration date).

Source: Stage 1a & b planning documents



2.6 Impaired mobility

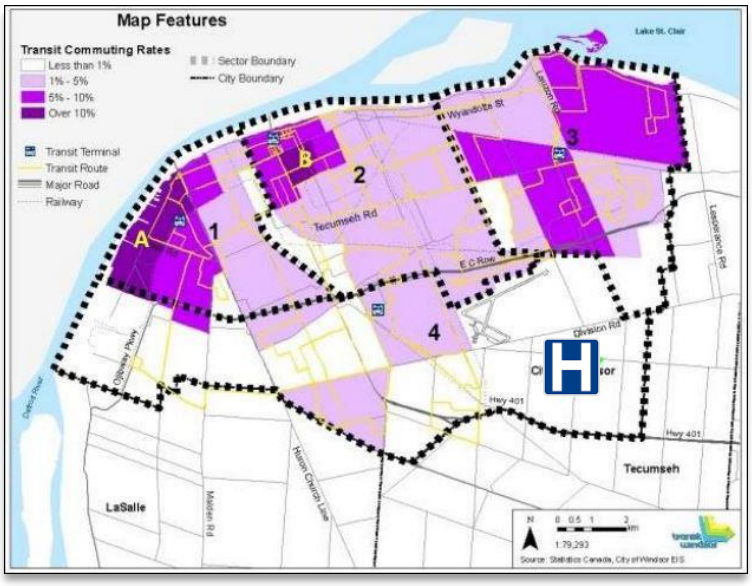
A sincere attempt at integrated transit planning requires accurate and updated data, an explicit requirement of Ontario Planning Policy:

> Policy 1.1.1 states that *"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;*

This map, [from Windsor's Transit Masterplan](), uses data from the 2001 Census, which is now almost two decades old.

It only measures commuting rates, which might be vastly different than transit-dependency rates. Those with impaired mobility often have more limited work opportunities than those whose mobility is unimpaired.

The map shows that residents in Ward 2 (A) and Ward 3 (B) are the most likely to be transit-dependent. Another similar neighbourhood is located on the east side (Wards 6 and 7).



Source: Windsor's Transit Masterplan

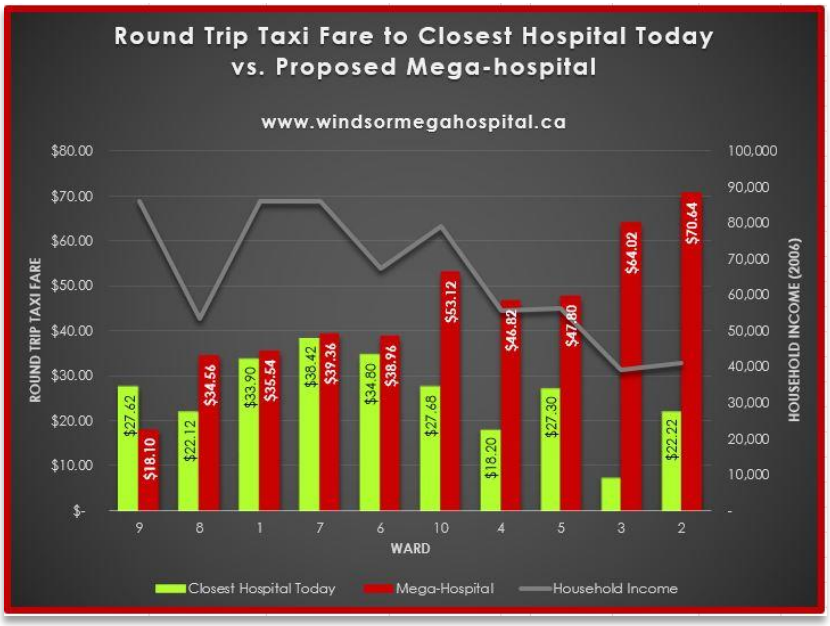
Because many who don't own cars (due to impaired physical mobility or other reasons) live in the West End (A) and Downtown (B), loss of hospital services close to them will greatly increase barriers to health care access.

> **Drive-to Urbanism:**
>
> "New Urbanist communities … can be a result of a niche project in a sea of business as usual.
>
> That's not the fault of the niche project, but we have to be honest and say that such projects represent "drive-to urbanism."
>
> You drive there to walk around."
>
> -- Brent Toderian

2.7 Taxi Fares

For low income residents, taxi, Uber or other ride fares are a financial barrier to accessing health care if they do not have a car to get to the hospital.

The graph below is a comparison of return cab fares from each Windsor ward to the proposed acute care hospital site, with the closest existing hospital campus. Wards 2, 3, 4 and 5, which also have some of the lowest income residents, face substantial, and likely unaffordable, fare increases.



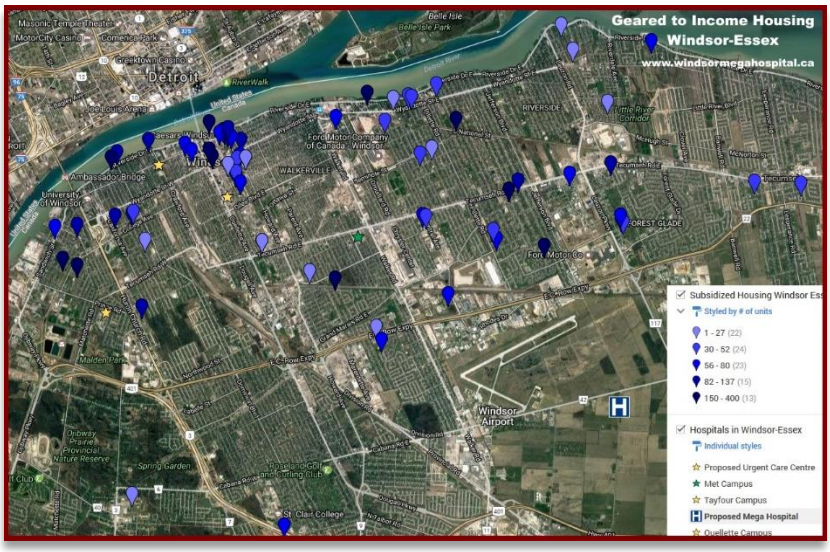
Those not directly affected by public transit or cab fares will still experience indirect impacts.

For example, patients discharged during the night after buses have stopped running, or without funds to take a cab, will require taxpayer funded transportation options.

The expected costs to be subsidized by taxpayers need to be analyzed and disclosed.

2.8 Geared to Income Housing

The map below shows the distribution of geared to income housing in Windsor, with the darker markers representing buildings with the greatest number of housing units. It corroborates the reality that the majority of lower income households are clustered in Wards 2, 3, 4 and 5.



It highlights the social inequity created by moving all hospital health care far from where the community's most vulnerable residents live.

3. Increasing Vehicle Trips & Commute Distances

There is no evidence that CR42SP shortens hospital commute journeys.

A County Road 42 acute care hospital location significantly increases travel distances & creates a land use pattern that does not minimize the overall length and number of vehicle trips. (1.6.7.4)

27% Increase in travel distance
CAMPP's analysis of aggregate population-weighted return trip distances from each ward and municipality primarily served by Windsor Regional Hospital shows that the County Road 42 location will increase overall trip distances by 27%. (See Appendix D)

Further refining the calculation to include the weighted impact of the 3,000-4,000 health care workers' multiple visits over the span of a year will demonstrate an even greater increase in trip distances.

3.1 Reasonable walking or cycling distance
Only a portion of Ward 9 is less than 5km from the proposed County Road 42 hospital site. All other wards lie farther away.

Travel distances exceeding 5 km are not "reasonable walking or cycling distances" as envisioned by Windsor's Official Plan in 7.2.2.21(c).

Appendix E shows distances from the city centre for other Ontario cities.

"While I am sure bike lanes can be added to any of the arterial roads in question, the issue becomes who is going to want to ride well over an hour to get to work?

Some people may choose to do so, but will those who currently ride their bicycles to either hospital be able to make the ride to this new location or will they then be forced to take transit or use a car?"

-- Stephen Kapusta MCIP, RPP, former City of Windsor Transportation Planner

Ontario Planning Policy:

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.

1.8.1 (e) Improve the mix of employment and housing uses to shorten commute journeys and decrease transportation congestion

Windsor's Official Plan:

7.2.2.21 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 Council shall support transit friendly design by:

(e) Promoting urban design that encourages walking and cycling

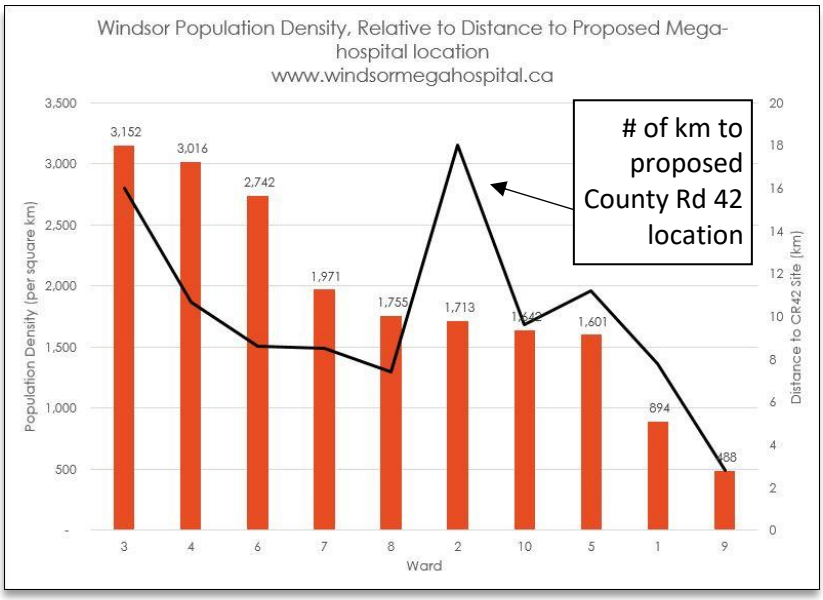
3.2 Transit Supportive Design (7.2.2.25 (e))

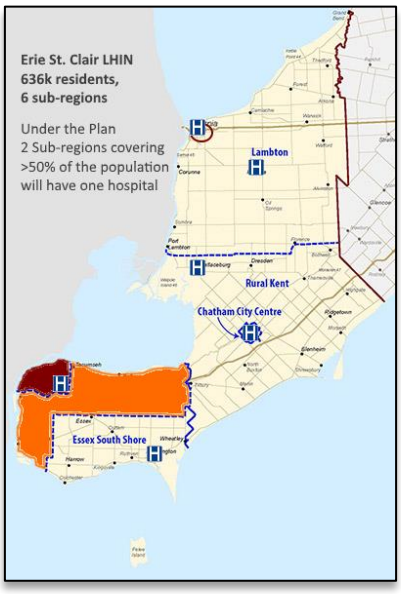
While most patients seeking emergency services are unlikely to use active transportation to reach the hospital, public transit, walking and cycling are more likely choices for staff, visitors, volunteers and patients undergoing minor procedures.

3.3 Population Density

Windsor's Wards 3 and 4 have the region's greatest population density (both >3,000 people per sq. km).

Because these wards surround the existing hospitals, residents, on average, live no more than one or two km from one of these campuses. They face a commute distance exceeding 10 km and up to 16km to the County Rd 42 site. This will reduce walking and cycling, forcing people to drive instead. (7.2.2.21(c), 7.2.2.25(e))





Note: Essex, Leamington, Kingsville and Harrow (combined pop. 69k) are primarily served by Erie Shores Health Care in Leamington, a 24/7 hospital with an emergency department, ambulatory care and OR.

3.4 Health care workers

The statement in CR42SP (p. 30) that development will occur "*in a manner that will integrate new employment uses in an area that will be in proximity to a range of housing choices...*", implies an expectation that employees will physically move to Sandwich South *in order to* shorten commute distance.

The intent of Ontario's Planning Policy or Windsor's Official Plan relating to shorter commute distances was never to use new housing to achieve this goal.

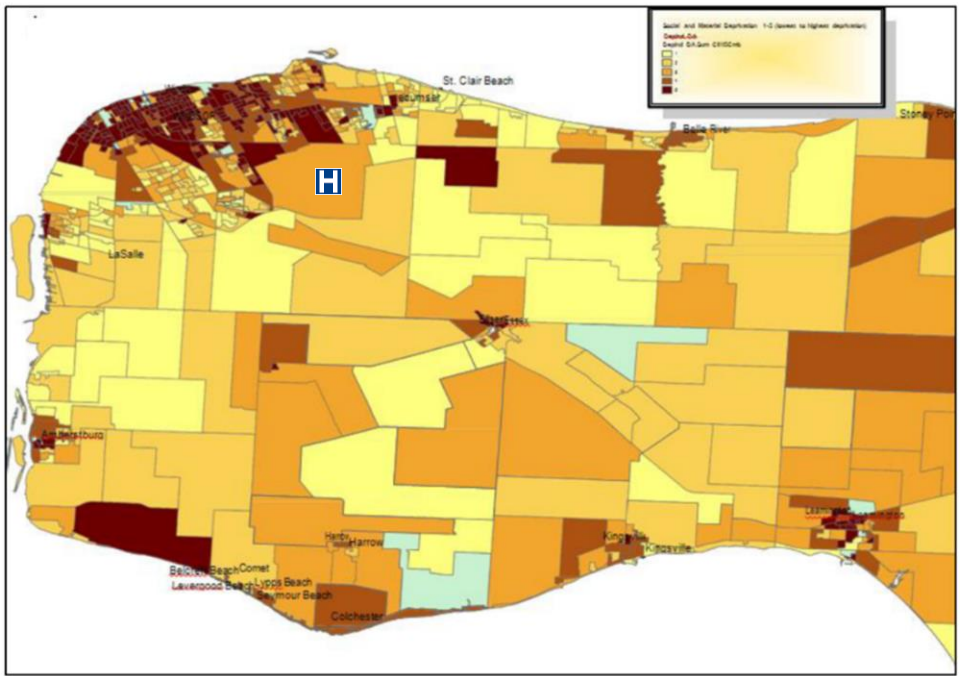
By applying these policies to new housing in an attempt to satisfy the requirement for minimized vehicle trips and shorter commute distances, Windsor Regional Hospital raises questions about its good faith as a community developer.

3.5 Social determinants of health ignored

Wards 2, 3, 4 and 5 are also Windsor's lowest income wards. Income is well-established to be inversely correlated to health outcomes, as corroborated by the Erie St. Clair LHIN in this illustration of what they describe as a Social Deprivation Index:

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



Source: Erie St. Clair IHSP 4 – Section 6: Priorities and Strategic Directions for the Local Health Care System

This points to a need for hospital services to be integrated in the densely populated urban neighbourhoods identified in the graphic, more so than the more affluent outlying areas.

It even suggests that reversing the layout, with a hospital near the heart of the city and satellites on the less densely populated outskirts, could more optimally serve the regional population.

The only health care services confirmed for Windsor's downtown area are the following outpatient services: Urgent Care, chronic disease management, addictions and mental health treatment. The diagram on page 12 lists services that will be lost.

No firm plans have been announced to provide ambulatory care clinics or operative care at any locations other than the proposed acute care hospital. **This represents an alarming reduction in health care services in Windsor's neighbourhoods closest to the heart of the city.**

Patients requiring treatment after 10 p.m., patients with life-threatening conditions, and those with referrals to specialists will all need to travel to the acute care hospital.

Emergency Program

4 The proposal states that there will be "an emergency department at the new hospital and one downtown" (ES page xii). What will the hours of operation, model of care, and staffing model be for the ED downtown? Clarify the organizational arrangement for the "ED downtown" (i.e., UCC, Walk-in Clinic, Nurse Practitioner (NP)-led clinic?).

[redacted]

[redacted] It will be governed by Windsor Regional Hospital and operated/managed by the emergency department. It will open at 9a.m. and accept the last patient at 10p.m. It will be staffed by the emergency department team.

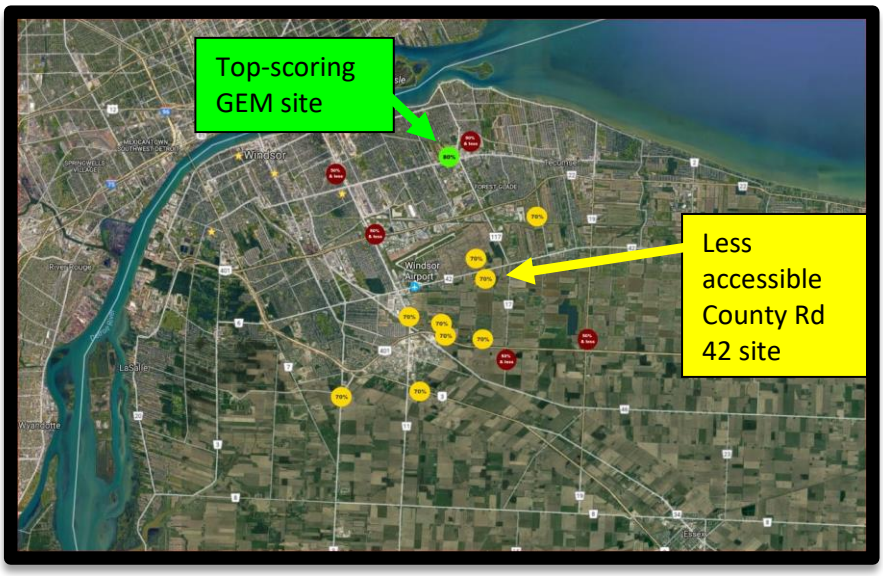
Source: Stage 1a & b planning documents

3.6 Proof of increased commute distance

The map below shows the locations of the 15 sites with the highest accessibility scores that were considered as a location of the new acute care hospital.

The top-scoring site, located on Tecumseh Road at Lauzon (the so-called GEM site), also received the top score on accessibility.

In contrast, the County Road 42 site scored 70%.



Had the top-scoring GEM site, in an established neighbourhood and equidistant from EC Row, been selected for the new hospital, aggregate commute distances would be shorter than those that will be endured by residents if CR42SP is approved.

Unlike County Road 42, the GEM site would have met Windsor's Official Plan requirements for Transit Supportive Design and Active Transportation.

4. Expensive Land Use Pattern that Ignores Provincial Compact Development Policies

There is no evidence of population or employment growth to independently warrant a project of CR42SP's scale.

This plan is the opposite of the compact development envisioned under 1.1.1(a), 1.1.3.2(a), 1.1.5.5, 1.6.3 and 1.7.1 of Ontario Planning Policy. It is an unwise use of prime farmland.

4.1 Population growth is stalled

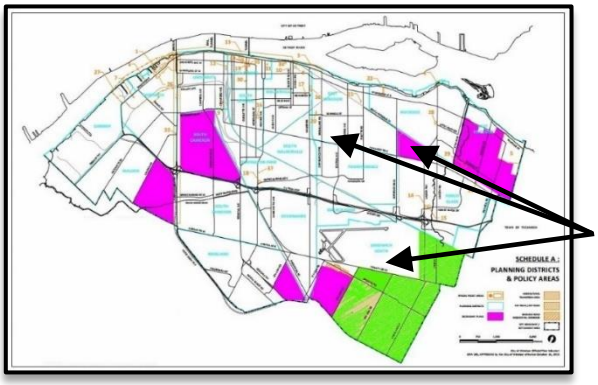
Windsor's Planning Department expects Windsor's population growth to total just 6,962 persons through the next 8 years, with growth slowing to just 158 people per year through 2031. The Planning Department acknowledges population might decline in subsequent years.

This represents a long term total increase of 3.5% over Canada's 2016 Census population of 217,195.

Yet, CR42SP enables 3,280 homes to be built in Sandwich South, enough to house 7,134 people.

4.2 Plentiful unused local infill and brownfield land

- The City of Windsor still (2018) has not been able to secure an industrial use for its airport land
- Several large brownfield sites and many smaller ones have found no takers in over a decade, including a 65 hectare parcel at Grand Marais and Central Avenue. (See Appendix B)
- More than 40 hectares of serviced infill land remain available at Lauzon & Tecumseh, the location of the top-scoring hospital site.



Hundreds of hectares of available infill & brownfield land

Ontario Planning Policy:

1.1.1 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

1.1.3.2 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

1.1.5.5 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

1.6.3 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.

4.3 Stalled employment growth 1.1.3.2(a)

The 2016 Census shows the total Windsor CMA labour force at 161,790, a decline of 5,105 (3%) since 2006, when it stood at 166,895.

As discussed in Section 1, the Ministry of Finance projects a decline of 4,219 working age people through 2031 in Windsor Essex, key data that was overlooked in CR42SP.

By extension, employment growth in Sandwich South, including the hospital, comes at the expense of existing business locations in Windsor and surrounding municipalities. This use of land and natural resources is neither efficient nor wise. 2.0

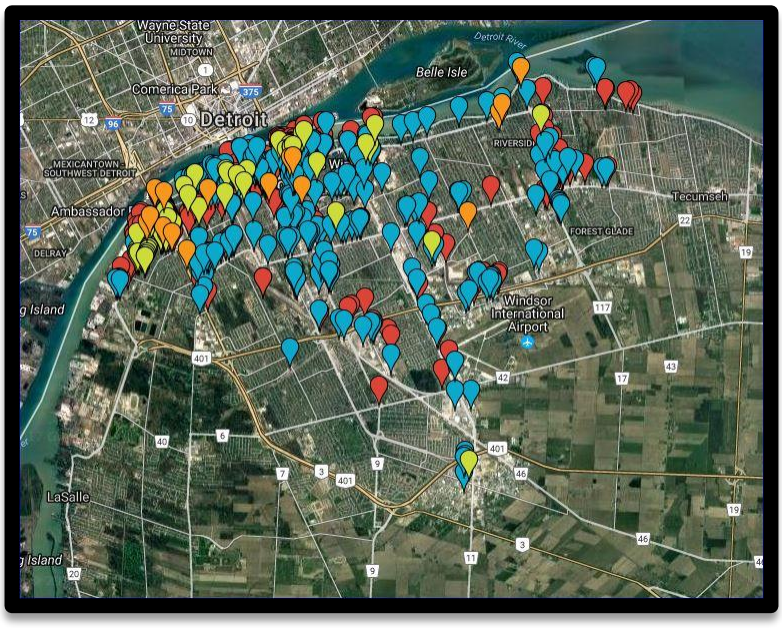
Unjustified, uneconomical expansion 1.1.3.2(a)

Thus, the stated future employment land "need" identified in 2008 (p.34) is not credible in 2018:

> In 2008, employment land density of 23 to 28 jobs per hectare was provided with a projection of 9,445 fixed jobs. Looking at the fact that the currently available employment lands can only accommodate 6,880 jobs, there is a need to designate enough land to accommodate an additional 2.565 jobs in the City, and at 25 jobs per ha, there is need to designate 102 gross ha of land for employment.

4.4 Vacant Windsor

Vacant Windsor identified a vast number of underutilized, vacant and abandoned properties in Windsor in 2016. A recent Windsor Star article claims there are 720 vacant buildings, providing significant untapped opportunities for redevelopment and adaptive reuse, and intensification.



1.7.1 Long-term economic prosperity should be supported by:

(b) optimizing the long-term availability and use of land, resources, infrastructure, electricity generation facilities and transmission and distribution systems, and public service facilities;

(c) maintaining and, where possible, enhancing the vitality and viability of downtowns and 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.

2.3.1 Prime agricultural areas shall be protected for long-term use for agriculture.

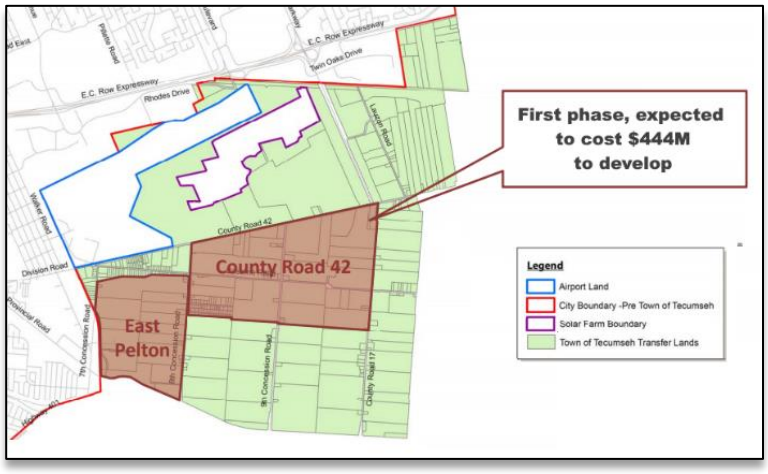
Windsor's Official Plan

1-3 Windsor presently has a substantial oversupply of lands available for commercial development

7.2.2.20 Council shall support transit by planning for compact mixed-use, higher density residential, commercial & employment development within concentrated nodes & corridors that are adjacent to higher order transit corridors

4.5 Infrastructure not cost-effective
Consultants and construction companies are the financial beneficiaries of this CR42SP project. Regardless of whether any future business growth occurs, taxpayers will be on the hook for infrastructure costs (1.1.1(a)).

Given the modest expected topline population growth and declines among working age residents, the cost of this project will be very high on a per capita basis.



4.6 Allocating infrastructure costs via DCs
Hemson, the Development Charges (DC) Task Force consultant, estimates the infrastructure cost for the first phase (through 2036) of developing Sandwich South at $444M. More than $200M of this will be paid by Windsor's property taxpayers.

Whether the hospital's $14.5M DC share will be financed by the municipal or the provincial government remains to be seen. For Ontario's newest greenfield hospital in Oakville, 100% of development charges were subsidized by the municipality.

The DC would be $11.9M within Windsor's existing neighbourhoods, except in the "Exempt Area" which is within the area bounded by Prince Road, Lauzon Parkway and Tecumseh.

4.2.3.5 To encourage community services at appropriate locations throughout Windsor

6.1.6 An integration of institutions within Windsor's neighbourhoods.

6.6.2.5 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

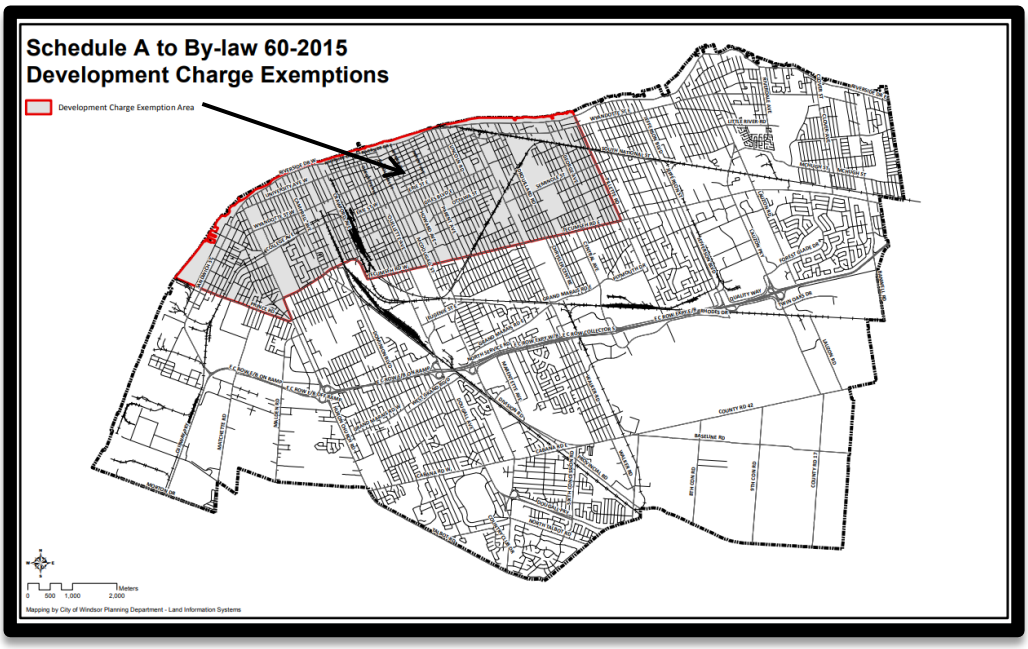
6.6.1.2 To ensure all institutional uses are strategically located within Windsor to be both accessible and act as neighbourhood focal points

Development costs		
Hospital (90k sq.m.)	$	14,473,800
Industrial - SUBSIDIZED 100%		37,726,818
Other		3,437,425
Benefit to Existing		108,223,000
City-wide share		70,595,000
	$	234,456,043

Source: Hemson DC Background Study May 2018

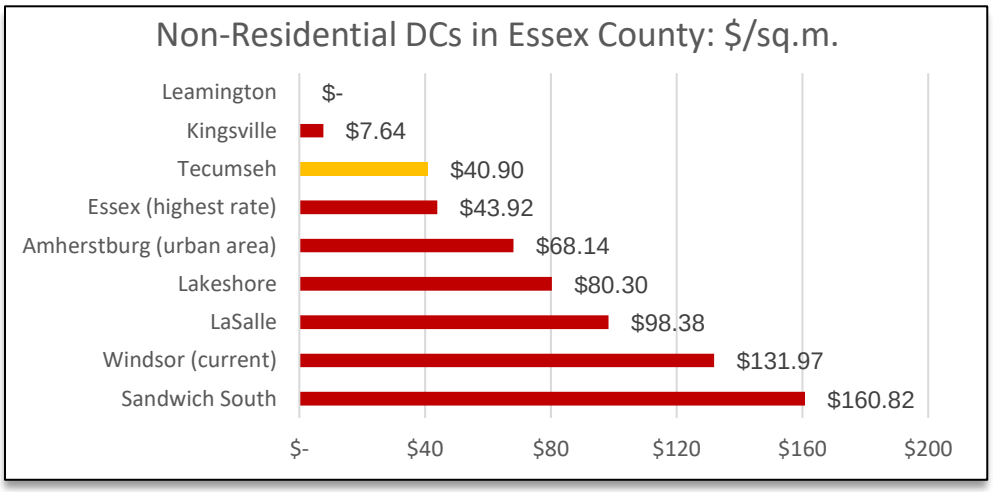
90,000 Square meters	DC/square meter	Development Charge
Existing	$ 131.97	$ 11,877,300
Sandwich South	$ 160.82	$ 14,473,800
Difference		$ 2,596,500

This represents a *financial disadvantage* of at least $2.6M to building a greenfield hospital. This data point was excluded from the site selection calculation that put the County Road 42 site in first place ahead of the top-scoring GEM site. This raises serious questions about the integrity of the site selection process.



Future generations of taxpayers will be left with a significantly larger physical footprint (400 hectares) of urban infrastructure to maintain in perpetuity, even though there are no realistic expectations of significant property tax base growth on the planning horizon.

4.6 Tecumseh's DC rate is 25% of Sandwich South (1.1.1(a))



The large differences in DC rates for non-residential construction in Essex County make it advantageous for physicians to locate their offices in neighbouring Tecumseh, rather than paying four times as much in Sandwich South.

In a city with a $1 billion infrastructure deficit and an abundance of vacant land within its developed footprint, CR42SP does not add to the community's overall future economic prosperity. The high development charges are likely to continue to drive population and business to neighbouring municipalities.

4.7 A wiser, more cost-effective approach: compact development as per 1.1.3.2(a)
Building the new acute care hospital in an established neighbourhood (6.1.6) where the infrastructure is already built, will allow cost-effective economic development in the vicinity, in alignment with the City's Official Plan on **wise use of resources, and compact and transit supportive development.**

TRANSIT SUPPORTIVE DEVELOPMENT	7.2.2.20	Council shall support transit by planning for compact mixed-use, higher density residential, commercial and employment development within concentrated nodes and corridors that are adjacent to higher order transit corridors.

4.8 Adaptive Reuse (1.6.3(b))
A more responsible approach would include adaptive reuse of newer sections of the existing hospitals, such as the $17M Regional Cancer Centre that opened in 2001, as well as extensive renovations and additions to both existing hospital campuses completed in 2004.

Hospital Construction Takes Giant Step Forward

8/5/2004
Windsor Ont

The Metropolitan Campus of Windsor Regional Hospital took a giant step forward with the completion of construction of seven programs now functioning to full capacity. A public Open House was held with tours of new completed areas including **Admitting, Ambulatory Care, Central Sterilization (CSR), Pharmacy, Oncology, Operating/Recovery Rooms (Phase II) and Orthopaedic Clinic.**

Construction on the last major phase of Met Campus Expansion began in November, 2002 with a total of 420,000 square feet of new and renovated space built. Several of the new programs are now located in a new West Tower building added to the west side of the existing facility. The final construction phase is estimated to cost $101 million.

"I want to recognize the understanding and patience of the community and especially the staff who've keep patient care a priority in the midst of several construction projects." stated Ron Truant, Board Chair of Windsor Regional Hospital.

Restructuring began at the Met Campus in 1998 with the rebuilding of the Emergency Department. Then came a new power plant and infill project, followed by the new Windsor Regional Cancer Centre. The Front Entrance came next as necessary construction due to an outdated front ramp entrance. The last major phase of construction saw milestones completed when, the Maternal Newborn program from the Grace Site transfer to Met Campus in December, 2003; five new Operating Rooms open in March, 2004 and a new ICU and CCU (Critical Care) opened on June 29 of this year.

It is anticipated that all construction at the Met Campus will be completed by late spring of 2005 where the public will be better served with expanded and enhanced programs.

-30-

For further information, contact:
Ron Foster, Public Affairs
254-5577 Ext 52003 or Cell 796-9815

Importantly, a hospital located in an established neighbourhood will reduce barriers to health care access (1.1.1(f)) and facilitate public transit optimization (1.6.5).

Given sufficient political will and a responsible approach to sustainable development, a policy of intensification and smart incentives can enable all of Windsor's modest future housing and industrial needs to be met within the city's existing neighbourhoods, instead of expanding the city's development footprint.

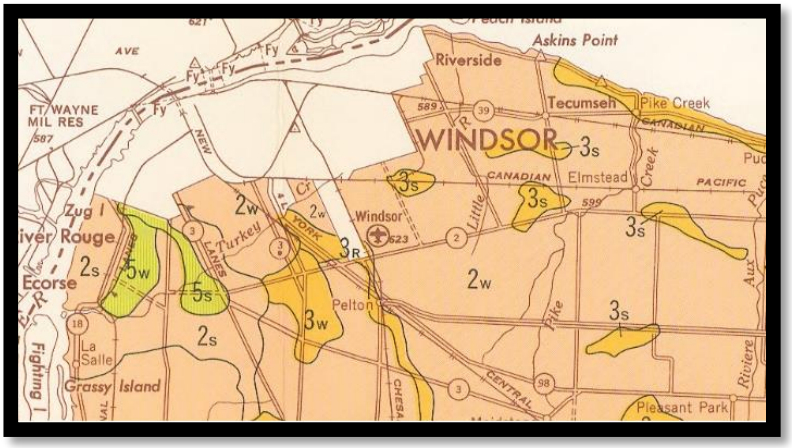
In this way, Sandwich South's farmland can be saved for future generations if/when employment and population growth ever catch up.

5. Unwise use of land and resources

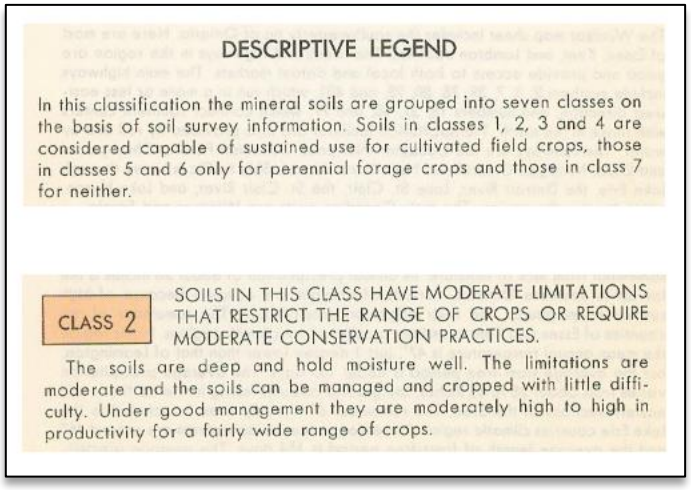
The CR42SP permanently removes 400 hectares of prime agricultural land from Canada's land inventory, rather than maximizing the use of available spaces within established parts of the city.

According to the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Prime Agricultural Land means "lands that include specialty crop areas and/or Canada Land Inventory Classes 1, 2 and 3 soils, in this order of priority for protection."

Canada's Land Inventory map clearly identifies the soil on the Sandwich South land as **Class 2**:



The legend explains the classification:



DESCRIPTIVE LEGEND

In this classification the mineral soils are grouped into seven classes on the basis of soil survey information. Soils in classes 1, 2, 3 and 4 are considered capable of sustained use for cultivated field crops, those in classes 5 and 6 only for perennial forage crops and those in class 7 for neither.

CLASS 2 — SOILS IN THIS CLASS HAVE MODERATE LIMITATIONS THAT RESTRICT THE RANGE OF CROPS OR REQUIRE MODERATE CONSERVATION PRACTICES.

The soils are deep and hold moisture well. The limitations are moderate and the soils can be managed and cropped with little difficulty. Under good management they are moderately high to high in productivity for a fairly wide range of crops.

Ontario Planning Policy:

Part IV: Vision for Ontario's Land Use Planning System

The wise use and management of these resources over the long term is a key provincial interest.

1.1.3 It is in the interest of all communities to use land and resources wisely, to promote efficient development patterns, protect resources, promote green spaces, ensure effective use of infrastructure and public service facilities and minimize unnecessary public expenditures.

1.1.3.2. Land use patterns within settlement areas shall be based on:

(a) 2: 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;

Windsor's Official Plan:

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.**

Council's environment goals are to achieve:

5.1.1 A healthy and sustainable natural environment

6.1.2 Environmentally sustainable urban development

6. Impact on Existing Neighbourhoods

The loss of two major community anchors (employing >4,000) will negatively impact the vitality of Windsor's core neighbourhoods, particularly Wards 3 & 4.

No analysis of the impact of this loss is included in CR42SP. Physicians have not been contacted to determine their future plans and have been explicitly prevented from publicly commenting about their concerns.

Windsor Regional Hospital's staff complement was 3,873 as of March 2018.

It is unclear how many of the hospital's 542 physicians are included in this figure.

As the majority of physicians have independent practices clustered around the existing hospitals, a significant but uncounted number of medical office staff will be impacted, as well as those employed in ancillary businesses, like food establishments, gift shops and florists.

Physicians with hospital privileges locate their offices close to the hospital(s) where they take call, enabling them to respond quickly to emergencies. The locations of these offices have been mapped on the next page.

The County Road 42 location is so far from the existing hospital campuses that most, if not all, physicians with hospital privileges will be forced to move to new offices south of Windsor Airport. (6.1.6)

6.1 No integration of institutions or services where people live and work (3.2.2.2 ,4.2.3.2, 4.2.3.5)

CR42SP will create holes within Windsor, weakening its centre as a major economic force. It will also remove essential health care and other community services from established neighbourhoods. This has the potential to negatively affect overall public health and community structure.

Ontario Planning Policy:

1.1.1 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

Windsor's Official Plan:

3.2.2.2 The City Centre will continue to be the major focus of cultural, social and economic activities.

The City Centre is and will remain the heart of Windsor, serving as the visual symbol of the entire community.

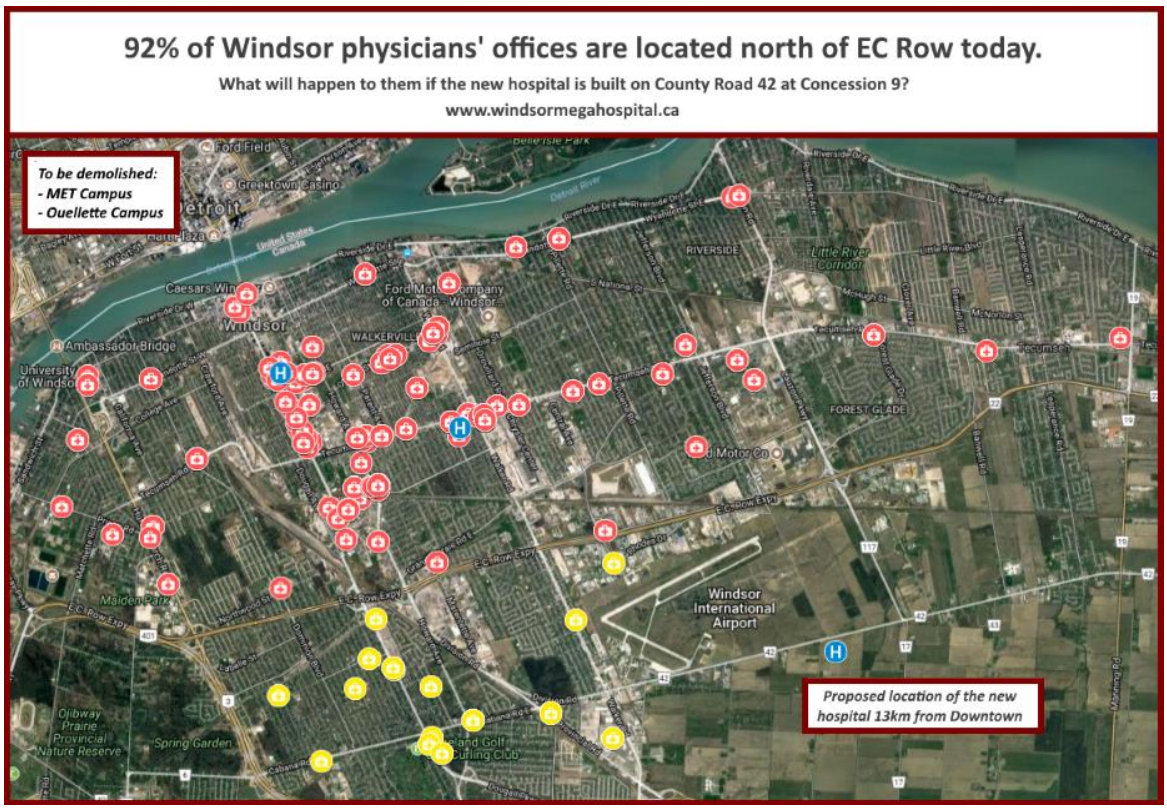
A diverse mixture of businesses, cultural venues, major government offices and entertainment destinations will strengthen downtown as a major economic centre.

The heart of our community will also provide a liveable residential environment for a variety of people and be a welcoming arrival point for visitors.

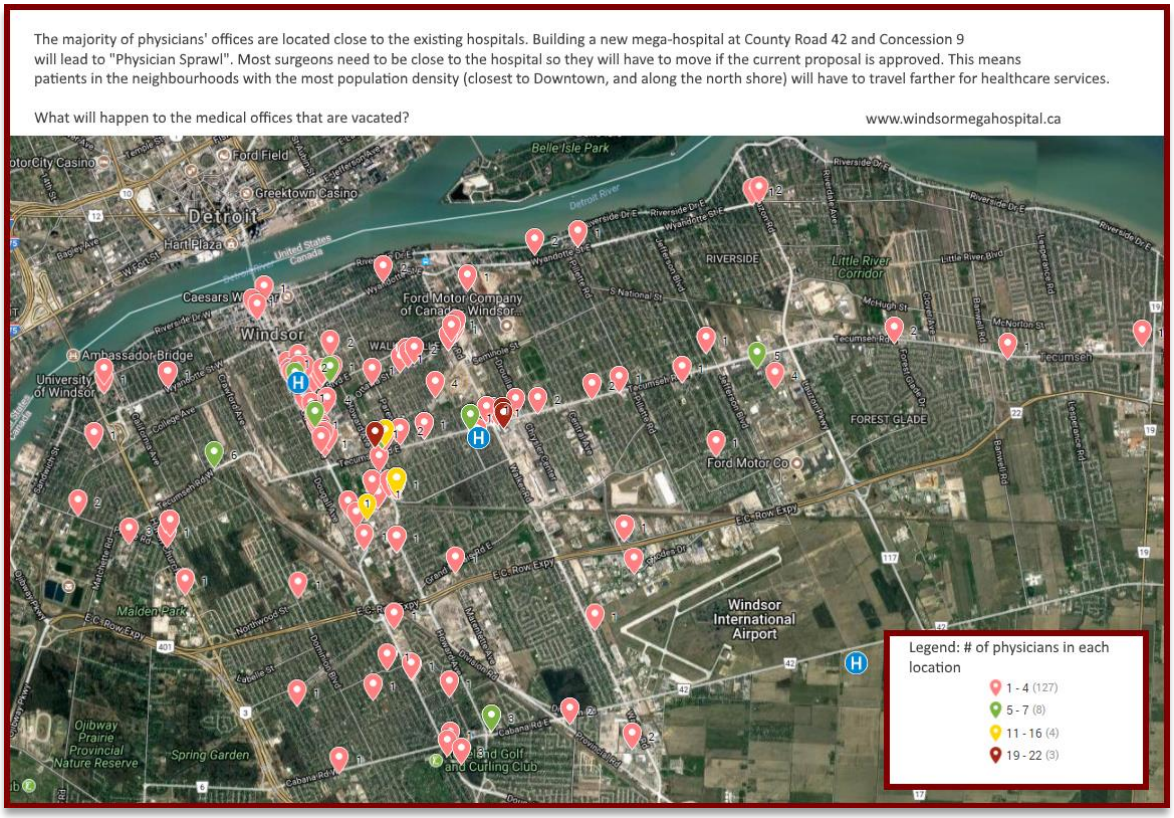
4.2.3.2 To encourage the location of basic goods and services … where people live and work.

4.2.3.5 To encourage community services at appropriate locations throughout Windsor.

6.1.6 An integration of institutions within Windsor's neighbourhoods.



Here, the same data, presented differently, highlights the concentration of medical complexes near the existing hospitals:

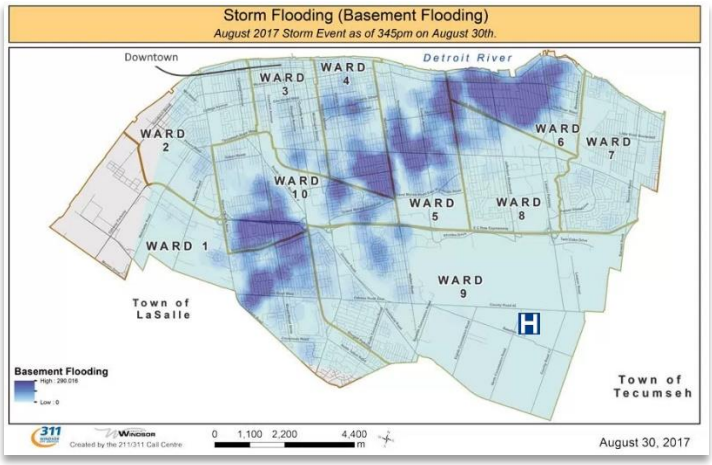


7. Climate Change & Resilience

Windsor's Climate Change Adaptation Plan identifies intense rainfall events as a key risk of Climate Change.

When Windsor experienced extreme precipitation in August, 2017, flood water cut the southeast part of the city off from the northwest.

This highlights a critical vulnerability for Windsor residents if the only acute care hospital is built on County Road 42.



Ontario Planning Policy:

1.1.1 Healthy, liveable and safe communities are sustained by:

(f) promoting development and land use patterns that conserve biodiversity and consider the impacts of a changing climate

1.2.3 Planning authorities should coordinate emergency management and other economic, environmental and social planning considerations to support efficient and resilient communities.

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

7.1 Flood Hazard Mapping Study

ERCA recommended that a flood hazard mapping study be performed (p. 247); it does not appear to have been done.

Comments from the Ministry of Municipal Affairs (pp. 243-244), dated March 26, 2018, speak to the need for energy conservation, multimodal transportation, reduced vehicular trips and shortened commute times:

> Policies within section 1.8 speak to energy conservation and efficiency to mitigate greenhouse gas emissions and facilitate climate change adaptation. When reviewing the proposed Secondary Plan, the City must ensure that the proposed development will support compact development patterns and multi-use areas. This will further promote a multimodal transportation network, reduce vehicular trips, and allow for shortened commute times between places of employment, recreation and residence.

Rather than promoting multimodal transport, CR42SP will increase dependence on cars. It will perpetuate a 20th century mode of travel that is a key contributor to our carbon footprint.

The increase in aggregate commute distance described earlier will increase road usage. It will also diminish the likelihood of people choosing active transportation (transit, cycling or walking).

7.2 Heat Island Effect

The increased roadways and acres of surface parking (no parking structures) and low density housing associated with CR42SP will add to the city's heat island effect and attendant risks to the health and well-being of Windsor's residents.

Windsor's Environmental Master Plan describes the urban heat island effect (UHIE) as the temperature difference between urban and surrounding rural areas. Furthermore:

> "This phenomenon occurs from patterns of urban development from the changes of vegetated, permeable land areas into urban landscapes dominated by dark and impervious surfaces that absorb a higher amount of solar radiation. This causes the urban areas to become warmer than less dense areas.
>
> Due to the City of Windsor's climate trends, urban design and large amount of industrial land use, there is a strong UHIE that combines with extreme heat to present a considerable health risk to residents."

3.1.7 …. Development and site alteration may be permitted in those portions of hazardous lands and hazardous sites where the effects and risk to public safety are minor, could be mitigated in accordance with provincial standards, **and where all of the following are demonstrated and achieved…**

(b) vehicles and people have a way of safely entering and exiting the area during times of flooding, erosion and other emergencies.

Windsor's Climate Change Adaptation Plan

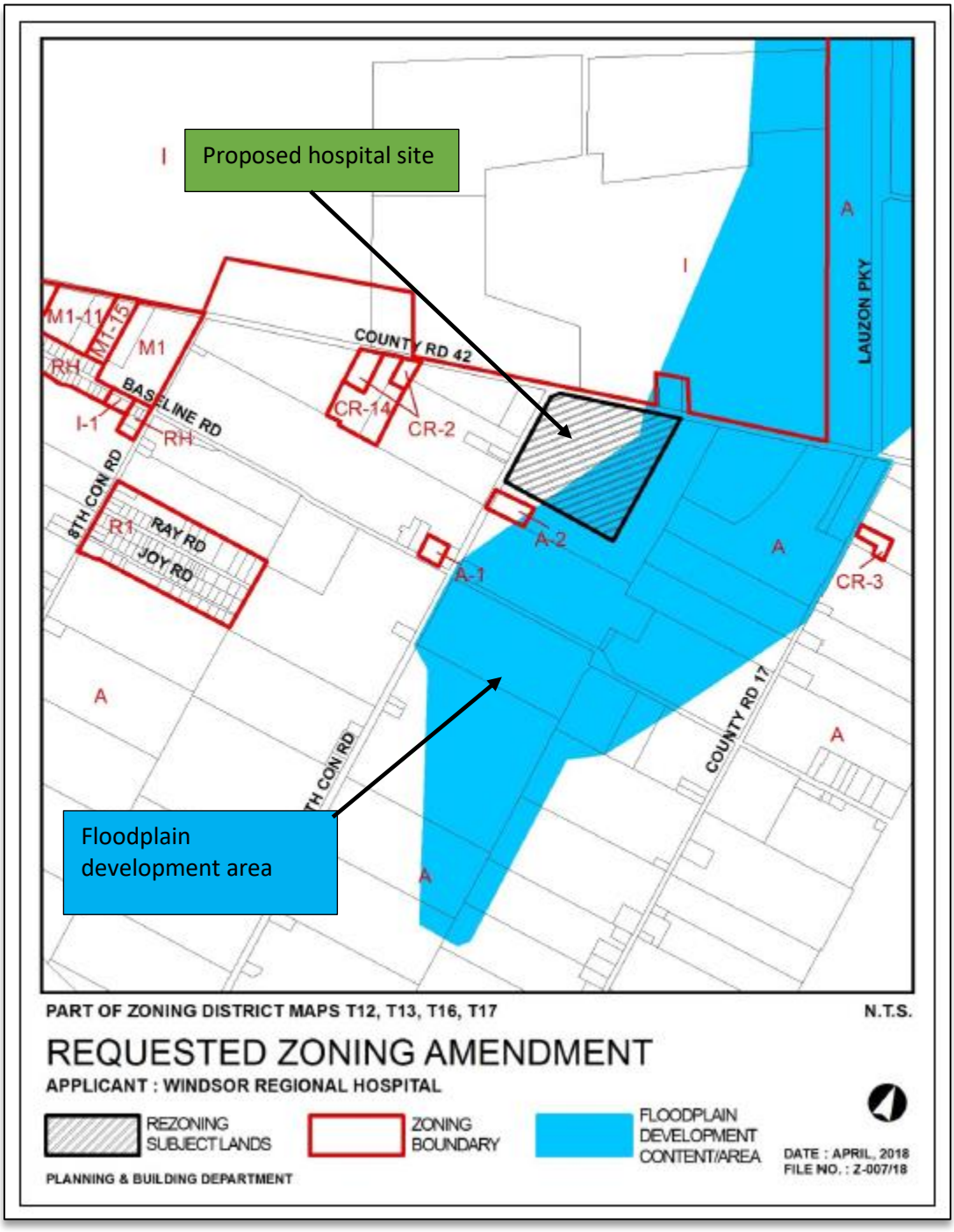
The City also needs to develop on-going strategies that will continue to address the changing climate over the long-term.

The following strategies should be undertaken to ensure that the City of Windsor continues to be a leader on adaptation well into the future:

- Incorporate climate change adaptation into city policies and high level plans
- Create internal mechanisms to 'ask the climate question' for all new major infrastructure projects.

Feedback received (p. 237) from Landscape Architect Stefan Fediuk regarding the heat island effect from the proposed hospital's surface parking:

> Should the hospital development be subject to Site Plan Review, it should be noted that enhanced landscaping will be required to ensure reduced the heat island affect that will be created by the asphalt parking area. A landscape plan by the Landscape Architect (OALA) taking into consideration the close proximity to a natural area will be a requirement of that approval process.



Source: CR42SP p. 333

8. No Consultation with First Nations

It is inaccurate and misleading to assert that a consultation process was carried out with Aboriginal communities. (10.2.1.14)

Ontario Planning Policy

1.2.2 Planning authorities are encouraged to coordinate planning matters with Aboriginal communities.

Windsor's Official Plan

10.2.1.14 Consultation with First Nations will take place as part of a development application or detailed planning study.

According to p.23 of CR42SP, the "requirements of policies 1.2.1, 1.2.2 and 1.2.3 are met through a consultation process carried out with different agencies, boards, Aboriginal communities and neighbouring municipalities."

On p. 23 it is noted that "The comments received from the agencies, boards, municipalities and Aboriginal communities are noted in attached APPENDIX E-1."

On p.32 it is noted that "the Walpole Island First Nation and the Caldwell First Nation were notified and invited to the consultation session facilitated by the applicant's agent."

☒ WALPOLE ISLAND FIRST NATIONS (J. MACBETH)	☒ CALDWELL FIRST NATION FIRST reception@caldwellfirstnation.ca

Another reference to consultations is found on p.340:

1.2 Coordination
The requirements of policies 1.2.1, 1.2.2 and 1.2.3 are met through a consultation process carried out with different agencies, boards, Aboriginal communities and neighbouring municipalities. **APPENDIX E-1**, attached to this planning report, contains consultation information regarding this Zoning By-law Amendment. The comments received from the agencies, boards, municipalities and Aboriginal communities are in **APPENDIX E-1**.

The Ministry of Municipal Affairs (p. 510) notes that:

To encourage the conservation of these resources, the City and proponent should work with Indigenous communities that may have interests in the Windsor-Essex area. This includes, but is not limited to, Walpole Island First Nation and Caldwell First Nation.

No mutual communication took place
In Appendix E-1 (p.503) it is noted that no response was received from either of the two First Nations.

This means no actual consultation ever occurred with Aboriginal communities.

Walpole Island member Beth Cook's address to Council in December 2015 is included in Appendix C.

9. Public's Concerns Ignored and Trivialized

Sustained public concerns around decision-making and the location of the new hospital have persisted since 2014. However no inclusive, sincere or transparent effort was made to build consensus.

Windsor Regional Hospital CEO David Musyj is on the public record with numerous incendiary statements trivializing residents' objections to the planned County Road 42 hospital location.

For example:

> **"Unfortunately some people just don't like the location so much that they will come up with rumours to attack the project so hopefully the location's going to change.**
>
> **There'll always be a handful of people upset... I mean, they have their own personal reasons."**
>
> **– Windsor Regional Hospital CEO David Musyj, Feb 2018**

The community, including councillors, have also been explicitly warned by hospital planners on numerous occasions that opposition to the plan as presented will put its funding at risk.

Windsor's Official Plan

Community Based Planning:

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.

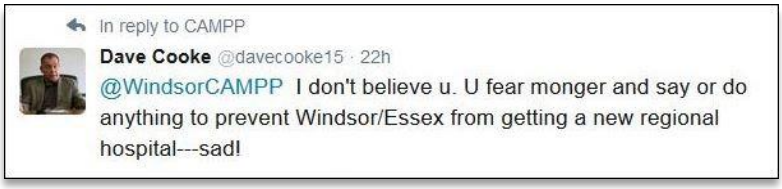
New ways will be found to build consensus within the community to ensure that Windsor advances toward its desired future.

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.

It is in fact poorly conceived planning that puts funding at risk.

9.1 Belittling language, name-calling



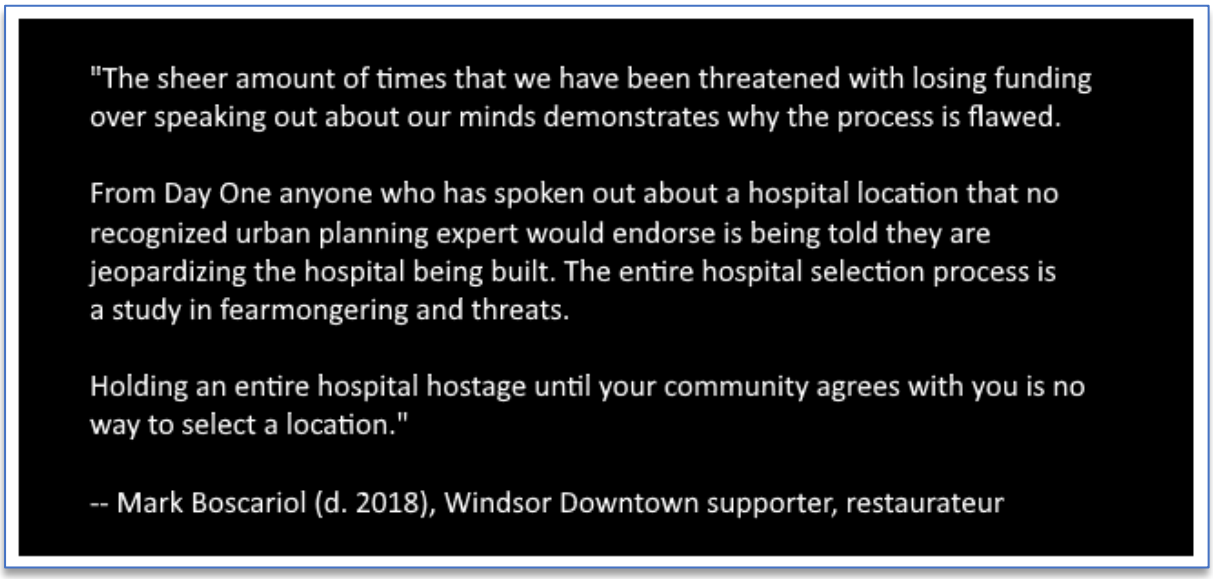
There have been many examples of inappropriate language by the Steering Committee Co-Chairs and elected leaders in response to public concern, rather than substantive engagement to address these concerns.

More examples are included in Appendix F.

The August 13, 2018 Council meeting is the only scheduled Council meeting where the suitability of the County Road 42 hospital location will be discussed. (3.2.4.1&2)

- The Planning, Heritage & Economic Development Committee meeting and the Council meeting have been squeezed into one session.

- Mayor Dilkens declined to meet privately with members of CAMPP Windsor Essex to speak about their concerns, per a request in September 2016.
- Physicians and support staff report having been personally directed by hospital administration to “let the process play out.” This excluded important stakeholders from publicly expressing their concerns. The silencing of physicians and other professionals who did not support CR42SP created a public illusion that the medical community was in full support of this plan. Only those with positive statements regarding the plan have been able to speak publicly. As a result, the general public has been prevented from fully appreciating the extent of the plan’s failings from the medical community’s point of view.



9.2 Presentations disguised as consultations (3.2.4.1 & 2)
In order to comply with official requirements, the hospital Steering Committee hosted numerous promotional presentations, but they were not objective, inclusive or thorough community consultations.

There were no sign-in sheets, and no opportunities for recorded formal feedback. Many of the meetings were held in private facilities, without adequate notification to the general public. The facilitators were not impartial. Many of the meeting sites were inaccessible via public transportation. Importantly, tens of thousands of concerned residents were never aware of these meetings, especially those who stand to be most negatively affected by CR42SP, and their input was deliberately not sought. Anybody attending one of these meetings after July 2015 who voiced apprehensions about the location of the hospital, was in no uncertain terms told that it was a done deal.

Early on in the process, CAMPP reached out to the Erie St. Clair LHIN about the lack of transparency and inclusiveness. We recommended that United Way be asked to help. However, this recommendation was ignored.

9.4 Many public concerns: public support for this plan is far from clear
On p.182 of CR42SP, it is noted that many concerns were voiced at both the September 7, 2016 and the July 5, 2017 public meetings.

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. Those concerns related to both the impact of repurposing the existing hospitals and related lands and those impacts on the viability of downtown Windsor, as well as the need to use agricultural lands for future urban growth. People also raised concerns about the following matters:

9.5 Suppression of public feedback

Contrary to promises made at the September 7, 2016 meeting, residents' specific written feedback was never made public. This, and other practices, have helped to obscure both the extent and the substantive nature of public dissatisfaction.

An appendix on p. 225 lists several pages of public concerns; the responses do not invalidate the issues raised.

- The concerns listed do not reflect CAMPP's comments that we sent after the July 2017 meeting. As described in this document, we identified a lack of demographic analysis, particularly the issues surrounding Windsor's aging population.
- Also not reflected is our feedback following the September 2016 public meeting.

9.6 Tone deaf decision-makers

At no point has the location of the new hospital been presented as anything other than a "done deal," undermining the integrity of a democratic public process. For example:

> "It is important to note that this discussion is not about whether or not this is the right location for the new hospital. That decision has been made!"
> – Windsor Regional Hospital Annual Report 2018

The above statement directly contradicts several public statements made by former Premier Kathleen Wynne, as recently as February 2018.

"My understanding is that there haven't been final decisions made, in terms of the exact location.

I would implore all the local representatives, the elected representatives, to make sure that they include people with concerns in the consultation."

– Former Premier Kathleen Wynne, Feb 2018

As all of the content of this report demonstrates, there are more than enough substantive reasons to call into question the integrity of the decision-making process that led to this planned Secondary Plan Amendment.

Summary of Policy Contraventions

References to Ontario Planning Policy: contraventions are referenced in red; Windsor Official Plan contraventions are referenced in blue.

1. **[PPS 1.6.7.5]** **[OP 4.2.5.3]** Beyond overall population growth, CR42SP lacks key demographic and locational data for informed decision-making:

   Demographic detail, including seniors and persons with impaired mobility:

   - No analysis of seniors' demographics: a critical gap when population is aging more strongly than at any other time in Canada's history.
   - Absence of major demographic strata: socio-economic levels, transit dependency, persons with physical and cognitive disabilities, locations and capacity of retirement residences, low income housing.

   Employment land needs:

   - Employment land needs overstated because current Ministry of Finance working age population projection was ignored in favour of obsolete 2008 report.

   Transit and transportation analysis:

   - Absence of transit service level and operating cost detail prove that transportation & land use were never seriously integrated into planning process
   - Update to Windsor's 2006 Transit Masterplan, with 2001 Census data, is long overdue.
   - No details as to where Transit Windsor's core market is most likely to live, or how residents' health care needs will be met if they need more than day-time urgent care. No quantification of locational needs of residents with physical or cognitive impairments.
   - Transportation Impact Study omits traffic impacts of expected future increases to hospital capacity levels.
   - No recent statistics for day surgeries, ambulatory care clinics, visitors to inpatients or other trips to the hospital; no analysis of how people travel to & from hospital today.
   - Radius used to quantify commute distance is inappropriate because Airport land lies between the heart of the city and proposed hospital site.

   Fiscal Impact Analysis:

   - It is impossible to analyze the financial and societal costs of this 400 hectare greenfield development without a thorough Fiscal Impact Analysis.

2. **[PPS 1.6.4] [1.6.7.1] [1.6.7.5] [OP 6.1.6] [4.2.1.5] [4.2.1.6] [4.2.3.2] [4.2.3.5] [4.2.7.3] [7.2.5.2] [8.4.1.1]** No information on how increasing accessibility and locational needs of an aging population will be met

   [PPS 1.1.1 (f)] For those in Windsor's urban core, especially if they do not drive, CR42SP increases land use barriers for seniors and persons with impaired mobility.
3. **[PPS 1.6.7.4] [1.6.7.5] [1.8.1(e)] [OP 7.2.2.21(c)]** The County Road 42 acute care hospital location increases vehicle trips and travel distances, does not facilitate active transportation. Not integrated into all stages of planning
4. **[PPS 1.1.1.(a)] [1.1.5.5] [1.1.3.2(a)] [1.6.3(a) (b)][1.7.1] [2.0] [2.3.1] [OP 1-3] [4.2.3.5] [6.1.6] [6.6.2.5 (d) & (e)] [6.6.1.2] [7.2.2.20]** City's population projections & demand for employment land do not warrant developing prime farmland, the opposite of compact development envisioned by Ontario Planning Policy. It is not a wise use of natural resources.
   - $200M+ for infrastructure cost to be downloaded to taxpayers for greenfield development
5. **[PPS 1.1.3] [OP 5.1.1] [6.1.2]** Unwise use of land and natural resources; environmentally unsustainable urban development.
6. **[PPS 1.1.1(c)] [3.2.2.2] [4.2.3.2] [4.2.3.5] [6.1.6]** Loss of two major community anchors (employing 4,000+) will materially impact Windsor's core neighbourhoods, esp. Wards 3 & 4.
   - CR42SP provides no impact analysis.
   - Physicians, an important stakeholder group, have not been contacted to determine their future plans; prevented from publicly voicing their concerns with the proposal.
7. **[PPS 1.1.1 (f)] [1.2.3] [3.1.3] [3.1.5] [3.1.7 (b)]** Recent floods highlight critical vulnerability to residents if the only acute care hospital to serve the region is built on County Road 42.
   - No flood hazard mapping study has been performed.
8. **[PPS 1.2.2] [OP 10.2.1.14]** No consultation carried out with Aboriginal communities.
9. **[OP 3.2.4.1] [3.2.4.2]** In spite of sustained public concerns around decision-making and new hospital location, tone-deaf administration made no effort to build consensus.
   - PHED Committee and Council meetings compressed into one
   - Public concerns around County Road 42 hospital location consistently trivialized & ignored.

Appendices

A. Transportation Planning Analysis by Stephen Kapusta MCIP, RPP

B. A large, centrally located industrial property that has been available for nearly a decade

C. Transcript from December 21, 2015 Council meeting

D. Calculations showing 27% increase in commute distance

E. No precedent in Ontario

F. Belittling language, name-calling by people in positions of power

Appendix A: Transportation Planning Analysis by Stephen Kapusta MCIP, RPP

Since the news of the chosen location for the new mega hospital was released, I have been perplexed by the decision from a transportation planning point of view. Having worked for the City of Windsor for nearly 10 years (2001 through 2011); specifically Transit Windsor, Public Works – Transportation Planning and ultimately the Planning Policy section, I feel that the choice to locate such a prominent piece of public infrastructure so far from the public that it would serve is a poor decision.

While I can appreciate the regional aspect of this new hospital's purpose, the decision to place this hospital to the disadvantage of so many Windsorites I feel is short sighted and ultimately will have a societal cost and long term capital cost that is unfair to taxpayers of the City of Windsor.

Firstly, from the standpoint of transit service, performing a site selection analysis such as this should not see transit as a box to be checked. Nor should other modes of transportation have been excluded, such as walking or cycling. Employees as well as those who will be using the services of the hospital both need to be accommodated in terms of transportation. While transit service can be extended virtually anywhere a road is present, truly useful and meaningful transit cannot merely be provisioned wherever a road exists. Other factors such as intersecting routes for transfers, density to drive demand and thus higher frequency and minimizing seat time all should play a role when evaluating a location for a major public transportation draw such as a new hospital.

In the proposed hospital location for example, while I agree, one can merely extend the Walkerville 8, or even add a long discussed part of the South Windsor 7, the interconnections and frequencies of those two routes are tied to the density and the areas that they can serve or currently serve. However, due to the relatively lower frequency of those routes, and lack of other destinations on the route, it is highly unlikely that the new hospital location will be served in a meaningful enough way to capture sufficient mode share. Add the increased seat time for any Windsor resident who chooses to use transit to access this hospital and the total commute may be as long as an hour for most people living anywhere along or North of Tecumseh Road.

The cost to operate such a service will be high, since there are so few destinations near to the proposed hospital location and therefore likely few riders from which to get revenue from. Therefore, adding frequent service (a bus every 20 minutes for example) would not be reasonable, nor would there be much uptake from the public due to seat time needed to get to the destination. The transit service therefore would be limited to perhaps a 30 minute or even 60 minute frequency.

Had a location been chosen that was within, along or proximate to a major East West Route such as a Transitway 1C even an Ottawa 4, the density for the most part is such that frequent (10, 15 or 20 minute service) convenient transit could have been easily provided.

Having said the above, one can reasonably understand that there are other variables involved in the selection of such a site, such as available property. However, based on the sites shown during the selection process, there were a number that were in fact more proximate to transit or could have been served more easily by transit with a much reduced seat time than the site ultimately chosen.

Beyond transit, the implications for transportation in general are significant. The shift in traffic generated by the two existing hospitals to other Arterial Roadways will be noticeable and the impact of that additional traffic will need to be mitigated in the form of significant road widenings. Of course, having an Environmental Assessment completed for the widening of Cabana/Division/Country Road 42 is one piece of the puzzle. But had the hospital been located elsewhere, where the roads were of sufficient capacity already, there would be little or no need to widen roads, thus reducing costs for City of Windsor taxpayers. Widening Walker Road which has been ongoing, will no doubt help accommodate new traffic to the proposed hospital. However, at the various intersections such as Walker and Division, the change in the volumes of traffic turning to and from Walker to Division will likely require improvements, or queues of waiting cars may stack well beyond the available storage space and lead to significant peak hour congestion along both Division and Walker Road. Traffic coming from points South and West may have in the past used E.C. Row Expressway to either Dougall or Walker. Those travellers may now be using Cabana, Division or Walker. Some of course will use the new Lauzon Parkway extension. But for LaSalle and Amherstburg residents, this will not likely be the case.

Cycling is another aspect that does not seem to have been evaluating as part of the location analysis. Not everyone that is employed by a hospital will want to drive or ride a bus. Encouraging cycling is also a very important part of any site selection for a major employer such as a hospital. While I am sure bike lanes can be added to any of the arterial roads in question, the issue becomes who is going to want to ride well over an hour to get to work? Some people may choose to do so, but will those who currently ride their bicycles to either hospital be able to make the ride to this new location or will they then be forced to take transit or use a car?

The improvements proposed with respect to Lauzon Parkway and its extension from County Road 42 all the way to Highway 3 make logical sense from a regional transportation point of view regardless of where the hospital is located. This road is an important piece of infrastructure that will aid in reducing the volume of trucks using Walker Road to gain access to E.C. Row Expressway and I have long advocated for this link.

When I was last employed with the City of Windsor, I was a Planner in the Planning department. I was also the Team Leader for the Infrastructure section of Windsor's Official Plan update which dealt significantly with transportation policies. I recall numerous discussions that took place between staff regarding the link between transportation and land use. As a result, specific language was placed in the Official Plan in terms of reducing trip length and locating large scale employers:

7.2.2.18 Council shall recognize the link between land use and transportation systems by: (a) Focusing office development and high-density employment and high density residential in areas which have access to transit and pedestrian amenities; (b) Encouraging commercial and employment uses within 400 metres to 800 metres of residential areas to promote the use of active transportation and to promote transit service.

7.2.2.20 Council shall support transit by planning for compact mixed-use, higher density residential, commercial and employment development within concentrated nodes and corridors that are adjacent to higher order transit corridors.

7.2.2.21 Council shall implement land use patterns that promote sustainable travel by locating land uses within reasonable walking or cycling distance by: (a) Encouraging development that

include an appropriate mix of residential, commercial and employment lands within reasonable walking distance of each other; (b) Planning higher density developments in areas along major transportation corridors and nodes; (c) Integrating land use and transportation planning decisions by ensuring each fit the context of each other's specific needs.

From my point of view as a planner, I do not feel that the location of the proposed Hospital meets or exceeds the guidance of Windsor's Official Plan. Specifically, focusing in on Section 7.2.2.21, I cannot imagine that the Hospital's location fits subsection c). Furthermore, I do not feel that this major employer is within 400 to 800 metres of residential areas. When one goes down the list of the above Official Plan Policies, I cannot tie any of them to the chosen location of the hospital.

In my opinion I feel that the proposed chosen location is in direct conflict with Windsor's very recently adopted Official Plan.

Section 3 of Windsor's Official Plan also had new language that encouraged focusing developments, particularly higher density developments within "nodes" and along "corridors" that could be served by more frequent transit or that facilitated reduced trip lengths for people choosing to walk, cycle or take transit between home and work.

In particular, Section 3.3.1.1 Growth Centres speaks to "serve as focal areas for investment in institutional and region wide public services, as well as commercial, recreational, cultural and entertainment uses;". Since in this example, this Hospital is intended to be an institution of region wide focus and also a public service, I can see no valid planning reason why the decision to place the new Hospital at the periphery, nowhere near to such a "Growth Centre" was chosen.

Hospitals have a very long life. The decision to construct a new hospital at this location will stay with the Windsor Essex region for a long time. As a Professional Planner who spent a significant part of my career studying Windsor and providing guidance to decision makers on Transportation Planning Policy matters, I am deeply disappointed that a decision such as this has been made that is in such conflict with the guidance of Windsor's Official Plan, and further is so contrary to accepted land use and transportation planning principles for an institution of this scale.

Stephen Kapusta MCIP, RPP

Appendix B: An advertisement for a large, centrally located industrial property that has been available for nearly a decade:

GRAND CENTRAL BUSINESS PARK

ROSATI GROUP EST. 1969

Press Release – Tuesday, March 2, 2009

ROSATI GROUP SET TO ATTRACT NEW INVESTMENT TO WINDSOR

Windsor, Ontario - The **Rosati Group** has successfully completed their purchase and rezoning of a 160-acre parcel of land at Grand Marais and Central Avenue, formerly the site of the Chrysler Pillette Road Assembly Plant. The property, currently known as **Grand Central Business Park,** is the largest, fully serviced and "shovel-ready" parcel of land in Essex County.

The vision for this development is to attract new emerging industries such as alternative manufacturing, R & D facilities, light assembly and logistics centers. **Grand Central Business Park's** new zoning and multitude of uses now allows **Rosati Group** to market the development land to businesses from North America and around the Globe.

A key feature of the site is its direct access to the rail system in North America. More than 100 acres of the site is 'hard surface' that can be used for staging or temporary storage that directly abuts and is linkable to the existing **CN rail yard** with access to both U.S. and Canadian rail networks through **CN** and **CP** rail lines.

*"This is a first-class industrial site, with many strategic advantages. We are excited about the potential of the **Grand Central Business Park**," said* **Tony Rosati, Co-Owner, Rosati Group.**

In an effort to spark future development ideas for the site and for Essex County, the **Rosati Group** is sponsoring the **Alternative Manufacturing Opportunities Summit – "Powering the Future"** on March 6, 2009 at **Caesars Windsor Convention Centre**. The summit will provide opportunities for the county's manufacturing sector to get an insider perspective on how to tap into Wind, Solar, Nuclear and Battery Power manufacturing supply chains.

"We must strive to develop exciting new synergies and re-invent ourselves in each and every industry that Essex County has to offer, as well as create new ones. The summit will provide insight about building a future in a new and expanding alternative energy market for our region's manufacturing sector", said **Rosati.**

The **Rosati Group** is a local family-owned business, established in 1969. The **Rosati Group** has become one of the largest Design Build contractors/developers in Southwestern Ontario. In Essex County alone, the **Rosati Group** has built more than 6.5 million square feet of commercial and industrial facilities.

For more information please contact:

Tony Rosati
Rosati Group, Co-Owner
519-734-6511
tony.rosati@rosatigroup.com

www.grandcentralpark.com
www.rosatigroup.com
www.poweringthefuturesummit.ca

Believe! WE CAN

From this press release we learn that:

1. ***There are large properties available close to Windsor's core that would be suitable for a hospital, and***
2. ***Demand for large employment lands is limited, putting a question mark against the assertion that there is a credible need to develop farmland for industrial purposes.***

Appendix C: Transcript from December 21, 2015 Council Meeting

Boozhoo and hello Mayor Dilkens and Councillors.

Giniwdewewin Kwe niidishnikaaz, Bkejwanong minwaa Windsor niindoonjibaa, Niin Anishinaabe Kwe

My name is Beth Cook – The Heart Beat Sound a Golden Eagle Makes, I come from Walpole Island First Nation and Windsor, I am a human being and an Ojibwe woman.

I am here to share information on the impacts of funding a mega hospital. I am speaking on behalf of myself, my family and the community of Indigenous Peoples of Windsor-Essex County. The impacts shared tonight by other members of our community tonight are inclusive of Indigenous peoples. We share common concerns.

The Truth and Reconciliation Commission Calls to Action on Health calls upon all levels of government to acknowledge the current state of Aboriginal Health in Canada is a direct result of Indian Residential Schools and to recognize and implement the health-care right of Aboriginal peoples. This includes the recognition, respect and address of the distinct needs of Indigenous peoples who are First Nations – On and Off-reserve, Metis, Inuit and more recently non-status.

In order to address health-care rights, you must improve the health outcomes of Indigenous peoples.

Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Which brings me to the single most important concern and that is for the need for access. The United Nations Declaration on the Rights of Indigenous Peoples Articles 18-24 address the right to access health care, such as prenatal care without discrimination and governments must take the necessary steps to realize this right.

Transportation and timely emergency access is a critical concern to many Indigenous community members. Imagine the barrier to emergency services in the middle of the night for the grandmother that takes the wrong pill and poison control directs them to the emergency. Or, a child that is having an asthma attack and can't breathe. And, especially for our family members that has a mental illness and need immediate assistance. How are families to cope with appropriate health services? The existing health care facilities are adequate to the needs of many.

The LHIN Act addresses the duty to consult aboriginal peoples. Most Indigenous families and Indigenous service providers I have heard from do not have confidence in the funding for a mega hospital.

You must be prudent of these concerns in your decision.
Miigwech and thank you

Appendix D: Calculations showing 27% increase in commute distance

		2011 Census population	Location in centre of ward	Met Campus	Ouellette Campus	shortest distance	Mega hospital	Round trip today	Round trip to Megahospital	Difference in km	Change in km
Windsor Metro Area											
Tecumseh		23,610	Tecumseh/Manning	13.0	17.6	13.0	8.4	613,860	396,648	- 4.6	-35%
LaSalle		28,643	LaSalle (Reaume & Matchette)	15.5	10.9	10.9	14.4	624,417	824,918	3.5	32%
	1	22,071	Cabana & Dominion	9.0	7.4	7.4	7.8	326,651	344,308	0.4	5%
	9	19,945	42 & Concession 7	5.7	10.2	5.7	2.8	227,373	111,692	- 2.9	-51%
	7	23,058	Firgrove & Venetian	8.5	17.1	8.5	8.5	391,986	391,986	-	0%
Lakeshore		34,546	Lakeshore Discovery	21.4	25.9	21.4	12.4	1,478,569	856,741	**- 9.0**	-42%
	10	19,698	Dominion & Northwood	7.5	5.4	5.4	9.6	212,738	378,202	4.2	78%
Amherstburg		21,556	Amherstburg centre	31.9	30.6	30.6	33.1	1,319,227	1,427,007	2.5	8%
	6	23,305	Isabelle & Edgar	7.5	8.8	7.5	8.6	349,575	400,846	1.1	15%
	5	18,407	Central & Seminole	2.6	4.6	2.6	**11.2**	95,716	412,317	**8.6**	331%
	4	24,126	Ontario & Lincoln	2.1	2.1	2.1	**10.7**	101,329	516,296	**8.6**	410%
	8	18,780	Jefferson & Tecumseh	4.0	7.8	4.0	7.4	150,240	277,944	3.4	85%
	2	20,042	College & Huron Church	6.9	4.3	4.3	**18.0**	172,361	721,512	**13.7**	319%
	3	21,432	Erie & Ouellette	4.0	0.4	0.4	**16.0**	17,146	685,824	**15.6**	3900%
Population		319,219					Aggregate increase				27%

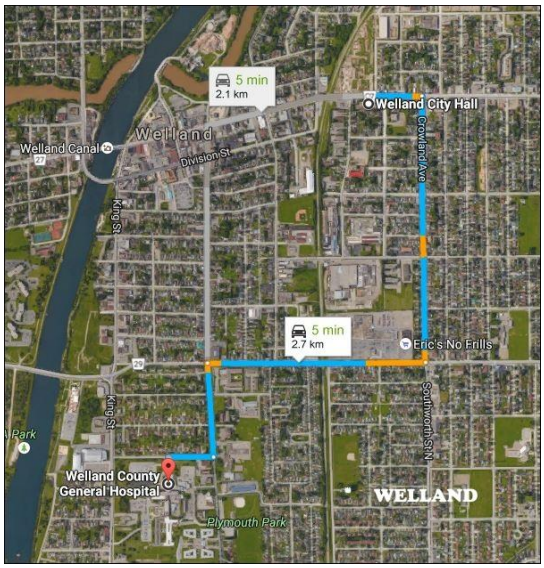
Appendix E: No Precedent in Ontario

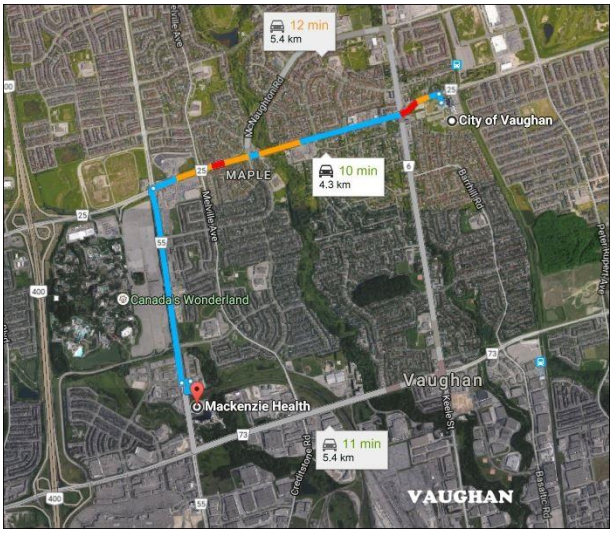
There is no precedent for the Windsor-Essex plan to move all hospital services to a single site on County Road 42, 13 km from downtown, and up to 18 km from the city's lowest income wards where residents are least likely to own a car.

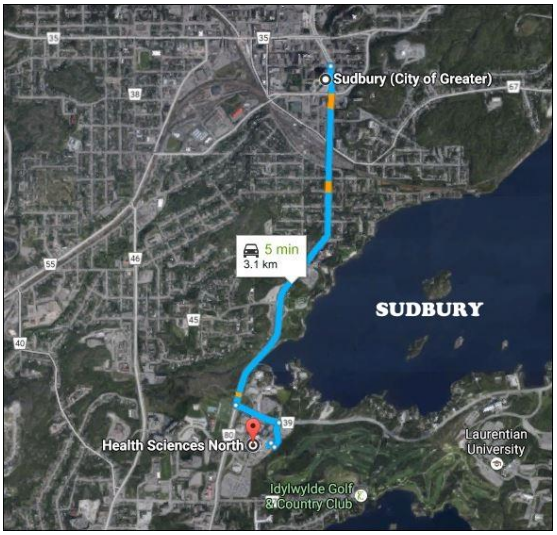
Under the plan, the acute care hospital will house the only ER, OR, and ambulatory care clinics to serve our population.

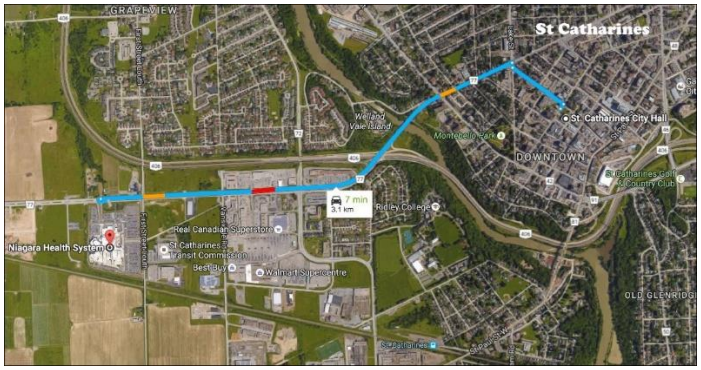
- No city in Ontario or indeed in Canada is served by a hospital more than 10 km from its centre. In fact, the average distance is 3.6 km.
- No city in Canada requires people to circumnavigate its airport in order to access essential health care services.

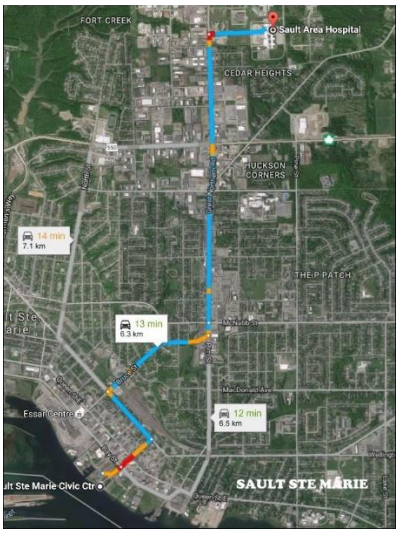
There is also no precedent in Canada for a mid-sized city (primary catchment population > 300k) to be served by one single site hospital. The lack of an alternative site presents a critical vulnerability.

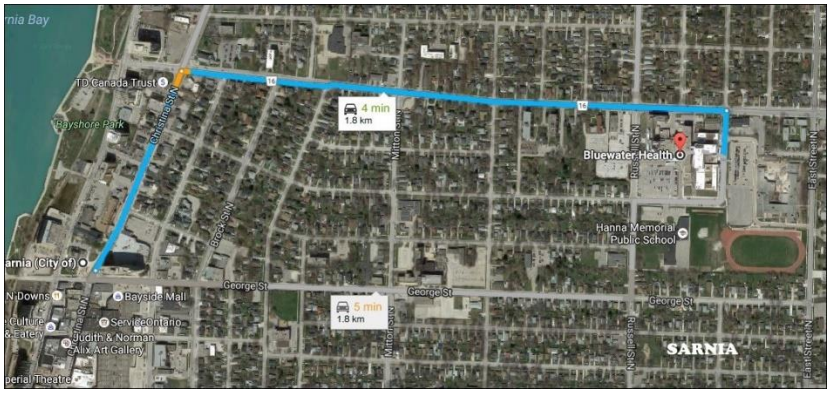


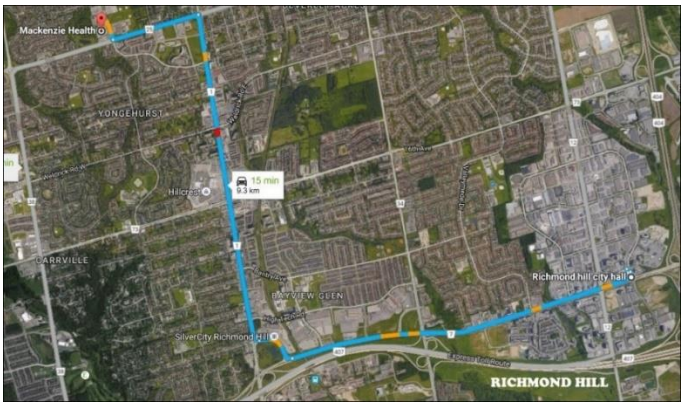


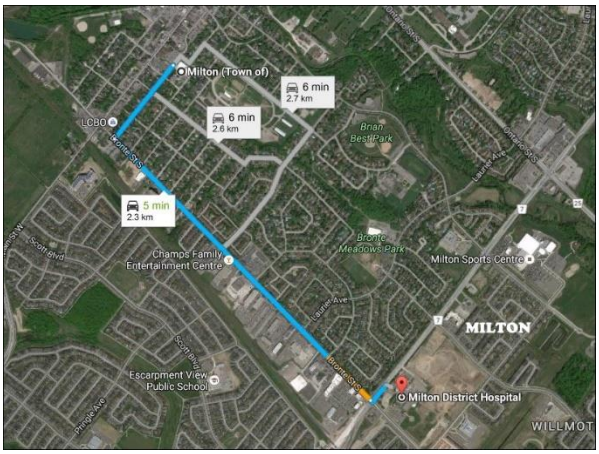

Sudbury (City of Greater)
5 min
3.1 km
SUDBURY
Health Sciences North
Laurentian University
Idylwylde Golf & Country Club

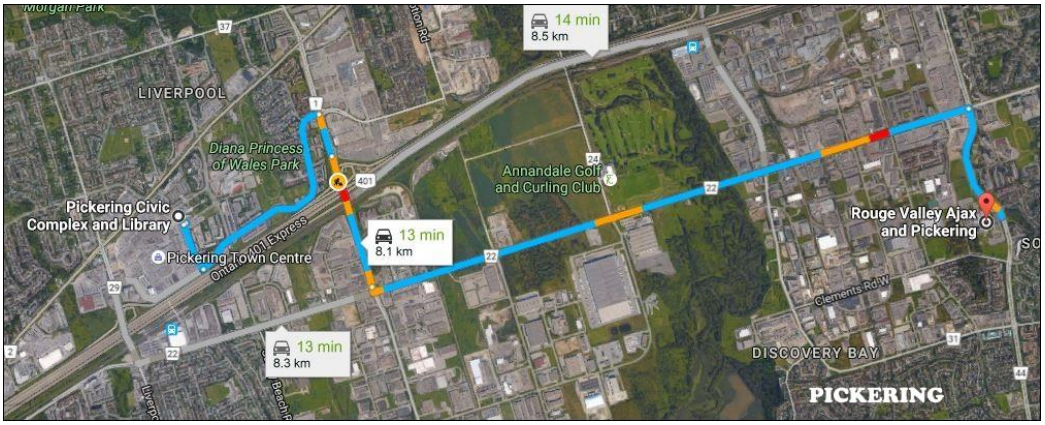

St Catharines
St. Catharines City Hall
DOWNTOWN
7 min
3.1 km
Niagara Health System
Real Canadian Superstore
Walmart Supercentre
Ridley College
OLD GLENRIDGE

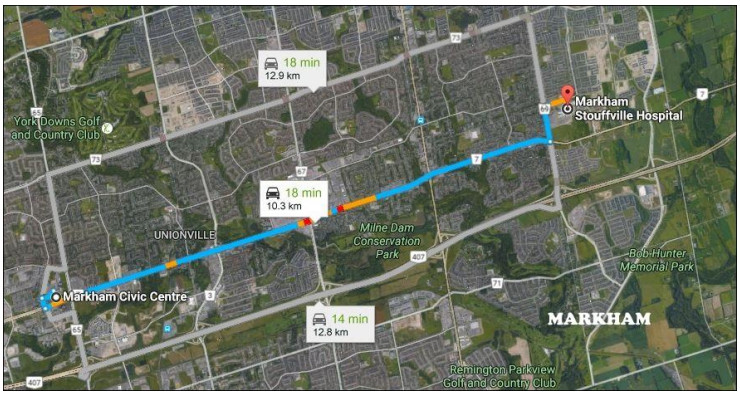

FORT CREEK
Sault Area Hospital
CEDAR HEIGHTS
HUCKSON CORNERS
THE P PATCH
14 min
7.1 km
13 min
6.3 km
12 min
6.5 km
Essar Centre
SAULT STE MARIE

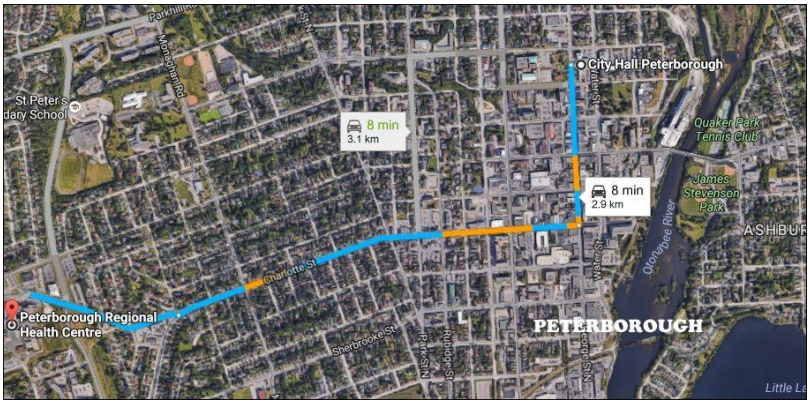

TD Canada Trust
Bayshore Park
4 min
1.8 km
Bluewater Health
Hanna Memorial Public School
Bayside Mall
5 min
1.8 km
SARNIA

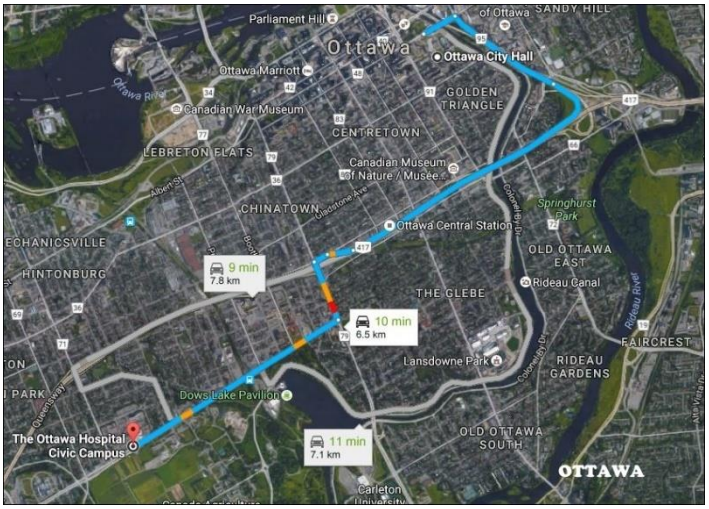

Mackenzie Health
YONGE HURST
15 min
9.3 km
Hillcrest
CARRVILLE
BAYVIEW GLEN
Richmond hill city hall
SilverCity Richmond Hill
RICHMOND HILL

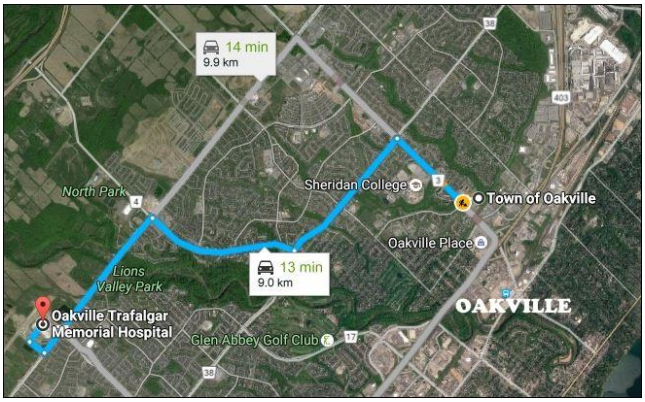

Milton (Town of)
6 min
2.7 km
6 min
2.6 km
LCBO
5 min
2.3 km
Brian Best Park
Champs Family Entertainment Centre
Milton Sports Centre
MILTON
Escarpment View Public School
Milton District Hospital
WILLMOT

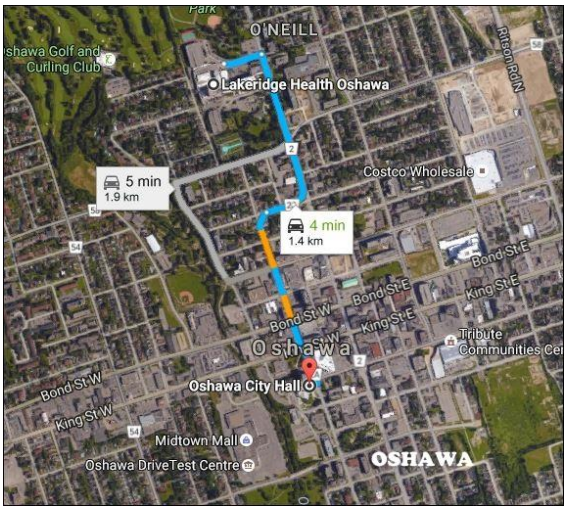

14 min
8.5 km
LIVERPOOL
Diana Princess of Wales Park
Annandale Golf and Curling Club
Pickering Civic Complex and Library
Pickering Town Centre
ONE 401 Express
13 min
8.1 km
Rouge Valley Ajax and Pickering
13 min
8.3 km
Clements Rdw
DISCOVERY BAY
PICKERING

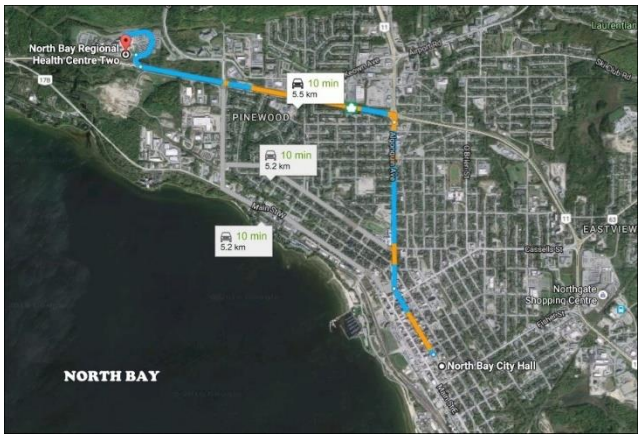

18 min
12.9 km
Markham Stouffville Hospital
York Downs Golf and Country Club
18 min
10.3 km
UNIONVILLE
Milne Dam Conservation Park
Bob Hunter Memorial Park
Markham Civic Centre
14 min
12.8 km
MARKHAM
Remington Parkview Golf and Country Club

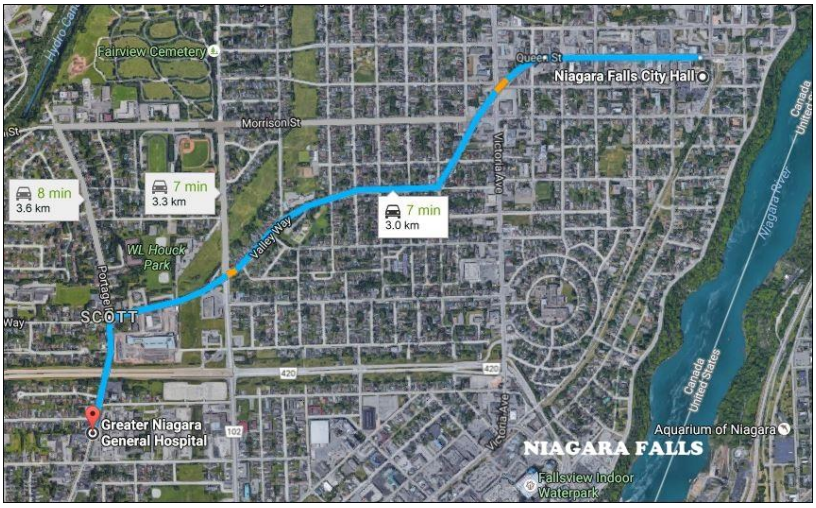

City Hall Peterborough
St Peter's dary School
8 min
3.1 km
Quaker Park Tennis Club
8 min
2.9 km
James Stevenson Park
Otonabee River
Charlotte St
Peterborough Regional Health Centre
Sherbrooke St
PETERBOROUGH

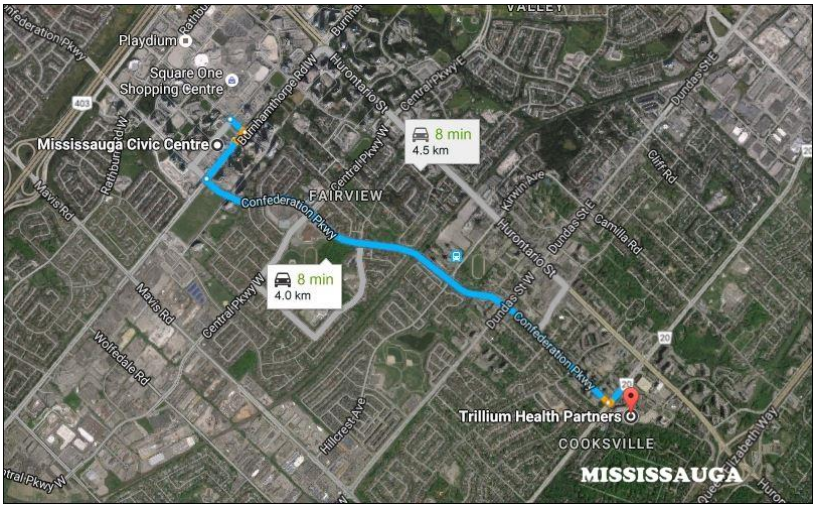

Parliament Hill
Ottawa
Ottawa City Hall
Ottawa Marriott
Ottawa River
Canadian War Museum
GOLDEN TRIANGLE
CENTRETOWN
LEBRETON FLATS
Canadian Museum of Nature / Musée
CHINATOWN
Ottawa Central Station
Springhurst Park
OLD OTTAWA EAST
Rideau Canal
THE GLEBE
9 min
7.8 km
10 min
6.5 km
Lansdowne Park
RIDEAU GARDENS
FAIRCREST
Dows Lake Pavilion
The Ottawa Hospital Civic Campus
11 min
7.1 km
OLD OTTAWA SOUTH
OTTAWA

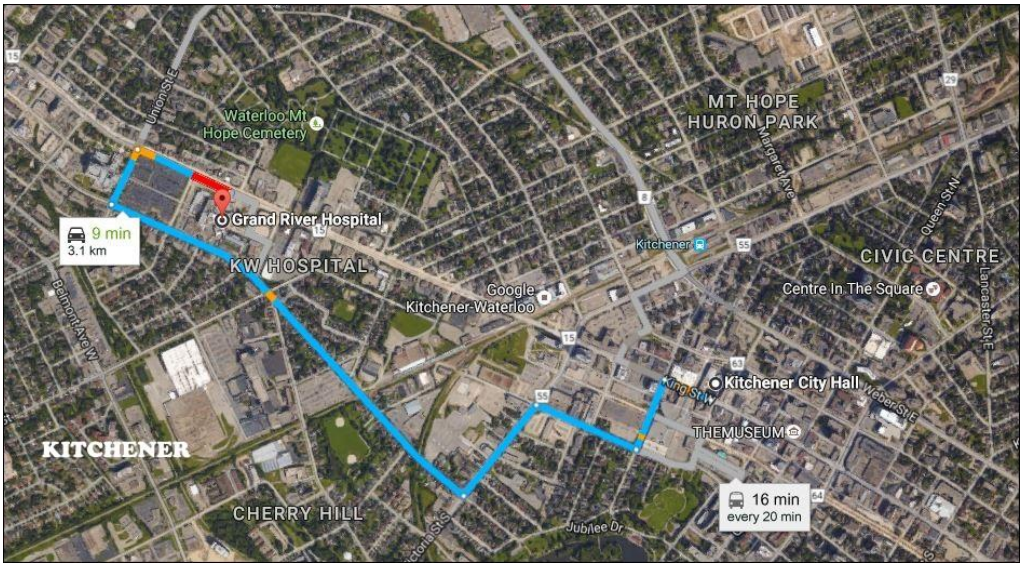

14 min
9.9 km
13 min
9.0 km
North Park
Sheridan College
Town of Oakville
Oakville Place
Lions Valley Park
Oakville Trafalgar Memorial Hospital
Glen Abbey Golf Club
OAKVILLE


O'NEILL
Lakeridge Health Oshawa
5 min
1.9 km
4 min
1.4 km
Costco Wholesale
Bond St E
King St E
Bond St W
King St W
Oshawa City Hall
Midtown Mall
Oshawa DriveTest Centre
OSHAWA

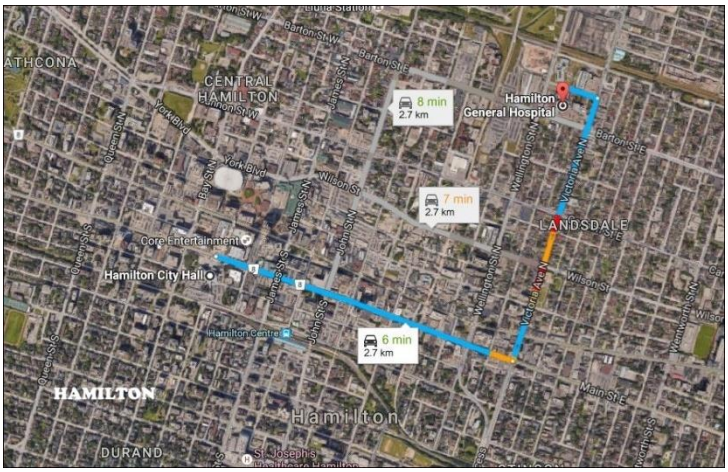

North Bay Regional Health Centre-Two
10 min
5.5 km
10 min
5.2 km
10 min
5.2 km
PINEWOOD
EASTVIEW
Northgate Shopping Centre
North Bay City Hall
NORTH BAY

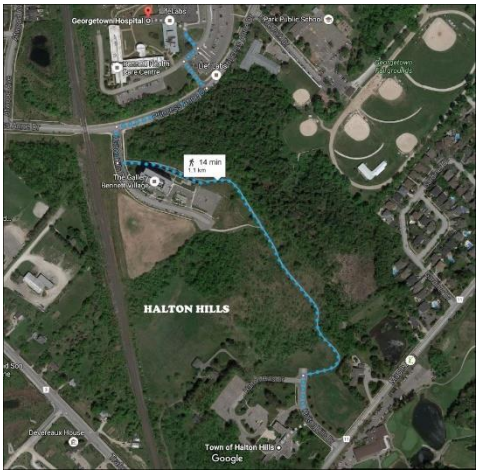

Fairview Cemetery
Niagara Falls City Hall
Morrison St
8 min
3.6 km
7 min
3.3 km
7 min
3.0 km
WL Houck Park
Portage Way
SCOTT
Greater Niagara General Hospital
Aquarium of Niagara
NIAGARA FALLS
Fallsview Indoor Waterpark

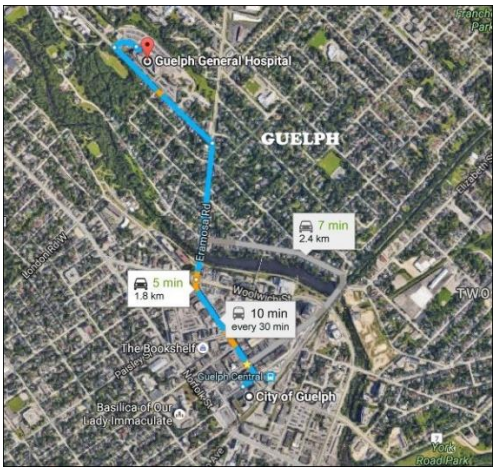

Playdium
Square One Shopping Centre
Mississauga Civic Centre
8 min
4.5 km
8 min
4.0 km
FAIRVIEW
Confederation Pkwy
Trillium Health Partners
COOKSVILLE
MISSISSAUGA

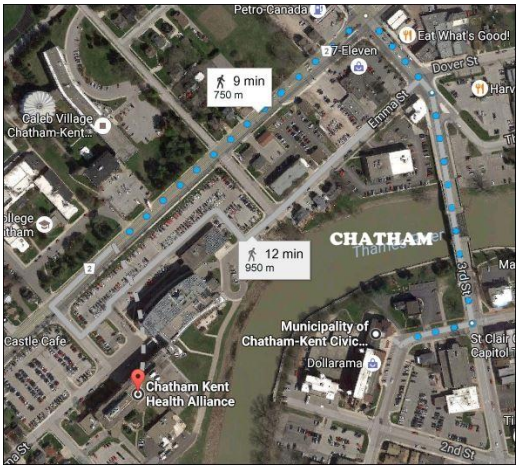

Waterloo Mt Hope Cemetery
Grand River Hospital
9 min
3.1 km
KW HOSPITAL
MT HOPE
HURON PARK
Kitchener
CIVIC CENTRE
Centre In The Square
Google
Kitchener-Waterloo
Kitchener City Hall
THEMUSEUM
KITCHENER
CHERRY HILL
16 min
every 20 min

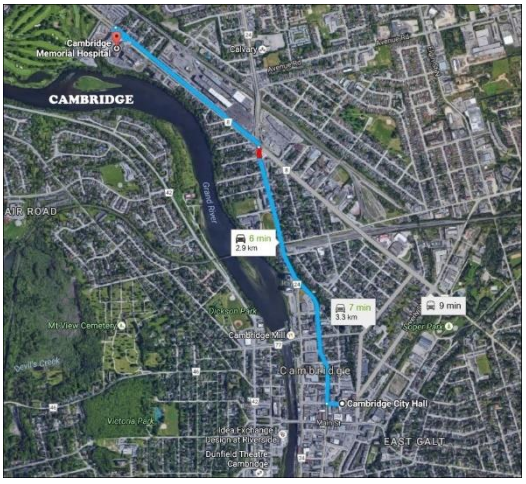

Hotel-Dieu Hospital
11 min
5 min
1.4 km
Woodenheads Gourmet Pizza
Delta Waterfront Hotel, Kingston
Frontenac County Court House
Cricket Field
City Park
Kingston
4 min
1.6 km
Pump House Steam Museum
King St W
MacDonald Park
KINGSTON


CENTRAL HAMILTON
8 min
2.7 km
Hamilton General Hospital
7 min
2.7 km
LANDSDALE
Core Entertainment
Hamilton City Hall
6 min
2.7 km
HAMILTON
Hamilton
DURAND

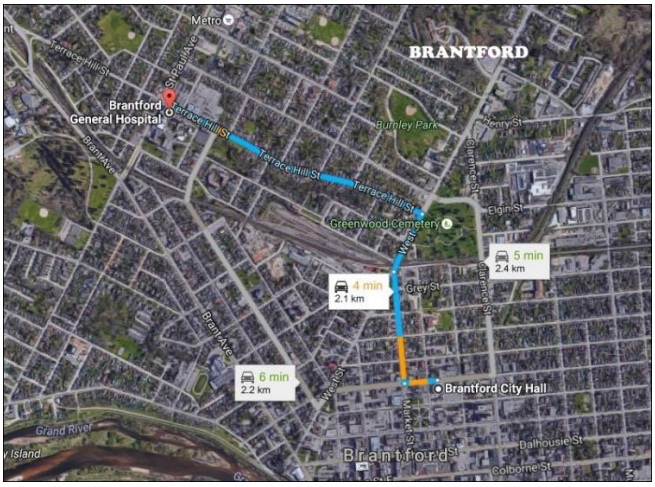

Georgetown Hospital
14 min
1.1 km
HALTON HILLS
Town of Halton Hills
Google

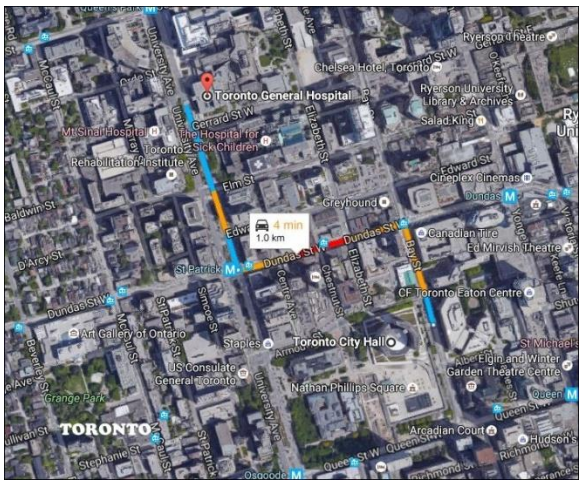

Guelph General Hospital
GUELPH
7 min
2.4 km
5 min
1.8 km
10 min
every 30 min
The Bookshelf
City of Guelph
Basilica of Our Lady Immaculate

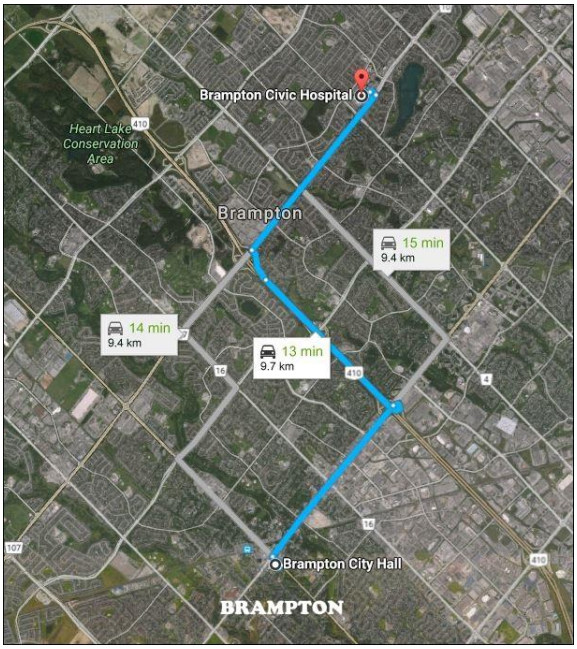

Petro-Canada
Eat What's Good!
7-Eleven
9 min
750 m
Dover St
Caleb Village Chatham-Kent...
Emma St
CHATHAM
12 min
950 m
3rd St
Municipality of Chatham-Kent Civic...
Dollarama
Castle Cafe
Chatham Kent Health Alliance
2nd St


Cambridge Memorial Hospital
CAMBRIDGE
6 min
2.9 km
7 min
3.3 km
9 min
Cambridge City Hall
EAST GALT

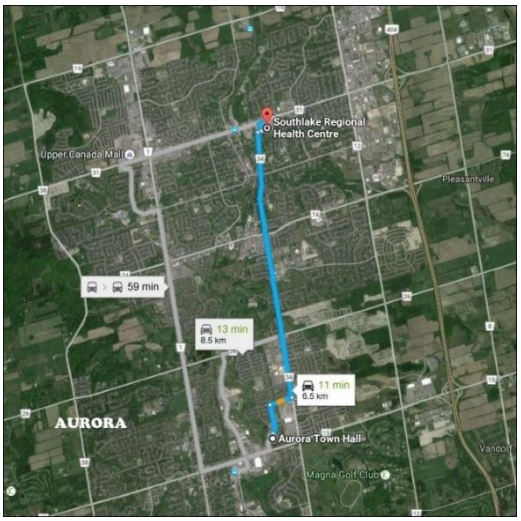

The WORKS
5 min
1.8 km
Downtown Burlington
4 min
1.4 km
Brant Street Pier
Spencer's At The Waterfront
Joseph Brant Museum
BURLINGTON
Joseph Brant Hospital
10 min
Ontario Provincial Police

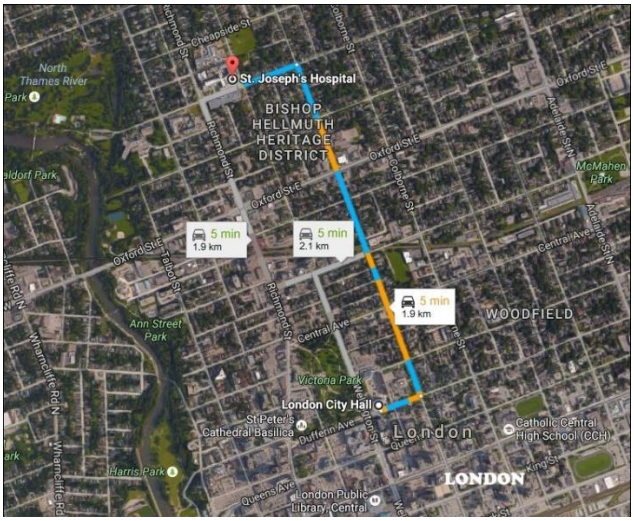

BRANTFORD
Brantford General Hospital
Terrace Hill St
Burnley Park
Greenwood Cemetery
Elgin St
Grey St
Brant Ave
Colborne St
5 min
2.4 km
4 min
2.1 km
6 min
2.2 km
Brantford City Hall
Grand River
Brantford


Toronto General Hospital
The Hospital for Sick Children
Mt Sinai Hospital
Toronto Rehabilitation Institute
Chelsea Hotel, Toronto
Ryerson University Library & Archives
Ryerson Theatre
Greyhound
Canadian Tire
Ed Mirvish Theatre
CF Toronto Eaton Centre
Art Gallery of Ontario
Staples
Toronto City Hall
US Consulate General Toronto
Nathan Phillips Square
Grange Park
TORONTO
Arcadian Court
Elgin and Winter Garden Theatre Centre
4 min
1.0 km


Brampton Civic Hospital
Heart Lake Conservation Area
Brampton
15 min
9.4 km
14 min
9.4 km
13 min
9.7 km
Brampton City Hall
BRAMPTON


Barrie Country Club
Georgian Mall
Royal Victoria Regional Health Centre
7 min
5.2 km
10 min
4.4 km
28 min
every 30 min
The City of Barrie: City Hall
BARRIE


Southlake Regional Health Centre
Upper Canada Mall
Pleasantville
59 min
13 min
8.5 km
11 min
6.6 km
AURORA
Aurora Town Hall
Magna Golf Club


St. Joseph's Hospital
BISHOP HELLMUTH HERITAGE DISTRICT
North Thames River Park
Oxford St E
McMahen Park
5 min
1.9 km
5 min
2.1 km
5 min
1.9 km
WOODFIELD
Ann Street Park
Victoria Park
London City Hall
St Peter's Cathedral Basilica
London
Catholic Central High School (CCH)
Harris Park
London Public Library, Central
LONDON

Appendix F: Belittling language, name-calling by people in positions of power

Below are just a handful of many comments and insinuations that have been brought to our attention: