

CAMPP Windsor Essex Residents Association
Submissions for Participation in LPAT Appeal PL10842

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1. Akbar Mohammad Siddiq, Owner of Lena Portrait Studio, Wyandotte Street West

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2. Anne Beer, Retired bookstore owner

Right now, travelling to the hospital in the city core is not easy for me but it is possible. If I had to travel all the way to the airport to get to the hospital, I would not be able to do it, both physically and financially.

3. Bike Windsor Essex

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4. Janice Campbell

Our city planners and in turn our council, who are duty-bound to defend and protect our land resources for our future needs, counter to our OP, did not listen to the community who took the time to attend and voice their opposition at the one and only public meeting but instead sided with the proponent to facilitate *their* vision at the expense of the community's vision for their future.

5. Jonathan Choquette

With an estimated 5,000 – 10,000 daytime workers in the City Centre, ... the closure of Ouellette Campus could equate to a loss of 17% - 35% of City Centre employment.

6. Congress for the New Urbanism (CNU)

... the site eliminates agricultural lands without clear justification and before options for intensification, redevelopment and brownfield redevelopment have been fully investigated.

7. Beth Ann Cook

Had adequate consultation with Indigenous Communities been undertaken, significant concerns about the expected impacts on health for our peoples would have come to light.

8. Carol Anne DelCol

Windsor has a history of eliminating aspects of healthcare with little or no citizen input. But this decision affects everyone in our community. Decision-makers must actively listen to our concerns, and they need to reconsider this untenable decision.

9. Arleen Deschamps

I am very fortunate, because I'm still able to drive. But many of my friends and family are getting older in age; their licences have been revoked. This is an unreasonable distance to expect a person to travel by bus. The round-trip cost for taking a cab from further-away neighbourhoods may be as much as \$80.

10. Krysta Glovasky-Ridsdale

This is a step backwards when facing an aging citizenry, higher number of those living in poverty, and an increasing population plagued by chronic health issues.

11. Cheryl Golden

I canvassed my neighbourhood to inform my neighbours of the proposed hospital site and the plan of taking away 24-hour emergency healthcare. The most common response was "Why would they do that?" Most of my neighbours were surprised and puzzled because this just does not make sense.

12. Rita Haase, Ph.D., MEd.

To adopt the Ministry's vision is particularly important for our region since the residents of Windsor and Essex County already face amounts of air and water pollution that are above Ontario's average due to industrial exposure and cross-border traffic.

13. David Hanna

I would like to see a better designed Hospital located properly within an area that not only best serves its patients, visitors and employees - but also all citizens, the environment and the taxpayer the best possible way.

14. Robert Harris

Planning decisions made by Windsor City Council now will have critical impacts for the next 20 years. City Council should be held accountable to its Official Plan and the Provincial Policy Statement so there is adequate consideration of potential environmental consequences of its planning decisions.

15. Lori Hill

We would not be sitting here today had the PPS been used to guide the “site selection” process for the hospital in the first place rather than seemingly a tool consulted afterward to justify a public infrastructure land use proposal that consumes a massive land resource and in turn jeopardizes healthcare access, public safety, our environment, economy and livability.

16. Dr. Albert Kadri

Study after study shows that when you increase distance, time, or create transportation issues in accessing a fully supported hospital emergency room for an acutely ill patient, death rates and poor health outcomes rise. Using multiple indicators that have been studied, this proposed system will likely increase annual preventable deaths in our community in both a direct and indirect fashion, not to mention the associated reduction in quality of life that will result from increased morbidity for city residents.

17. Jacquie Krause

How can we justify creating sprawl in a city that has had stagnant growth for over 10 years with no prospect for a projected better growth pattern predicted until 2031?

18. Judith McCullough

I do not know for how much longer I will be able to drive. Now, when it is a priority for us to be near a hospital, it scares me to even think of living in the downtown core with no 24/7 ER and hospital services.

19. Mary Elizabeth "Liz" Menear

It's hard enough just to get to the Ouellette campus. Travelling out to County Road 42 would take too long. It will prevent a lot of seniors and disabled from getting the care they need. I believe the mega-hospital proposal was designed with drivers in mind, but a lot of seniors and disabled residents can't drive or can't afford a car. There are a few alternatives, like public transit, taxis, Crown service, and ambulances, but none of these are realistic for regular healthcare.

20. Shane Mitchell

Low density automobile dependent communities are far less economically sustainable than their urban counterparts. Continuing to sprawl Windsor's footprint while our city empties out from the city centre is economically irresponsible. The City of Windsor has in recent years reported roughly a 1 billion dollar infrastructure deficit and outward growth with little need will only continue the problem.

21. The Ontario Association of Architects (OAA)

On June 29, 2018, the OAA submitted a letter to the Mayor, City Council and Members of the Planning, Heritage & Economic Development Standing Committee (PHED), expressing concern with the current proposal and the need to engage with the WRSA since "the local Hospital site...clearly impacts the public interest in architecture and the creation of built environments."

22. Michelle Oncea

Other cities are building for the future and realizing that healthy, liveable and safe communities encourage and enable us to participate in society. Windsor should be building for the future too.

23. Saralee and Frank O'Reilly

Frank and I do not pretend to be urban planners, but we can recognize a nightmare when it keeps us up at night. This proposed mega-hospital at the Airport location is a nightmare on steroids.

24. Margaret Reimer

This location will make it difficult for us seniors on limited income to access this site. Taxis from our West cost \$75 to travel that far and back. Taking the bus is also out of the question, as it would take over an hour, if buses were running at all, at that time of day or night.

25. Lorena Shepley, Voices Against Poverty

Imagine being a mother of two children, living in poverty, barely being able to afford the necessities to support your family. Only to add to the stress, one of the children spikes a high fever during the night and has to visit the Emergency room (the Urgent Care Centre would be closed at that time). What are her options now? Either she can take a \$40.00 cab ride each way, decreasing the already little money that she has to spend on groceries this week, or take a two-hour bus ride... Moving the Windsor's only acute care facility to the proposed location will not create an environment conducive to allowing for lower-income residents to visit and care for their ill family members.

26. Richard Spencer

The selected site did not represent the more efficient or cost-effective of the choices available at the time of site selection.

27. Dee Sweet

After months of researching this particular need for rezoning, I can say with the highest level of confidence, the process used by the WRH Steering Committee to create their application (cited below) and the process used by the City of Windsor to accept the proposed amendments were flawed.

28. Caroline Taylor

An elderly person suspects they are having a stroke or heart attack. Should they first go to the proposed urgent care clinic downtown and chance not going to the city's only ER out beyond the airport? What is the appropriate facility? What if they were to die en route? An unthinkable scenario.

29. Walpole Island First Nation

We wish to be added as participants to CAMPP's appeal to LPAT in order to raise issues related to the lack of consultation with indigenous communities through the planning process in question, and to raise concerns about access to health care, and specifically culturally appropriate health care, for our community.

1. Akbar Mohammad Siddiq, Owner of Lena Portrait Studio, Wyandotte Street West

The Mayor wants to revitalize the downtown, but building a hospital out there means small businesses and shops will move out there, too. Small businesses in the downtown will see a decline in foot traffic. We'll see even more closed-up shops downtown.

To the honourable members of the Tribunal,

My name is Akbar Mohammad Siddiq. I am the owner of Lena Portrait Studio on Wyandotte at Campbell. I would like to share my view on the mega-hospital proposal, from my personal experience as an immigrant and small business owner.

I arrived in Windsor in Dec 1986 from Pakistan, after living in 12 other countries. After one month, I decided to try Toronto. I saw a great deal of hustle and bustle. Everyone was so busy, so stressed. They had no time for their children. No time to stop on the street and speak with neighbours. So, I returned to Windsor. Here, there is life. People give you a big smile. They stop to talk to you. This is the difference between a city and a community.

In 1986, there was a lot of activity in Windsor's downtown. There were shops, restaurants, medical offices, and lots of people laughing, working, and walking on the streets. That's why I chose to settle in this city, to start my family here, and to open my first business at Wyandotte and Ouellette.

But now, twenty years later, you hardly see any people on the street. Shops and restaurants are closing. Nothing is opening in its place.

The beauty of the city is the people, walking on the streets, going into the stores. Now, even in the summer, I hardly see people.

Building the mega-hospital will be bad for small businesses. Having important services downtown means people will have more exposure to the small businesses downtown. If people need to drive out on EC Row to get to healthcare, they'll have fewer reasons to access the downtown. They will have no exposure to the storefronts here.

When you put health care and services in the city, people will want to live here. It's natural that people moving to a new place will choose an area near good schools, good restaurants, and good hospitals.

The Mayor wants to revitalize the downtown, but building a hospital out there means small businesses and shops will move out there, too. Small businesses in the downtown will see a decline in foot traffic. We'll see even more closed-up shops downtown.

There used to be a hospital downtown on Crawford. My family needed operations done that hospital. I had a great respect and appreciation for having the hospital there. It was nearby, so I felt less worried. And the service was very good. Now it is gone.

Ever since the cutting of healthcare by the government, my experience of health services in this city has declined. They tell us the mega-hospital will improve healthcare. But common sense knows that shutting down the downtown hospitals will not improve healthcare.

We can't make decisions only based on money – we must consider human life. Besides, this proposal doesn't save us any money. People who live in Windsor will be spending more tax money by following this plan, while healthcare will be declining.

If the people of Windsor are crying out to have healthcare downtown, the government should be listening. They should hear the people's voices, not just the voices of councillors and officials. That's the only way to have real democracy. If we build a mega-hospital, it should be according to the decision of all of Windsor, not just a few voices at City Hall.

Windsor's Official Plan says at 3.2.2.2 that "the City Centre will continue to be the major focus of cultural, and economic activities" with "a diverse mixture of businesses." If you build a hospital in the downtown, you'll build a vibrant, living town. People want to live near a hospital. They feel safer here when they know emergency care is nearby if they need it. If you take this away, people will move away, too. Windsor will lose what makes it beautiful.

I know this decision was made by well-educated people who want to do good. But I beg them, take some sympathy on the community. Do not build the mega-hospital.

2. **Anne Beer**, Retired bookstore owner

Right now, travelling to the hospital in the city core is not easy for me but it is possible. If I had to travel all the way to the airport to get to the hospital, I would not be able to do it, both physically and financially.

My name is Anne Beer. I am writing against the proposed location for Windsor's new mega hospital.

Up until four years ago, I was a very healthy bookstore owner. I skied in the winter, kayaked in the summer, and swam all year. Since that time, I broke both of my hips and had a blood clot in one of my eyes. I have since lost my driver's license.

Today, I am 85 years old, retired and living in the west end in Sandwich Town. I have friends but no family who would look after me, if and when I need it.

Presently, it takes me from half an hour to over an hour to get to my medical appointments. When possible, I take the bus to get to my appointments. I currently have to transfer two bus lines in order to get to the hospital downtown. Sometimes the bus doesn't come on time and I have to wait for it. Sometimes I take a taxi which can cost as much as \$25. It currently takes me over an hour to get to my physiotherapist.

I cannot imagine how much more I would have to pay and how much more time it would take if the hospital moves out of the city core. The **Provincial Policy Statement, 2014**, states that "healthy, liveable and safe communities are sustained by improving accessibility for older people and people with disabilities persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society" **(1.1.1(f))**.

I ask this tribunal to consider people like me living on the west end far away from the proposed location for the new hospital. Right now, travelling to the hospital in the city core is not easy for me but it is possible. If I had to travel all the way to the airport to get to the hospital, I would not be able to do it, both physically and financially.

3. Bike Windsor Essex

It is not only patients who will need to travel to the planned new hospital. The 4000+ staff and countless volunteers and visitors who currently commute to Windsor Regional Hospital, will not be able to choose active transportation to the new hospital site 13 kilometres from Windsor’s downtown core — where the vast majority of cyclists reside.

Bike Windsor Essex represents thousands of residents who ride bicycles in Windsor and Essex County. Our mission is to encourage more people to choose healthy, active transportation for trips under 5 kilometers. This means advocating for safer cycling infrastructure and public and government acceptance and support for cycling as a legitimate means of transportation.

Reasonable cycling distance

Windsor City Council’s decision to approve zoning for the new hospital on County Road 42 does not conform with **Section 7.2.2.21 of Windsor’s Official Plan**, which directs Council to “implement land use patterns that promote sustainable travel by locating land uses within reasonable walking or cycling distance.”: It is not only patients who will need to travel to the planned new hospital. The 4000+ staff and countless volunteers and visitors who currently commute to Windsor Regional Hospital, will not be able to choose active transportation to the new hospital site 13 kilometres from Windsor’s downtown core — where the vast majority of cyclists reside.

A more balanced role for all modes of transportation

Council’s decision does not conform with **Section 3.2.3.1 of Windsor’s Official Plan**: “Windsor will work toward achieving a sustainable transportation system where all modes of transportation can play a more balanced role. The creation of mixed use and employment centres will allow businesses and services to be closer to homes and allow greater opportunities for walking, cycling and transit.”

The decision is also inconsistent with **Section 1.6.7.4 of the Provincial Policy Statement, 2014**, which promotes a land use pattern, density and mix of uses that minimize the length and number of vehicle trips and support current and future use of transit and active transportation.

This is because currently, there is no safe infrastructure designed for active transportation on the existing access routes to the proposed hospital site.

In fact, the current roads from almost all neighbourhoods to the proposed hospital site would be dangerous for anyone not driving a car, including travelling across the E.C. Row Expressway which effectively blocks off all the available routes for safe passage.

The City of Windsor Bicycle Use Master Plan (BUMP) was released in April 2001. However, the City of Windsor has failed to implement its own recommendations for Active Transportation due to budget constraints.

Despite twenty years of advocating for safer streets for vulnerable road users, there is zero cycling infrastructure in our downtown core and we have yet to see a single kilometre of protected bike lanes in the city. We fear that the development of Sandwich South will further stretch limited city resources to provide safe equitable Active Transportation to the residents of Windsor.

This proposed plan will fail people who rely on alternative transportation whether due to economic circumstances, age, or a disability.

Lori Newton, Executive Director

Bike Windsor Essex

4. Janice Campbell

Our city planners and in turn our council, who are duty-bound to defend and protect our land resources for our future needs, counter to our OP, did not listen to the community who took the time to attend and voice their opposition at the one and only public meeting but instead sided with the proponent to facilitate *their* vision at the expense of the community's vision for their future.

In terms of the nature of my interest in the matter going before the LPAT, please consider that I attended the Joint Meeting (PHED Standing Committee and City Council) on Monday, August 13, 2018 and appeared as a delegate to voice my opposition to the OPA and Zoning By-Law Amendment as a concerned citizen and resident of Ward 4 in the City.

Post decision(s) I am not satisfied that the City of Windsor met their obligations under either the PPS (ON) or the City of Windsor's Official Plan and I hereby lend my support to the appeal(s) for OPA No. 120 and By-Law No 132-2018 as submitted by the various appellants, as listed in the Notice of Case Management Conference – LPAT Case No. PL180842 and PL 180843.

I seek to participate in the Case Management Conference to provide the Tribunal with my observations, understanding and submission for their review and consideration relating to the matters before them and in particular to note how the decisions are inconsistent with **S 1.1.3 of the PPS** which requires:

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.

The decision by City Council does not meet these particular requirements and will require significant and long-term public funding via the ratepayers of the city.

Further, the decisions are inconsistent with **S 1.7.1 of the PPS** which requires:

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.

The decision by City Council does not meet these particular requirements and instead creates urban sprawl and works counter to acknowledged urban planning principles to sustain our city centre and encourage community-based services located in established neighbourhoods where people can quickly access services.

In addition, the decision does not conform with the **City of Windsor's Official Plan** and in particular **Section 3.2.4.2** which states: 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.

Consider that the decision certainly achieves the vision of the proponent (Windsor Regional Hospital) but *nowhere* is it noted that this urban expansion is envisioned by the community and neither was it brought forward by our city planners as a required Secondary Plan for our community benefit and city-building purposes.

This is not a community vision at all, but a very strategic maneuver by the proponent who was, without competition, able to “select the 1st and best spot” from within a parcel of prime city land to build their vision.

Our city planners and in turn our council, who are duty-bound to defend and protect our land resources for our future needs, counter to our OP, did not listen to the community who took the time to attend and voice their opposition at the one and only public meeting but instead sided with the proponent to facilitate *their* vision at the expense of the community's vision for their future.

Finally, the decision does not conform to either of the following **OP** sections, that together state: **4.2.5.2** To encourage and facilitate public involvement in planning and development initiatives and **4.2.5.3** To ensure effective public information and communication on planning and development initiatives.

5. Jonathan Choquette

With an estimated 5,000 – 10,000 daytime workers in the City Centre, ... the closure of Ouellette Campus could equate to a loss of 17% - 35% of City Centre employment.

I, Jonathan Choquette, wish to participate in the case management conference in the matter of LPAT case # PL180842 and I am not one of the statutory parties. As a resident and homeowner in downtown Windsor, Ontario, the holder of a bachelor's degree in biology and a master's degree in landscape architecture, and a volunteer with the Downtown Windsor Community Collaborative, I have an interest in land use planning decisions by the City of Windsor that have a direct or indirect impact on a) the economic development, walkability and 'vibrancy' of the city centre in particular, and b) the urban form of the City of Windsor more generally. My participation will assist the Tribunal in resolving the issues raised in the appeal by providing information to explain how the decision made by the City of Windsor on 14 August 2018, which is the subject of the appeal, is inconsistent with sections 1.1.3, 1.1.3.2(a), and 1.7.1 of the Provincial Policy Statement (2014), and fails to conform with section 3.2.2.2 of the City of Windsor Official Plan.

A brief justification is provided below:

Section 3.2.2.2 of the City of Windsor Official Plan states that "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", however, the council of City of Windsor was fully aware that the decision to zone the area in question for hospital use would ultimately result in the closure of a major public institution and the only emergency services in the City Centre (i.e., the Ouellette Campus of the Windsor Regional Hospital; WRH 2015), which employed ~1,735 staff in 2015 (WEEDC 2015).

With an estimated 5,000 – 10,000 daytime workers in the City Centre (depending on boundaries used; WEEDC 2015; DWBIA 2019; UWCWEC 2019), the closure of Ouellette Campus could equate to a loss of 17% - 35% of City Centre employment.

Such a loss would weaken the City Centre as a major focus of economic activities, and reduce the diversity of services available in the downtown core (e.g., emergency care services). With dozens of vacant businesses downtown (Windsor Star 2017), the removal of a substantial employer and service-provider will further weaken the ability of the City Centre to be the major focus of cultural, social and economic activities in the City of Windsor.

Section 1.1.3 of the Provincial Policy Statement states that: “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.”, and, section 1.1.3.2 (a) states that “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”, and section 1.7.1 states that: “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”, however, city council of the City of Windsor approved development of over 24 ha of active agricultural lands outside of the developed boundary of the city (WRH 2015; 2018) while hundreds of hectares of land remain vacant within the city’s developed footprint. For example, ~226 ha of vacant former industrial properties (i.e., brownfields) are available for redevelopment across the city (ESEM 2018), and dozens of commercial properties are vacant in the city’s core (Windsor Star 2017). Given the amount of vacant land available, the decision to expand the urban footprint into active agricultural land is an inefficient use of land resources and is an unjustified urban expansion.

In conclusion it is my belief that the City of Windsor’s decision on 14 August 2018 is inconsistent with sections 1.1.3, 1.1.3.2(a), and 1.7.1 of the Provincial Policy Statement (2014), and fails to conform with section 3.2.2.2 of the City of Windsor Official Plan, because it would result in an unjustified urban expansion resulting in the inefficient use of land resources and the diminishment of the City Centre’s role as a major focus of economic activity.

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6. Congress for the New Urbanism (CNU)

... the site eliminates agricultural lands without clear justification and before options for intensification, redevelopment and brownfield redevelopment have been fully investigated.

Since 1993, the Congress for the New Urbanism (CNU) has been one of North America's foremost nonprofits that advocates for a sustainable approach to community planning and urban design.

The CNU's membership is comprised of municipal officials, public and private sector planners, urban designers, architects, landscape architects, developers, transportation engineers, lawyers and other development professionals that have been proactive in bringing about major shifts in how we plan our neighborhoods, communities and regions.

The Michigan Chapter of the Congress for the New Urbanism (MicCNU) is unique, as our association is comprised of members from the State of Michigan and Southern Ontario. We are one of nineteen local and state chapters representing CNU, whose National Headquarters are located in Washington, DC.

It is our opinion that the proposed plan does not uphold the values reflected by our Charter, or current best practices in city planning. More specifically, the proposed hospital site does not meet the PPS since the site selected does not involve the intensification of existing settlement areas, the redevelopment of existing settlement areas, or the remediation and redevelopment of brownfields.

As well, the site eliminates agricultural lands without clear justification and before options for intensification, redevelopment and brownfield redevelopment have been fully investigated.

7. Beth Ann Cook

Had adequate consultation with Indigenous Communities been undertaken, significant concerns about the expected impacts on health for our peoples would have come to light.

Boozhoo and Greetings LPAT Tribunal Members,

Giniwdewewin Kwe niidishnikaaz, Bkejwanong minwaa Windsor niindoonjibaa, Niin Anishinabee Kwe.

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

I write to you to share information on the impacts of the mega-hospital plan which do not align with the City of Windsor's Official Plan and Provincial Policy Statement. I am speaking on behalf of myself, my family, and the community of Indigenous Peoples in Windsor-Essex County. The impacts shared by others and CAMPP are inclusive of Indigenous Peoples as we share common concerns. In addition, there are concerns specific to us as Indigenous Peoples which needed to be considered in the decision-making of Windsor City Council. Instead, there was no consideration of the needs of Indigenous Peoples at all. I spoke as a delegate to the August 13 2018 meeting of Windsor City Council and raised my concerns then as well, to no response.

I wish to participate in the LPAT appeal of the Windsor City Council decisions of 13 August 2018 to show that City Council did not comply with its Official Plan, nor with the Provincial Policy Statement requirements to consult with indigenous peoples, and to make clear that Aboriginal Health will be jeopardized by placing the new hospital in the proposed location.

According to the City of Windsor's Official Plan, "Consultation with First Nations will take place as part of a development application or detailed planning study." (10.2.1.14). Ontario's Provincial Policy Statement also indicates that "Planning authorities are encouraged to coordinate planning matters with Aboriginal communities." (1.2.2)

To my knowledge, the only attempt to consult with indigenous peoples about the proposed mega-hospital plan was in the form of single emails to Walpole First Nation and Caldwell First Nation.

Not only was this not adequate consultation; it was no consultation at all.

There was no follow-up to the emails. No consultations or visits were scheduled. No outreach was done to organizations working with indigenous peoples living in the City of Windsor, including to the Can Am Indian Friendship Centre, although the City of Windsor has collaborated with them in the past (I have been a part of some of this work). There was also no consultation at all with Indigenous communities by the hospital site selection committee, even though their power was delegated by the LHIN which regularly consults with Indigenous Communities on other key health issues.

Many Indigenous families such as mine do not have confidence in the plan for a mega-hospital at the proposed County Rd 42 location. Had an adequate consultation been completed, this would have come to light.

Had adequate consultation with Indigenous Communities been undertaken, significant concerns about the expected impacts on health for our peoples would have come to light.

The Truth and Reconciliation Commission Calls to Action on Health (Calls 18-24) call upon all levels of government to acknowledge the current state of Aboriginal Health in Canada. This is a direct result of the Indian Residential Schools System. There is a need to recognize and implement proper health care rights to Indigenous 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 health services.

This brings me to the single most important concern which is the need for access. The United Nations Declaration on the Rights of Indigenous Peoples Articles 21-29 address the right to access health care such as prenatal care without discrimination. Article 29(3), for example, states:

3. States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.

Governments must take the necessary steps to realize this right. In conducting no consultation at all with Indigenous Peoples, none of the concerns specific to indigenous peoples, and none of the ways in

which both the TRC and UNDRIP call Canadian governments, including municipalities, to respond, were considered.

There are barriers with transportation and timely emergency access to the proposed mega-hospital site. These are critical concerns of many Indigenous community members living in Windsor-Essex. For example, the grandmother who takes the wrong pill in the middle of the night who is directed by poison control to go to the emergency room may very well not make it there in time if the mega-hospital is developed at the proposed site. Or a child that is having an asthma attack and cannot breathe? Or family members with a loved one that has a mental illness and needs immediate assistance? How are families to cope with services that are not accessible to them? The existing health care facilities are adequate to the needs of many because of how close they are in proximity to the people who need these services the most. The City of Windsor's Official Plan states in chapter 4 "To recognize the needs of the community in terms of shelter, support services, accessibility and mobility." (4.2.3.3) The proposed mega-hospital's location will not be accessible to the community.

Also, for community members residing at Walpole Island, some complex medical care is provided in the hospitals in Windsor-Essex. For example, as I write this my own father is in hospital in Windsor recovering from surgery. Although I recently moved from Windsor back to Walpole Island, caring for my father requires me to stay regularly overnight in Windsor to support him in hospital. With the hospitals' current locations, I can stay with friends in the city or in affordable accommodations in central locations and access the hospitals on foot, by transit or by a short car ride. If the hospital is moved to County Rd 42, both the cost and time will be prohibitive for the kinds of daily support I need to provide.

You must be prudent of these concerns in your decision. Reconciliation requires ongoing relationship-building, communication and consultation. I hope that LPAT will send this important decision for our community back to Windsor City Council so that they may consult meaningfully with indigenous communities before making a plan for the future of our hospital system.

Miigwech and thank you,

8. Carol Anne DelCol

Windsor has a history of eliminating aspects of healthcare with little or no citizen input. But this decision affects everyone in our community. Decision-makers must actively listen to our concerns, and they need to reconsider this untenable decision.

I urge you to oppose the site selection for the proposed new mega-hospital.

I am concerned about access to emergency care and on-going hospital care for all — particularly the homeless, disabled, and lower-income West End residents.

I was employed as a Registered Nurse for 43 years. As a graduate of Hotel Dieu Hospital, Class of '63, the downtown core hospital is of particular personal concern.

In 1978, a controversial decision to transfer O.B. care to Grace Hospital made by officials without public consultation. It didn't matter that Windsor residents were opposed to the decision. It pitted nurses against nurses, even led to failed attempts to silence us with legal action.

Now, once again in 2019, public officials ignored community voices in making this decision—a violation of **3.2.4.1 and 4.2.5.2 of Windsor's official plan**, which calls for the involvement of residents in the planning process.

Our Mayor is pursuing new investments to revitalize the downtown core, which will bring new workers and families. There are already many geared-to-income buildings for elderly and the disabled. These populations will require access to fully-equipped healthcare facility with an ER and an ICU in the downtown core, comply with **1.7.1 of the Provincial Policy Statement**, which calls for enhancing the viability of downtowns.

I'm concerned about those who rely on motorized scooters and wheelchairs, who don't have cars. This highlights the need of vulnerable residents in those many high-rises. How would they get to County Road 42, especially in rain or snow?

Just this week (late Jan 2019), a friend of mine, Liz Menear, needed prompt access to the Ouellette Campus ER for abdominal pain and a serious respiratory issue. Twice, she went alone ten blocks from her downtown high-rise on Aylmer Ave, through the snowy sidewalks, in her motorized wheelchair. The first time, she was in the ER for 11 hours. The second time, after 8 hours in the ER, she was abruptly sent

home. She was back again the same night a few hours later, because her situation had become more severe. Only on her third visit was she finally admitted.

It has been difficult for Liz to get to and from Ouellette each time in her condition. And she certainly can't afford to pay for a taxi or an ambulance every time. Reaching a stand-alone hospital 13 kms from the city centre would not be feasible for her, or anyone else in a similar condition.

The Provincial Policy Statement from 2014 calls for “**improving accessibility for persons with disabilities**” (1.1.1(f)) as part of building a “**healthy, livable, and safe community**” (5.1.1(a)). It's hardly healthy or safe to force a sick person in a wheelchair to commute to an inaccessible hospital.

Over the past 43 years, I have seen four hospitals with four ERs reduced to two, which are so busy that essential care is increasingly diminished. There is a severe shortage of beds.

In Aug 2018, a close friend of mine was diagnosed at 1:30 am with pancreatic cancer. She was jaundiced and needed a procedure to drain fluid build-up, but was sent home due to a lack of beds. Only four days later was she admitted for the procedure, which had worsened. Building a mega-hospital will not increase the number of beds in Windsor. The plan to shut down the existing ERs leaves us at a net zero.

Windsor has a history of eliminating aspects of healthcare with little or no citizen input. But this decision affects everyone in our community. Decision-makers must actively listen to our concerns, and they need to reconsider this untenable decision.

9. Arleen Deschamps

I am very fortunate, because I'm still able to drive. But many of my friends and family are getting older in age; their licences have been revoked. This is an unreasonable distance to expect a person to travel by bus. The round-trip cost for taking a cab from further-away neighbourhoods may be as much as \$80.

My name is Arleen Deschamps. I am a mother, grandmother, and a senior living in the Riverside neighbourhood in the City of Windsor. I have lived here all my life, raising a family and working in the banking sector.

I am *definitely* against building this hospital on Conc 9 down from Hwy 42, on green agricultural property.

Transportation

Many of our seniors and handicapped residents will have difficulty accessing this hospital. The current mega-hospital proposal would be located 13 km away from the city centre, and almost twice that for those in the West End.

I am very fortunate, because I'm still able to drive. But many of my friends and family are getting older in age; their licences have been revoked. This is an unreasonable distance to expect a person to travel by bus. The round-trip cost for taking a cab from further-away neighbourhoods may be as much as \$80. This does not match with the stated goals in the Official Plan, which says that services should be closer to homes. This does the opposite.

Taxpayer Expenses

The government is providing \$2 billion toward the hospital building itself. But that will not cover the infrastructure, a sewage system, hydro, water, new roads, new bus routes, and the hospital equipment, which will no doubt add up to millions of dollars. Taxpayers in the City of Windsor will have to cover the rest.

Over the past fifteen years, the City has invested tens of million into updating the ERs at the existing hospitals. And now, we are going to shut down those ERs? This is poor planning of our City finances. The money already spent on the ER updates will go to waste. This is a violation of section 1.1.3 of the

Provincial Policy Statement from 2014. Building up a completely undeveloped area does not “ensure effective use of infrastructure” and definitely does not “minimize unnecessary public expenditure.”

Consultation Process

Lastly, I don't think a proper consultation process was undertaken.

Before we landed on this decision, a different site scored higher in the site selection process. It is across from the Rose City Ford Dealership on Tecumseh Road, near Home Depot. This area has all the infrastructure, transportation routes, and all the property required. More importantly, it's accessible to all the residents in the City of Windsor *and* residents from the County.

Why this area was rejected is beyond me. Had there been proper consultation of residents in the community, we might have ended up with a different site.

On October 22, 2012, I read an article in the Windsor Star, which stated that a new hospital would be built. At the end of the article, it mentioned that a public meeting would be held regarding the proposal to consolidate the hospitals. I went, as I like to be part of decisions being made for my city.

I was the only person in attendance, aside from three public officials and one reporter.

This meeting was only announced to us in the newspaper two days in advance. It is no wonder that others were not able to make it on such short notice, if they even saw the item in the paper.

How many other poorly-attended consultations have taken place with such little notice? I spoke to many of my friends and neighbours about this experience, and none of them were even aware of the meeting. To my knowledge, this was the *only* opportunity in Windsor for the public to offer an opinion on the question of hospital consolidation. This process does not fit with the Official Plan's declaration that residents will be involved with decision-making processes (3.2.3.1).

Conclusion

I feel that I'm raising these concerns on behalf of many family, friends, and neighbours, who fear that this is already a “done deal.” I believe we *must* still have a say in this, because it deeply affects all our families, our access to healthcare, and the responsible use of our tax dollars. Our City is accountable to us, and they should be making these decisions based on what is good for everyone in the Region.

Let's make this most important decision for our future and the future of our children and grandchildren.
Thank you.

Hospital sticker shock for city council

DOUG SCHMIDT, WINDSOR STAR Updated: October 22, 2012



Windsor Hospitals Study task force of Teresa Piruzza, left, Dave Cooke and Tom Porter make a presentation during Windsor City Council executive committee meeting at city hall Monday October 22, 2012. (NICK BRANCACCIO/The Windsor Star)

If Windsor needs a new hospital with an estimated price tag in excess of a billion dollars, then the province needs to come up with a new shared funding formula, city councillors told an expert panel looking into the project.

A three-member task force assembled by Finance Minister Dwight Duncan told council Monday night that local support appears "almost unanimous" for a new facility that would see the existing acute care operations at Hotel-Dieu Grace and Windsor Regional hospitals combined in a new building.

But Windsor would have to show its commitment to such a plan by raising a tenth of the estimated \$1.2 billion cost, council was told.

"All capital projects in health are split 90-10 ... it's the standard held across all provinces," said MPP Teresa Piruzza (L — Windsor West), who is conducting the Windsor Hospitals Study with prominent former local politicians Dave Cooke and Tom Porter.



<http://photos.windsorstar.com/2012/10/22/councilors5.jpg?quality=55&strip=all>

City of Windsor councillors Percy Hoffert, left, Bill Marra, Fabio Valentini, Ron Jones and Drew Dilens listen to the Windsor Hospitals Study task force during Windsor City Council executive committee meeting at city hall Monday October 22, 2012. (NICK BRANCACCIO/The Windsor Star)

While city councillors appeared to agree on the need, there was much questioning on what Ward 8 Coun. Bill Marra referred to as the \$120-million "elephant in the room."

Marra, head of the foundation that raises funds for Hotel-Dieu, said that such a large amount of money may be easier to raise in some communities but that there should be consideration for Windsor's weakened economic straits.

Cooke said the 90-10 formula was already in place when he was a cabinet minister in the early-1990s. "There has to be some demonstrated community support ... and that's 10 per cent," he said.

Marra suggested the formula be revisited given that Windsor had already gone through a hospital consolidation in the 1990s — the first in Ontario — and the \$1.2 billion investment would represent a big savings for the province. The task force told council that both Windsor Regional Hospital and HDGH have long-term strategic plans in place that would require more than \$2 billion for new capital work on acute-care expansions.

City council also heard that Windsor Regional Hospital had advised the task force that part of its long-term strategy, if it can't work out a shared agreement with Hotel-Dieu, is to build a new hospital on its own anyway.

The task force, which hopes to present its preliminary findings to the government next month, is hosting two public sessions this week. The first is Wednesday from 6:30 to 8:30 p.m. at the Essex Civic Centre, followed by a session Thursday night from 5:30 to 7:30 p.m. at the St. Clair Centre for the Arts in downtown Windsor.

The task force's report must be presented to the finance minister and health minister, but both could be soon vacating their cabinet posts as front-bench hopefuls for the departing premier's seat.

"There will always be a minister of finance and a minister of health," Piruzza told The Star when asked where her report would go if it came to that.

Ward 7 Coun. Percy Hatfield said he liked the idea of a single, expanded new hospital, but he expressed concerns over how broadly acceptable the idea was at Queen's Park.

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10. Krysta Glovasky-Ridsdale

This is a step backwards when facing an aging citizenry, higher number of those living in poverty, and an increasing population plagued by chronic health issues.

As the Green Party of Ontario candidate for Windsor-West, I am opposed to the Windsor City Council's zoning of the proposed site of the Mega-hospital.

This plan calls for building on a greenfield site. Ontario is losing farmland and green space at an alarming rate. These areas not only feed us, but help clean the air we breathe and the water we drink. If we continue to build on greenfield and leave the brownfield and infill areas to sit and blight our neighbourhoods, we are cheating future generations as well as ourselves. This is also inconsistent with the **Provincial Planning Statement, 2014**, which states that long-term economic prosperity should be supported by optimizing the long-term availability and use of land and promoting the redevelopment of brownfield sites **(1.7.1)**.

The **Provincial Planning Statement, 2014**, directs communities to use land and resources wisely, to promote efficient development patterns, protect resources and promote green spaces **(1.1.3)**. Our area has been hit hard by flooding and does not show signs of stopping. Removing green space and adding acres of concrete in the form of surface parking will exacerbate the pluvial flooding we experience. Stormwater management will be difficult at the site proper, due to proximity to the airport. Open water will attract birds and waterfowl that can be hazardous to planes. Adding more capacity to an already struggling stormwater system is not wise planning.

Placing the only hospital in a location that can only be accessed by vehicular transport increases emissions, and compounds our dependence on fossil fuels. Our current hospital locations are close to existing neighbourhoods and are walkable by many or accessible by public transit. This is a step backwards when facing an aging citizenry, higher number of those living in poverty, and an increasing population plagued by chronic health issues. The decision to place a hospital there and to build a new housing development where no infrastructure exists is also inconsistent with the **Provincial Policy Statement, 2014**, which promotes land use patterns that minimize the length and number of vehicle trips and support current and future use of transit and active transportation **(1.6.7.4)**

The reduction of hospital and Emergency Room access to a single site located in a place inaccessible to much of the population of Windsor makes absolutely no sense from any standpoint. It is also

inconsistent with **Windsor's Official Plan**, which promotes integration of institutions within Windsor's neighbourhoods **(6.1.6)**.

The site selection process was not open and transparent, and it was inconsistent with **Windsor's Official Plan** which reminds us that Windsorites want a planning process that is responsive, effective and fiscally responsible **(3.2.4.2)**: There was no public consultation but rather information sessions where decisions that were already made were presented.

11. Cheryl Golden

I canvassed my neighbourhood to inform my neighbours of the proposed hospital site and the plan of taking away 24-hour emergency healthcare. The most common response was “Why would they do that?” Most of my neighbours were surprised and puzzled because this just does not make sense.

I, Cheryl Golden was a delegate at the August 13, 2018, City Council Meeting and spoke against the proposed site of the new mega-hospital to be built on County Road 42 and 9th Concession. I am writing to emphasize that the proposed location of the new hospital does not coincide with the Provincial Policy Statement and the City of Windsor’s Official Plan.

Most of my life, I have lived in downtown Windsor. I am a former long-time member of the Downtown Citizen Community Organization and the Neighbourhood Casino Committee. I have seen many changes and witnessed the transition of my neighbourhood to have a high concentration of new immigrants. In May of 2018, I canvassed my neighbourhood to inform my neighbours of the proposed hospital site and the plan of taking away 24-hour emergency healthcare. The most common response was “Why would they do that?” Most of my neighbours were surprised and puzzled because this just does not make sense.

The proposed plan will have the same amount of beds that we have now with two working hospitals. Furthermore, the new mega-hospital will also be serving all of Essex county instead of just the city of Windsor. In the Provincial Policy Statement, an emphasis is placed that **“facilities should be co-located in community hubs, where appropriate, to promote cost-effectiveness and facilitate service integration, access to transit and active transportation.” (1.6.5)** Consider the new immigrants and the population growth in the downtown. Most have large nuclear families where they should have access to a hospital in their community hubs. This is an example of how the proposed hospital site contradicts the Provincial Policy Statement.

The logistics surrounding transportation is also a nightmare. As exemplified in **chapter 8 of the City of Windsor’s Official Plan, Council must “provide links with pedestrian, cycle, public transportation and road networks.” (8.7.2 (b))** I am concerned that accessibility to the hospital by means of public transport is an unlikely option to run at all times of the evening and weekends. Furthermore, the working poor cannot afford the cost of an ambulance.

Presently, if I need to go to the hospital (like many others in our community), I do not have to rely on others, and we are able to walk if we choose to. The added travel will cause additional stress to an already stressful situation, especially in an emergency when time is of the essence.

To conclude, it is evident that the proposed location of the new hospital will have negative effects on people of all ages located in the City of Windsor. Ultimately, the proposed site does not allow people like me or others in my neighbourhood access to 24-hour emergency healthcare in close proximity.

12. Rita Haase, Ph.D., MEd.

To adopt the Ministry's vision is particularly important for our region since the residents of Windsor and Essex County already face amounts of air and water pollution that are above Ontario's average due to industrial exposure and cross-border traffic.

I would like to address a couple of points regarding the environmental ramifications of the proposed hospital location because I am deeply concerned that constructing the new hospital as planned will cause unnecessary and avoidable environmental degradation. The plan was approved without adherence to the Provincial Policy Statement ("PPS") or Windsor's Official Plan ("OP"). In deciding on the location of the hospital, Windsor City Council must consider the PPS and OP, both which direct that planning decisions should be made in a way that has the least detrimental effect on the environment. Windsor City Council should have considered the many environmental concerns that arise from the approval of the re-zoning, including issues such as my concerns, below. The plan also contravenes the Ministry of Health and Long-Term Care's environmental values because as stated by the Ministry "[it] will support Government of Ontario initiatives [...] to wisely use our air and land resources in order to generate environmental, health and economic benefits for present and future generations."

What are my main concerns?

(1) More traffic and traffic congestion will occur due to greater distances travelled by Windsor residents as well as insufficient access roads to the currently planned hospital site. This is a major environmental and human health concern because more traffic generates more air pollution in a region that is already heavily polluted. Our city remains among the worst in Ontario for smog-causing Ozone (the highest ozone metric value of all monitored sites in Ontario) and other pollutants such as Carbon Monoxide (the highest one-hour CO maximum) or Benzene (highest annual mean value of this classified human carcinogen) that harm human health, according to the latest report (2016) released by the Ontario Ministry for the Environment and Climate Change (MOECC)¹. According to a report released this year by the US Global Change Research Program, it is predicted that within the next 15 years the Great Lakes area may be particularly hard hit by Climate Change due to increasing temperatures and related air quality problems.² Cars and trucks release not only carbon dioxide that drives global warming directly but carbon monoxide that indirectly increases the global warming potential of other greenhouse gases

¹ <https://www.ontario.ca/document/air-quality-ontario-2016-report>

² <https://health2016.globalchange.gov/air-quality-impacts>.

and leads to the formation of ozone. Other pollutants induced by combustion engines are nitrogen oxides that cause acid precipitation and contributes also to the formation of ozone, and sulfur oxides are generated that are also contributors to acid rain. Besides the environmental issues, these air pollutants have devastating effects on human health which cannot be outlined here due to time constrains. Therefore, instead of constructing a hospital on greenfield it would be highly advisable to build it on a 'brownfield' site that is centrally located and has public transport access.

(2) Green space reduces the devastating effects of climate change since all green, meaning photosynthesizing plants, function as carbon sinks - or to say it in other words, they reduce the amount of carbon dioxide in the atmosphere. Indeed, the Kyoto Protocol suggests that the absorption of carbon dioxide by the soil and trees is just as valid a means to achieve emission reduction commitments as cutting carbon dioxide emissions from fossil fuels. Green space also prevents the heating up of urban areas, which is called the urban heat island effect, as asphalt and roofs of buildings are often dark-colored.

(3) An increase of surface area that cannot be penetrated by water is another environmental issue resulting from a newly built hospital on 'greenfield'. Paved areas such as the proposed large parking lot, and the vehicles that are parked on them, can contribute significantly to water pollution. This happens because the runoff cannot be infiltrated into the soils where pollutants would normally be removed through natural filtering. Further, increased runoff through flash flooding can overload our sewage treatment plant, resulting in polluting the Detroit River and other waterways through untreated sewage and storm water.

(4) Lastly, the proposed new hospital location will result in growth of urban sprawl, which further degrades the environment for the already mentioned reasons. Not only will ecologically valuable green space be destroyed but the new hospital will result in more development due to supply industry, hospital staff, and patients moving closer to the new facility.

Supporting the hospital plan as proposed would contravene the PPS, OP, and the MOECC's vision, which "is an Ontario with clean and safe air, land and water that contributes to healthy communities, ecological protection, and environmentally sustainable development for present and future generations."³ To adopt the Ministry's vision is particularly important for our region since the residents of Windsor and Essex County already face amounts of air and water pollution that are above Ontario's

³ <https://www.ebr.gov.on.ca/ERS-WEB-External/content/sev.jsp?pageName=sevList&subPageName=10001>

average due to industrial exposure and cross-border traffic.⁴ Windsor City Council needs to reconsider the re-zoning in consideration of the PPS, OP, and Ontario's Climate Change Action that all promote environmentally sound planning, including: cycling infrastructure, mixed-use designs, protections of green space and farmland, reduction of urban and sprawl, and emissions reduction.

I have attached three appendices with particularly relevant sections that City Council must consider from the Climate Change Action Plan, OP, and PPS.

⁴ <https://www.ontario.ca/document/air-quality-ontario-2016-report>

Appendix A: Ontario's Five Year Climate Change Action Plan 2016 - 2020

Transportation (p.22):⁵

Good cycling infrastructure gets people out of their cars and onto bikes and transit for their daily commute, effectively reducing greenhouse gas pollution while also improving public health. This action will:

3.1.2 Safe cycling: There will be more cycling facilities in urban areas, including grade-separated routes and cycling signals.

3.1.4 Commuter cycling: Ontario will revise provincial road and highway standards to require commuter cycling infrastructure be considered for all road and highway construction projects where it is safe and feasible. Ontario will do the same for major transit corridors.

Land-Use Planning (p. 31-33):⁶

Good community planning can substantially reduce greenhouse gas pollution from transportation, buildings, business and industry and help deliver a cleaner, healthier environment for residents.

As an example, studies show that compact, mixed-use and pedestrian-oriented city designs can decrease transportation emissions per household by 24 to 50 percent, compared to conventional suburban neighbourhoods. Stemming the ability of urban sprawl to extend through rural lands not only reduces emissions - it protects valuable agricultural lands, natural resources, and ecosystems for the future.

Ontario is fully committed to complete, compact communities. Ontario is currently acting on recommendations that outline how to build more complete communities in the Greater Golden Horseshoe area – Canada's fastest growing urban region.

Provincial policies and laws already guide transportation, land-use planning and urban design in this regard. Establishing emissions reduction as a priority will embed low-carbon design in long-term decision-making, and help in the fight against climate change.

⁵ See www.ontario.ca/page/climate-change-action-plan

⁶ See www.ontario.ca/page/climate-change-action-plan

Actions in this section support the planning and development of low-carbon communities. They include actions to help municipalities strengthen local land-use policies to help fight climate change; to strengthen local energy planning and mapping; and to reduce traffic congestion and transportation emissions generally.

1.3 Put climate change in official plans: The government intends to consult and propose amendments to the Planning Act to make climate change mitigation and adaptation mandatory in municipal official plans.

Congestion costs Ontario billions of dollars annually, increases greenhouse gas pollution, reduces our productivity and competitiveness, and impacts quality of life.

This action will:

3.2 Reduce single-passenger vehicle trips: Ontario would provide grants to municipalities and large private employers to implement Transportation Demand Management Plans. The plans will be designed to help increase walking, cycling, carpooling, telecommuting and flex-work schedules, thereby reducing overall fossil fuel consumption, traffic congestion and transportation emissions.

By taking actions to protect, plan for and enhance natural areas, Ontario's natural systems can play an important role in climate change mitigation. This action will:

4.4 Increase tree planting: Ontario will continue to support tree-planting programs, including its commitment to plant 50 million trees across the province by 2025. The number of trees to be planted within the boundaries of urban municipalities will be doubled from one million to two million, with funding for irrigation where appropriate. (p. 53)⁷

⁷ See www.ontario.ca/page/climate-change-action-plan

Appendix B: Windsor Official Plan

5.0 Preamble

A healthy and sustainable environment represents a balance between human activities and natural features and functions. In order to attain this balance, Council will enhance the quality of Windsor's natural environment and manage development in a manner that recognizes the environment as the basis of a safe, caring and diverse community and a vibrant economy.

This chapter of the Official Plan provides goals, objectives and policies for the environmental designations identified on Schedule B: Greenway System and Schedule C: Development Constraint Areas and should be read in conjunction with the other parts of this Plan.

5.1 Goals

In keeping with the Strategic Directions, Council's environment goals are to achieve:

5.1.1 A healthy and sustainable natural environment.

5.1.2 Cooperation and coordination among all stakeholders to maintain a flourishing natural environment.

5.1.3 An awareness, appreciation, and responsibility for the natural environment and its functions and features.

5.1.4 Development that is compatible with environmental functions and features.

5.1.5 The reduction of pollution.

5.3.1.5 To integrate environmental, social, and economic considerations in growth and development matters.

5.3.1.11 To improve atmospheric air quality through the planning process.

5.3.7.1 Council, in cooperation with other agencies, will actively encourage public participation, information and education to foster awareness of atmospheric change and of local initiatives to reduce atmospheric air pollution.

5.3.7.2 Council will contribute to the reduction of air pollution by using the following land use planning approaches: (a) increasing opportunities for non-automotive transportation modes including walking, cycling and public transportation in accordance with the Infrastructure chapter of this Plan; (b) regulating development which has the potential to increase atmospheric pollution in accordance with the Land Use chapter of this Plan; (c) improving energy conservation in accordance with the Urban Design chapter of this Plan; (d) locating compatible residential, commercial and employment uses in a manner that reduces distance and vehicle trips as outlined in the Land Use chapter of this Plan; and (e) protecting and improving trees and natural areas

Appendix C: Provincial Policy Statement, 2014

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

Efficient development patterns optimize the use of land, resources and public investment in infrastructure and public service facilities. These land use patterns promote a mix of housing, including affordable housing, employment, recreation, parks and open spaces, and transportation choices that increase the use of active transportation and transit before other modes of travel. They also support the financial well-being of the Province and municipalities over the long term, and minimize the undesirable effects of development, including impacts on air, water and other resources. Strong, liveable and healthy communities promote and enhance human health and social well-being, are economically and environmentally sound, and are resilient to climate change.

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

- a. densities and a mix of land uses which:
 1. efficiently use land and resources;
 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;
 3. minimize negative impacts to air quality and climate change, and promote energy efficiency;
 4. support *active transportation*;

1.8 Energy Conservation, Air Quality and Climate Change

1.8.1 Planning authorities shall support energy conservation and efficiency, improved air quality, reduced greenhouse gas emissions, and climate change adaptation through land use and development patterns which:

- a. promote compact form and a structure of nodes and corridors;

- b. promote the use of *active transportation* and transit in and between residential, employment (including commercial and industrial) and institutional uses and other areas;
- c. focus major employment, commercial and other travel-intensive land uses on sites which are well served by transit where this exists or is to be developed, or designing these to facilitate the establishment of transit in the future;
- d. focus freight-intensive land uses to areas well served by major highways, *airports*, *rail facilities* and *marine facilities*;
- e. improve the mix of employment and housing uses to shorten commute journeys and decrease transportation congestion;
- f. promote design and orientation which:
 - 1. maximizes energy efficiency and conservation, and considers the mitigating effects of vegetation; and
 - 2. maximizes opportunities for the use of *renewable energy systems* and *alternative energy systems*; and
- g. maximize vegetation within *settlement areas*, where feasible

13. David Hanna

I would like to see a better designed Hospital located properly within an area that not only best serves its patients, visitors and employees - but also all citizens, the environment and the taxpayer the best possible way.

I gave oral and written Delegation to City of Windsor Council on this item last August 13, 2018. I also submitted written comments to the proponents Planner after a 2017 WRH Open house event regarding the project. I also gave Delegation to the City of Windsor on past Sandwich South Secondary Plan and East Pelton Secondary Plans after their Open Houses in the past.

I am a graduate Architectural Technologist (Dip) and an accredited member of the Association of Architectural Technologists of Ontario (M.A.A.T.O.) since 1980. I am also a graduate of the Faculty of Education, University of Toronto (Dip.) and hold an Ontario Teacher's Certificate. My background is in Architecture, Fine Art History, Urban Historical Geography, design and general construction. I have taken a course in Fire Protection Planning, Solar Basics and certified courses in Green Roof and Green Wall Design. I am a member with the Green Infrastructure Ontario Coalition. I have been involved in architectural design working for several architects over the years, including the renowned Canadian architect, Arthur Erickson. I have worked along side professional engineers and Landscape Architects. Having also worked freelance as an Architectural Technologist, I was self-employed in both Windsor and Toronto involved in residential and small commercial design. When employed at Canadian Tire Corporation Headquarters, I was involved with retail store design, graphics, and served as the first site plan coordinator for setting up Propane dispenser system locations, acting as liaison to CTC Dealers across Canada. I am familiar with the Ontario Building Code, aspects of municipal zoning, Construction and Design techniques and Building Life Cycle investigation needs. I am familiar with the Ontario Planning Act & Provincial Policy Statement, Ontario Heritage Act and the City of Windsor Official Plan. I have been a past Participant at OMB Hearings and at the Conservation Review Board in Toronto.

I'm a past member of the Toronto Preservation Board, past Chair of the Etobicoke Preservation Panel, past President of the Etobicoke Historical Society (EHS), past Secretary of the Roncessvalles MacDonnell Residents Association, past Treasurer of the Hartt House Film Board at the University of Toronto, past member of the Essex County Historical Society, past member of the Gardiner East Dismantling Community Liaison Committee, a past member of the South West Detention Centre Community Liaison Committee, a past Board member with Windsor's Artcote, past Board member with the Arts Council

Windsor Region (ACWR), and current Co-Chair member with the Windsor Museum Volunteer Group (WMVG). I received the WMVG Volunteer of the Year Award for 2017. I have hands on experience with several heritage restoration projects, such as the Toll Keeper's Cottage and the former Mimico Station in Toronto. I was a founding member of the Mimico Station Community Organization (MSCO) restoration project and acquired and worked with the restoration architects. I have experience with Heritage designations, Heritage Conservation District reports, RFP's and feasibility studies. I studied photography at OCA and have won photography awards along with having work published and exhibited. I am an experienced videographer and an avid gardener / landscape designer. I am also currently a member of the Windsor Sewer Master Plan Committee.

The nature of my interest is that I would like to see a better designed Hospital located properly within an area that not only best serves its patients, visitors and employees - but also all citizens, the environment and the taxpayer the best possible way. A Secondary Plan that is not pre-mature or at the very least considers innovation (integrating farmland and proper environmental protection) that for example, the proposed 'Seaton Competition' brought out years ago in the Toronto region. I believe my Participation can be of assistance to the LPAT in resolving issues raised in the Appeal through my varied educational background, experience and local knowledge. I believe that this Appeal under: Section 17(24), 17(36), 17(40), 22(7), 34(11), 34(19) or 51(34) of the Planning Act is valid because the Decision is: - Inconsistent with a Policy Statement under subsection 3(1) of the Planning Act, It fails to conform with or conflicts with the Provincial Policy Statement and fails to conform with the City of Windsor Official Plan.

1. The Provincial Policy Statement, 2014

5.1.1(a) Healthy, livable 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(a) Land use patterns within settlement areas shall be based upon (a) densities and a mix of land uses which efficiently use, the infrastructure and public service facilities which are planned or available, and avoid the need for their unjustified and/or uneconomical expansion.

1.1.3 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.

1.6.7.4 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 transit and active transportation.

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; (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, agriculture, mineral and cultural heritage and archeological resources for their economic, environmental and social benefits.

(This WRH plan is a sprawl / mall design based from Greenfield site biased, site selection criteria and under qualified site selection committee membership. It is a pre-mature use of Greenfield reserve area when other existing serviced urban Brownfield sites were not considered. The WRH site chosen will cost hundreds of millions more in additional, unnecessary infrastructure costs to service the area and will not be able to connect to any existing district energy plant. The plan will cause more unnecessary vehicular trips due to its distance from the city core and the homes of existing employees and patients. The plan will promote more sprawl and automobile ownership. The plan is to be built on the other side of an existing airport that extends for miles, thus limiting access and causing noise and potential safety concerns by its proximity to the airport. The plan will drain the City core of one of its major workforce employers and thus cause more blight and property value loss. The plan will overly and prematurely use prime agriculture lands in an area already diminishing by geographical constraints. Due to its location, the Plan will require tremendously costly and environmentally damaging flood protection measures and increase the heat island effect cumulatively exacerbating Climate Change issues. The Plan will cause extensively costly, new and existing road expansion to service a rural area prematurely).

Windsor's Official Plan (OP):

1-3 Designation of additional lands for residential and commercial uses will be tied to increased population growth... Windsor presently has a substantial oversupply of lands available for commercial development.

1-5 The numbers within (the 20-44) age group are expected to decline by approximately 500 over the next 20 years, which represents a decline as a percentage of the total population from 37% to 33% by

2026. This decline is anticipated because of the trend in lower fertility rates. There will be substantial growth in the 65 to 84 age group between the years 2011 and 2026.

(The Plan expects an increase of young couples, which the population trends do not support. It only assists in emptying the City core. The Plan makes no legitimate provision for seniors.)

Vol11 1.23 It is important that these agriculture uses be able to continue and provide economic benefit to the residents and surrounding community until such time as development is needed and appropriate on the basis of population growth and servicing availability.

3.2.2.2 The City Centre will continue to be the major focus of cultural, social 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 livable residential environment for a variety of people and be a welcoming arrival point for visitors.

(The Plan will 'Lead the Way' to subsidiary development, as stated by the WRH CEO. In fact it will lead the way by absconding existing businesses and residents (as intended) to promote and rationalize the rural location of the new 'MegaHospital'. This will negatively affect the downtown core of Windsor by removing investment and hindering new investment.)

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 citywide and neighbourhood issues. New ways will be found to build consensus within the community to ensure that Windsor advances towards its desired future.

4.2.5.2 To encourage and facilitate public involvement in planning and development initiatives.

(The City of Windsor is unfortunately known for its lack of in depth or meaningful public consultation. City Planning more often than not jumps and pre-empts its own City Committees. The Committee selection structure is not impartial and competency is not a researched priority. The City Administration is more than a decade and one half behind other more progressive Cities in terms of having any: Green Standards, Organic-recycling collection, Storm water management, Alternate Transportation etc. The City has not even lived up to its own Culture Plan & Public Art Policy for its City own structures. There

was no intelligent or interactive design Public consultation done on this Secondary Plan. A plan paid for privately by the WRH and supported by special interest developers Piggy backing on the public purse. The Plan promotes new development clueless to new architectural innovations or environmental protections and concerns. These are not wild statements; they are born out in facts)

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

(The Plan makes no mention of senior facilities or amenities. In fact by its own design it appears to hinder this. There is no high density and even the medium density mentioned is in fact, 'low density' misnamed.)

5.1.1 Council's environmental goals are to achieve: A healthy and sustainable natural environment.

(The plan requires a huge swath of N-S & E-W Flood plane, because of its topographical flatness and unnecessary extreme amounts of hardscape due to poorly chosen acres of new hardscape. More storm water ponds are planned as part of the new adjoining Upper Little River Storm water Management Plan to the South. These Ponds are also in close proximity to the Windsor International Airport. Road widths will be widened, along with more new roads built to service new low-density residential sprawl. This will only exacerbate Climate Change issues, not mitigate them. This will increase heat island effect unnecessarily when there are plenty of existing infill lots, replacement lots and empty brownfield sites within the City available).

These are but a few of the issues to bring up that make the Plan not in compliance with either the PPS or the City of Windsor's OP.

14. Robert Harris

Planning decisions made by Windsor City Council now will have critical impacts for the next 20 years. City Council should be held accountable to its Official Plan and the Provincial Policy Statement so there is adequate consideration of potential environmental consequences of its planning decisions.

The re-zoning of Sandwich South for housing and commercial development would produce consequences of unnecessary urban sprawl with devastating consequences to the environment and the livability of the city.

The Ontario Provincial Policy Statement and the City of Windsor Official Plan provide direction on the location and character of housing developments. They both advise against developments that cause sprawl, consume agricultural land and reduce housing density. The proposed development is in contravention of sections a,b,c and d of section 5.3.7.2 of the Windsor Official Plan that mandates City Council "contribute to the reduction of air pollution" in its planning approaches.

Windsor City Council did not adequately adhere to that section of its own Official Plan before approving the re-zoning. Further, City Council should have but did not adhere to section 1.8.1 of the Provincial Policy Statement in its decision making process, which states that "Planning authorities shall support energy conservation and efficiency, improved air quality, reduced greenhouse gas emissions, and climate change adaptation through land use and development patterns."

The proposed development plan consists of building primarily single family and semidetached homes. These new builds have the highest energy consumption for operation and maintenance. They can consume 10 times the energy per occupant for each of these uses when compared to mid-rise or high-rise buildings. Single family homes also require dramatically higher amounts of energy and materials to manufacture. The energy required to build homes is called embodied energy and it is typically 10 to 20 times more than the annual operating energy. So when a new single family home is built, roughly 15 years of high energy use is crammed into the current year. These potential devastating impacts of city development must be considered by City Council as we are facing a climate change crisis caused by extremely high energy consumption. The recent United Nations Intergovernmental Panel on Climate Change report called for a 45% reduction in greenhouse gas output in just 12 years time in order to avoid catastrophic climate impacts. Even if all the homes in this new development were so-called net zero energy homes (which is extremely unlikely), the embodied energy required to build them would

cause a huge net rise in energy consumption at exactly the time when we approach the tipping point for runaway global warming.

Planning decisions made by Windsor City Council now will have critical impacts for the next 20 years. City Council should be held accountable to its Official Plan and the Provincial Policy Statement so there is adequate consideration of potential environmental consequences of its planning decisions. The municipality of Windsor can, as it seems to be doing with this re-zoning approval, promote distant subdivisions with the highest possible energy consumption for habitation and transportation, or in adherence with its Official Plan and Provincial Policy Statement that consider environmental impact, encourage the production of efficient multifamily units and higher population densities which support efficient public transit.

15. Lori Hill

We would not be sitting here today had the PPS been used to guide the “site selection” process for the hospital in the first place rather than seemingly a tool consulted afterward to justify a public infrastructure land use proposal that consumes a massive land resource and in turn jeopardizes healthcare access, public safety, our environment, economy and livability.

Throughout the process leading up to Windsor City Council’s decision, I have run a gamut of emotions—shocked, appalled, dejected, humiliated, ignored, angered and most of all disappointed and disillusioned regarding matters of accountability from the city’s leadership with regard to its decision to rezone land for the hospital and support Windsor Regional Hospital’s Secondary Plan Amendments application and further the creation of an Official Plan for the County Road 42 Secondary Plan Area (“CR42SPA”).

I want to express my appreciation to finally see and participate in a process that will truly listen to citizen concerns and evaluate city council’s decision with regard to its compliance with the Provincial Policy Statement (“PPS”) and its own Planning Policy. The PPS is meant to ensure development occurs in the most responsible manner so we provide “long-term prosperity” to future generations. I think that the City of Windsor City Council has failed in its mandate to use many of the guiding principles of the PPS and has failed to address the many land use/urban planning concerns brought to councillor attention by the people in this city whom they serve.

I am addressing this tribunal because I feel City Council’s decision to approve Windsor Regional Hospital’s Secondary Plan Amendments application for Sandwich South, which followed shortly on the heels of the city’s approval to rezone a 60 acre property it had purchased in Sandwich South for a hospital, was inconsistent with the scope of sections 1.1.1(a)(c)(e) of the 2014 PPS. The issues associated with the provisions listed above include impacts on Windsor’s economy, environment, public health and safety, land reserves, accessibility to vital services and the effects of climate change with regard to the development of this land mass.

1.1.1(a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term

The City of Windsor City Council did not undertake an Economic Impact Study to determine how this new development would adversely affect longstanding neighbourhoods, especially those that surround the two hospitals slated for demolition. With no measurable data to show these impacts, economic

sustainability is in question, yet City Council voted to proceed without it. On August 13, 2018 Councillor Chris Holt motioned for a referral to administration to provide an Economic Impact Study, which was supported by one Councillor only, Rino Bortolin, and therefore the motion unfortunately failed. An Economic Impact Study would have assisted City Council with understanding potential long-term financial impacts of rezoning land for the hospital, which would help with informed decision-making that accords with section 1.1.1(a) of the PPS and efficient development. The migration of approximately 4,000 hospital jobs and other related health sector jobs would certainly account for huge changes in the landscape of existing neighbourhoods. Infrastructure costs including asphalt installation/maintenance, transit routing and delivery of electricity (which has yet to be costed) to this new development are massive burdens to Windsor taxpayers that could be significantly reduced with alternative siting where existing infrastructure and services could be utilized. A decision of this magnitude should never have been made without comparative, measured economic analysis.

1.1.1(c) avoiding development and land use patterns which may cause environmental or public health and safety concerns

The approved rezoning for the hospital means Windsor would see an increase in driving distances and paved surfaces with new roads and massive flat surface parking throughout the development resulting in increased harmful emissions. There is no data to indicate that these environmental concerns were sufficiently and responsibly evaluated by City Council before the re-zoning approval.

The province mandates for the protection of farmland. Farmland is a non renewable resource and once destroyed is gone forever. The Sandwich South development area sits on a floodplain that could possibly block hospital access for a significant portion of the city population if a major flooding event occurred regardless of the proposed storm water drainage system. This is a public health risk jeopardizing hospital accessibility. Windsor City Council made no attempt to mitigate this risk even after much public concern was voiced. The best strategy to combat catastrophic weather events (that are becoming more prevalent in part because we are choosing to ignore responsible urban planning practices) is to not interfere and let nature do the work. The Sandwich South land reserve is best left to future generations. Knowingly jeopardizing the environment and the public's access to hospital services without researching more responsible alternatives is inexcusable and non compliant with both the PPS and Windsor's Official Plan, which follows many PPS policies.

Section 1.1.1(e) promoting cost-effective development patterns and standards to minimize land consumption and servicing costs

Windsor has pre-established growth areas in the city core where accommodating institutional use and retaining and attracting employment should be encouraged. Windsor has a multitude of brown field properties in already serviced areas on existing public transit routes. Windsor also has a vast inventory of vacant properties. We have limited land resources due to Windsor's geographical positioning. With the Detroit River boundary to the north it can only expand inward. Land reserves are limited and every option for land preservation, especially farmland as is mandated by the province, should be evaluated. The lack of public consultation and investigation regarding alternative sites where the new hospital could be placed does not promote the PPS mandate of minimizing land consumption and promoting cost-effective development patterns. There is nothing cost effective in removing existing vital services and infrastructure from high density areas and consuming close to 400 hectares (which is land reserve that would be permanently gone) when adaptive reuse strategies were not effectively studied and measured!

To conclude, we would not be sitting here today had the PPS been used to guide the "site selection" process for the hospital in the first place rather than seemingly a tool consulted afterward to justify a public infrastructure land use proposal that consumes a massive land resource and in turn jeopardizes healthcare access, public safety, our environment, economy and livability.

16. Dr. Albert Kadri

Study after study shows that when you increase distance, time, or create transportation issues in accessing a fully supported hospital emergency room for an acutely ill patient, death rates and poor health outcomes rise. Using multiple indicators that have been studied, this proposed system will likely increase annual preventable deaths in our community in both a direct and indirect fashion, not to mention the associated reduction in quality of life that will result from increased morbidity for city residents.

My name is Dr. Albert Kadri and I am a native Windsorite. I have been the President of the Medical Staff at Hotel Dieu-Grace Hospital, the president of the Essex County Medical Society, the Chief of Medicine at Hotel Dieu-Grace Hospital and subsequently at Windsor Regional Hospital, and the Medical Director of Renal Services at both the previous and current acute care hospitals. I have also held positions at the Ontario Renal Network as the regional medical lead.

I feel compelled to present to you my concerns about the health and safety of the public as a result of the location of Windsor's new, proposed hospital. The zoning of the site and the consent of Windsor's City Council did not adequately consider the many negative implications of operating a hospital at this location. The proposed site is significantly removed from the city's concentrated vulnerable populations and established neighbourhoods, which will have a detrimental effect on the population. Several sections of Chapter 4 of Windsor's Official Plan were neglected in selection this location. In my professional opinion, the zoning of the hospital is in direct contradiction with the city's obligation "to consider community health in the planning and design of Windsor and its neighbourhoods" (OP 4.2.1.1).

I designed and proposed the urgent care and chronic disease management system for the region and presented it to the Local Health Integration Network (LHIN). I received seed funding in support of this initiative from the LHIN. As a result of my career and extensive knowledge of the healthcare network of Windsor, I feel I am the most qualified local physician to give an opinion about the effects on public health and safety. Despite obvious detriments to public health that are becoming increasingly apparent under appropriate scrutiny, Windsor City Council's decision to proceed with this site must be held as nothing less than careless and harmful to Windsor residents.

The hospital administration and City Council have applied the project I mentioned in the previous paragraph to the proposed hospital, and are misappropriating it as a validation that this distant site would provide appropriate and timely access to what would be the only emergency room in the city. It is

being mischaracterized as a “hospital run satellite emergency room”, which is irresponsible and completely misleading, as what is being proposed is no such thing. Instead, it will likely lead to more patient harm and would put the community at risk.

Study after study shows that when you increase distance, time, or create transportation issues in accessing a fully supported hospital emergency room for an acutely ill patient, death rates and poor health outcomes rise. Using multiple indicators that have been studied, this proposed system will likely increase annual preventable deaths in our community in both a direct and indirect fashion, not to mention the associated reduction in quality of life that will result from increased morbidity for city residents. Putting a hospital at such a distance from the city’s core and vulnerable populations would lead to the above-mentioned issues. This directly contravenes Windsor’s Official Plan, which states the city “encourages emergency services in close proximity to where people live.” (OP 4.2.7.3)

These negative implications of the proposed site are especially true for patients with sudden or worsening heart and lung diseases, strokes, severe infections or sudden accidents or injuries.

Only a small percentage of people with urgent and life-threatening conditions are brought to the emergency room by ambulance. The vast majority choose to come on their own, as they are often unaware of how serious their condition really is. If access to the emergency room is reduced, fewer people will choose to seek help, and there will undoubtedly be more community-based (out of hospital) deaths as a result. Fewer people accessing the emergency room would reduce emergency room wait times and make administrators look good, but is that the goal of our healthcare system? More out of hospital deaths would reduce the liability of the hospital, but is that the goal of our healthcare system? A more remote hospital facility would reduce family visitation to patients in time of need, but is that the goal of our healthcare system?

The Canadian Medical Association (CMA) has issued a position statement on equitable access to care.⁸ The statement provides practical suggestions for municipalities and governments to improve access to care. Of particular note is section 4 on “Health system planning and assessment which prioritizes equitable access to care”. The CMA is clear in its position that “Considerations of equity must be built specifically into all planning considerations.” In no way does the proposed hospital adhere to this.

⁸ <https://www.cma.ca/sites/default/files/2018-11/PD14-04-e.pdf>

I challenge you to find doctors, nurses, or healthcare professionals who support the notion that less access with increased distance, time, and transport issues from a large population to a distant hospital emergency room will improve death rates from serious illnesses. Our primary focus as healthcare professionals is to advocate for the most vulnerable in society, not to put them at an increased risk. As a result of components of their proposed hospital model lacking due diligence, without expert medical input, the hospital administration and planning group got the crucial safety component of the model wrong - which is appropriate and timely access to acute care hospital emergency services.

It has been presented to the public that it is more expensive to renovate the existing hospitals than to build one new one. A tax levy was imposed on the community based on having only one hospital, almost as if there was no choice for counsellors and taxpayers but to support what would be the only hospital in the community. The hospital system that was proposed completely ignores cost-effectiveness data and taxpayer burden in having hospital's administer outpatient care.

The acute care hospital is being described as a "regional facility". This is ironic as our current hospitals in the city serve the entire region and always have. In no other city does the sole hospital emergency room get placed outside of the concentrated population for this misleading reason. It should not be easier to get to the airport than it is to get to the hospital emergency room. The Official Plan requires the city "to foster personal safety throughout Windsor" (OP 4.2.7.1). The proposed hospital fails to do this, and lowers the quality of healthcare of Windsor into a remote area health service model, putting many lives at risk as a result.

The priority issue in the site selection of a single hospital and emergency room should have been "what is safest for our community". Instead, the process lacked transparency, and the real reasons behind this site's selection are contentious. Are the lives of the city's lower-income residents, with mobility issues or no access to public transportation worth this type of site selection process? Where was the "community empowerment in municipal decision making" that is mandated by section 4.1.5 of Windsor's Official Plan?

Since 2013 and very regularly afterwards, I raised concerns about the transparency of various components of the hospital planning process and the safety of the model being presented with local healthcare administrators, and ultimately to the Ministry of Health in October 2017. When elected officials came to Windsor and made comments that they were going to re-evaluate the urgent care proposal and appeared uncommitted to the current proposal, local administrators stubbornly reiterated

that the site for the single acute care facility was a final decision. Public consultation, or consultation with healthcare professionals, did not seem to be a priority in the decision-making process.

On more than one major indicator of health outcomes, the proposed new hospital facilitated by the rezoning of land through OPA 120 will lead to a worse system than what we have now.

If there will be only one hospital in Windsor, it must not be outside of the major population centre in a way that jeopardizes the health and safety of so many vulnerable people.

Who will be responsible for the medical-legal liability associated with increased death and increased morbidity as a result of a hospital system that is lacking in due diligence and attention to public safety as a priority?

I urge you to grant this appeal, as the zoning of the proposed hospital and OPA 120 is truly a catastrophic mistake that will adversely affect the well-being of our community for generations to come.

17. Jacquie Krause

How can we justify creating sprawl in a city that has had stagnant growth for over 10 years with no prospect for a projected better growth pattern predicted until 2031?

It has been a difficult journey to get to this point with tremendous obstacles along the way. We have been insulted, demeaned, ignored, dismissed and rebuffed by our own mayor and council and yet we persevere, hopefully to achieve fairness and justice for our efforts so as to ensure survival and prosperity for our city and a future for all who reside here. The council did not follow their own policy 4,2,5.2 in approval of the re-zoning that encourages and facilitates public involvement in planning and development.

PROVINCIAL PLANNING POLICY WISE USE AND MANAGEMENT OF RESOURCES, 1,1,1 1,1,3 1.1.3.2

We are meant to promote efficient development by means of promoting green spaces by effectively using infrastructure and services currently available to minimize public expenditure and avoid unjustified or uneconomical expansion. How then do we explain the rejection by the site selection committee of a site within the city that ignores these planning policies—transit to the door, fully serviced with sanitary sewers, water mains, hydro and gas services with all the back up feeds and requiring additional \$20,000 to build a pump station in favour of a Greenfield (operating farm) in an area barely within Windsor borders? This space was previously part of the neighbouring community with no transit, no community centre, is further from the city than the airport and is limiting in access for many living in the core. This would also over burden the city in massive servicing costs to service the site and widen county the road 42 highway.

WINDSOR OFFICIAL PLAN QUALITY OF LIFE 4,2,1,1 To consider community health in the planning and design, 4,2,3,2 Encourage location of goods and SERVICES be close to where people live and work.

The hospital accounts for almost 4,000 jobs in the city and numerous medical practices and clinics that will be expected to move to support the new hospital.

SECONDARY PLAN AMENDMENT

The secondary plan for an additional 400 hectares of greenfield space would be needed to anchor the hospital. How can we justify creating sprawl in a city that has had stagnant growth for over 10 years with no prospect for a projected better growth pattern predicted until 2031?

On August 13, 2018 at the re zoning meeting city councillor Chris Holt stated that our infrastructure deficit was bordering on one billion dollars and we cannot afford the infrastructure we already have, and that the Secondary Plan, if fully built, would have an almost equal price tag. He says the current community energy plan shows that current transportation constitutes 36% total energy consumption on a greenfield and that is before putting the hospital on a greenfield that was until recently was within another municipality. There is no sign of implementation of City Healthcare in this approved plan. The future of successful communities is partnering with healthcare institutions with teaching places (Schuler School of Medicine at the University of Windsor) and leveraging such institutions within the urban core, and this approved hospital plan would be a travesty and would be doing the opposite of considering healthcare needs of Windsorites.

In conclusion, I think council has shown a lack of diligence regarding fiscally sound decisions, proper consultation with Windsor residents who would be impacted by the decision, and our only hope is that this committee will see those issues in council's approval of the plan.

18. Judith McCullough

I do not know for how much longer I will be able to drive. Now, when it is a priority for us to be near a hospital, it scares me to even think of living in the downtown core with no 24/7 ER and hospital services.

My name is Judith McCullough. I presented at the Windsor City Council meeting in August 2018 against the development of the new mega-hospital. The decision on the location of the hospital was inconsistent with section 1.1.1(f) of the Provincial Policy Statement 2014 because it decreases accessibility for seniors and persons with disabilities and adds land use barriers which restrict full participation and diminish the sustainability of healthy, livable and safe communities.

I am 78 years old and my husband Greg is 76. We have lived in Ward 3 for 46 years in the same house on Victoria Avenue. Before retiring, I worked in Detroit for the Henry Ford Health System as a Research Coordinator for the Allergy Research Laboratory. I then worked as a Project Manager for the Health Management Program at Blue Care Network. Greg taught high school French and Physical Education at Vincent Massey and Herman high schools.

Let me paint a picture for you of why living downtown was perfect for us. We are both walkers, cyclists and were marathoners. Forty-six years ago, we could walk to the hospital, the library, grocery stores, the movies, restaurants, specialty shops, and down to the river. Our family doctor was adjacent to the hospital, so we could walk there too. We had a neighbourhood pharmacy and a small grocer around the corner. Every service we might need we could walk to. Walking wasn't mandatory; we had cars. It was our preference. When you walk, you meet people; often the same people. You develop a sense of community and of common interest.

Fast forward to 2019. I am now 78, Greg is 76. We are fortunate that we can still walk but we are cautious when it comes to distance and weather. Greg has a diagnosis of frontal lobe dementia and his driver's license has been revoked. He is now on the crisis wait list for Long Term Care. I do not know for how much longer I will be able to drive. Now, when it is a priority for us to be near a hospital, it scares me to even think of living in the downtown core with no 24/7 ER and hospital services.

Many studies have shown that decreased access to emergency room and hospital services is directly correlated with increased mortality and morbidity. To be blunt, more people will die because they were unable to receive the medical help they needed in time. We don't want to be among them! My blood

pressure jumps when I try to imagine waiting for a bus in either extremely hot or terribly cold weather conditions which seem to be the norm nowadays. Seniors, persons with disabilities, the homeless, the carless, and all marginalized populations deserve better and should not be discriminated against. If the re-zoning ruling is allowed, the downtown core will become a wasteland. Please do not let this happen.

19. Mary Elizabeth “Liz” Menear

It’s hard enough just to get to the Ouellette campus. Travelling out to County Road 42 would take too long. It will prevent a lot of seniors and disabled from getting the care they need. I believe the mega-hospital proposal was designed with drivers in mind, but a lot of seniors and disabled residents can’t drive or can’t afford a car. There are a few alternatives, like public transit, taxis, Crown service, and ambulances, but none of these are realistic for regular healthcare.

My name is Liz Menear. I live in downtown Windsor on a fixed income.

I have asthma, breathing difficulties, and struggle with fibromyalgia and myasthenia gravis. I get around using a power chair or a walker.

Since I am functionally illiterate, I have asked my friend Carol Anne DelCol to help me prepare my submission. If I become sick and unable to present my submission to the Tribunal in person, please allow Carol Anne to present my thoughts on my behalf.

I oppose the mega-hospital proposal, because the decision was made without considering the disabled and seniors of Windsor — especially those who require wheelchairs, walkers, and canes.

It’s hard enough just to get to the Ouellette campus. Travelling out to County Road 42 would take too long. It will prevent a lot of seniors and disabled from getting the care they need.

I believe the mega-hospital proposal was designed with drivers in mind, but a lot of seniors and disabled residents can’t drive or can’t afford a car.

There are a few alternatives, like public transit, taxis, Crown service, and ambulances, but none of these are realistic for regular healthcare.

Many of us on fixed incomes can’t afford a taxi, which would cost about \$35 each way. Besides, many of us prefer to be able to get ourselves to and from the hospital, by walking, riding our power chair, or taking the bus. But there is no bus route that goes out that way. Even if they built a bus route, it won’t shorten the distance.

Public city buses are especially difficult to deal with in the winter, with -20°C and icy paths. My power chair often gets stuck in the snow at the end of the sidewalks, which people don’t clear, so crossing a

street is difficult. I've had to call for help to dig me out on my way to the hospital. Sometimes I have no choice but to ride my power chair in the bike lanes, which isn't safe for me or for the drivers.

In the summer, the humidity affects my asthma, so I have difficulty breathing during the 15-minute commute to the downtown hospital. If I had to commute even further by city bus to the mega-hospital, it would take over an hour with the transfers. During that time, I'd likely pass out due to lack of oxygen.

Accessible Crown service costs \$70 each way, paid directly out-of-pocket. Some people may be reimbursed, but that takes months. For those on a fixed income, it's not an affordable service.

Handi-Trans isn't practical, either. They require booking two weeks in advance. It's unreasonable to expect people to know two weeks in advance when they'll have an emergency.

The last option is to call an ambulance. That makes sense in an emergency, but we can't call an ambulance every two weeks. I frequently go to the hospital for asthma attacks, and I've had pneumonia twice this winter. It's not a good use of public funds to send an ambulance and an entire paramedic team every time. The round-trip to pick up a sick person from downtown would take nearly an hour of their time. How much does that cost taxpayers? I would much rather be able to get myself there, which is what I do now when my symptoms aren't too severe.

The Provincial Policy Statement says we need to build "healthy, liveable, and safe communities" and improve "accessibility for persons with disabilities" (1.1.1(f)). This unrealistic transportation situation would violate that.

Additionally, I fear for what could happen during the time that I'm waiting for an ambulance. When I am having difficulty breathing, even a few minutes is a long time. The last time my asthma was bad, I was nearly passed out by the time they arrived. Thankfully, because the hospital is close by, it only took four minutes for help to arrive. If I have to wait for them to come get me, even from a downtown port, and then drive 20-30 mins to get 15 km to the mega-hospital, it may be too late to give me oxygen and let me breathe. We need a hospital downtown, where it's close enough to make a difference. Otherwise, people may lose their lives.

At least eight of us in my building are in similar conditions. I can at least stand up, but some of my neighbours can't walk at all. For a lot of vulnerable residents in Windsor, access to healthcare will

become impossible if the mega-hospital is built across from the airport. Our city planners should leave at least one 24-hour ER open downtown.

The current mega-hospital proposal is a bad deal for the residents in Windsor. Thank you for allowing me to share my thoughts.

20. Shane Mitchell

Low density automobile dependent communities are far less economically sustainable than their urban counterparts. Continuing to sprawl Windsor’s footprint while our city empties out from the city centre is economically irresponsible. The City of Windsor has in recent years reported roughly a 1 billion dollar infrastructure deficit and outward growth with little need will only continue the problem.

During the August 13th 2018 Windsor City Council Meeting I presented as a delegate to the rezoning application for the proposed hospital site and the surrounding development. As part of my presentation, I demonstrated that outward growth in to the area commonly referred to as the “Sandwich South Lands” is not required at this time.

In general terms, my presentation briefly explained that the proposed outward expansion failed to take into consideration progressive urban planning and city building tactics which are now becoming common place in the planning industry as described below. It is my professional opinion as an architectural technologist with over 15 years of experience in the architectural industry that the rezoning of the “Sandwich South Lands” fails to meet the spirit or technical requirements of Windsor’s Official Plan or the Provincial Planning Policy.

1. Windsor has ample room for growth within its current footprint, where its existing population is situated. This directly contravenes Windsor’s Official Plan, which states the city “encourages emergency services in close proximity to where people live.” (OP 4.2.7.3)

- Windsor’s [Brownfield Redevelopment Strategy](#) identifies over 500 acres of opportunity for redevelopment within the current developed footprint.
- [Sprawl Repair](#) tactics demonstrate how older automobile oriented developments can be re-tooled to introduce new density.
- [New Urbanism](#) & [Smart Growth](#) research demonstrates how cities can be more efficient, and as a result accommodate more people within a smaller land mass.

Fig 1 – Sprawl Repair (urban infill & intensification tactics) from the Sprawl Repair Guide:



6-17. Existing condition: Typical suburban residential block



6-18. Phase One: New alleys and outbuildings

2. Windsor’s current densities do not justify outward growth onto prime farmland when intensification opportunities exist.

- Windsor is a [low density city](#). With a population of 216k, the land area occupied is still very large because Windsor is composed of mainly low-rise neighbourhoods, My presentation I identified opportunities for intensification and redevelopment.
- **Fig. 2** - The footprint of Manhattan, NY overlaid over Windsor, ON. This diagram isn't intended to suggest Windsor will ever look like New York, but demonstrates that there is ample room for growth within the developed area of Windsor for the next 20+ years as required by the PPS.

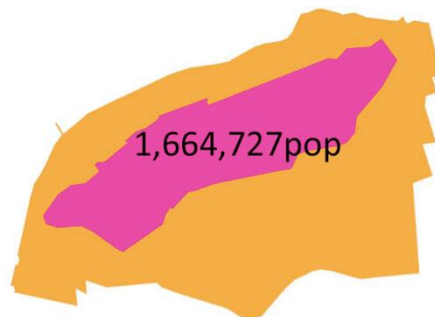
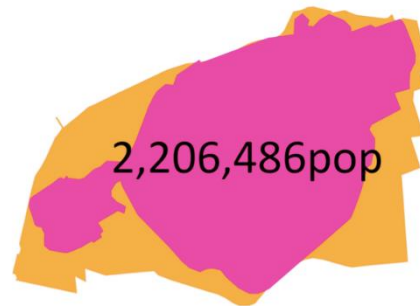


Fig. 3 – The footprint of Paris overlaid over Windsor, ON.



3. Much of Windsor’s development pattern should be improved for better walkability, transit efficiency and vibrancy. Windsor’s Official Plan has mandated this by requiring “pedestrian access to development” (OP 8.1.3), and “to consider community health in the planning and design of Windsor and its neighborhoods.” (OP 4.2.1.1)

- Windsor’s transit system suffers due to the city’s low density. Working towards increasing density and locating major institutions within established neighbourhoods will assist in enhancing and developing Windsor’s transit system. Bringing transit service to the remote hospital site has already been estimated to cost millions of dollars per year by Transit Windsor.

Fig. 4 – Historic 1900’s transit system in Windsor was efficient when compact and dense land use development patterns were employed for most of the city.

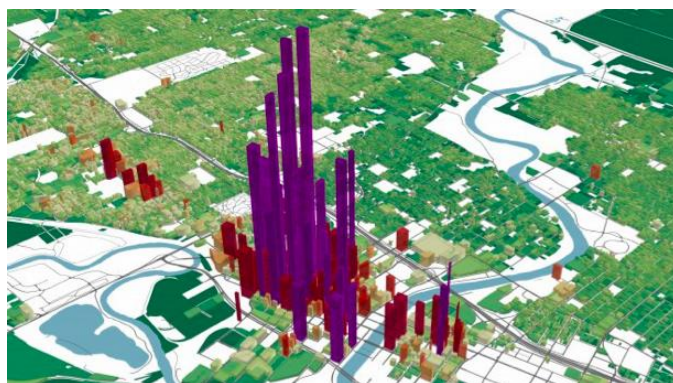


4. The proposed hospital location contravenes section 3.3.2 of Windsor’s Official Plan by failing to contribute positively to the city’s economy. The Official Plan mandates that the “City Centre will

continue to be the major focus of cultural, social and economic activities.” (OP 3.2.2.2) By moving the hospital to this distant location, the downtown core and the city itself will be at a large economic loss.

- Low density automobile dependent communities are far less economically sustainable than their urban counterparts. Continuing to sprawl Windsor’s footprint while our city empties out from the city centre is economically irresponsible. The City of Windsor has in recent years reported roughly a 1 billion dollar infrastructure deficit and outward growth with little need will only continue the problem.

Fig. 5 – “Economic MRI” prepared by think tank [Urban3](#) demonstrates how traditional urban development fiscally outperforms lower density suburbs. Intensification at this time opposed to unnecessary outward growth would help Windsor become more economically stable.

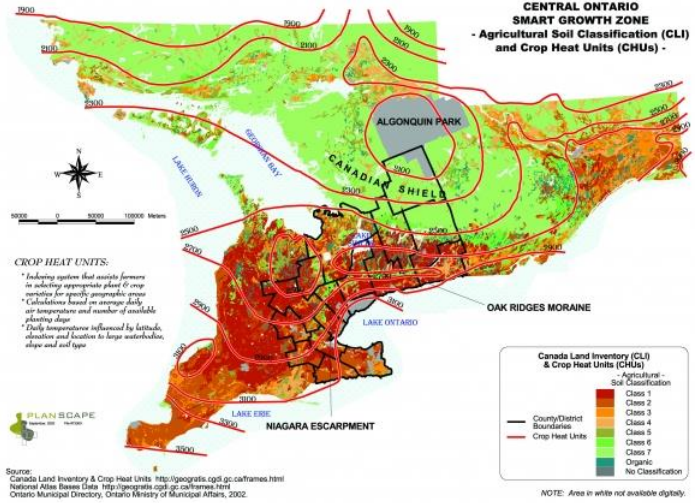


5. The proposal by Windsor Regional Hospital does not respect efforts to preserve prime farmland. The Provincial Planning Policy Section 1.1.3.8 permits the expansion of a settlement area onto prime farmland only when there are no reasonable alternatives to avoid such development. It is my opinion that as demonstrated there are ample alternatives to avoid such expansion at this time.

- The proposed expansion onto active prime farmland runs contrary to goals and objectives outlined in the Provincial Policy Statement. Proponents of the plan argue this land is slated for development and necessary for future growth, however my argument demonstrates that now is not the time to expand Windsor as the city must first develop the underutilized space within its borders before it looks to grow outward.

Fig 6 – Location Map of Ontario’s Prime Farmland

**FIGURE 2
CENTRAL ONTARIO
SMART GROWTH ZONE
- Agricultural Soil Classification (CLI)
and Crop Heat Units (CHUs) -**



Source:
 Canada Land Inventory & Crop Heat Units <http://sp.geomatics.cop5.gc.ca/frame5.html>
 National Atlas Base Data <http://sp.geomatics.cop5.gc.ca/frame5.html>
 Ontario Municipal Directory, Ontario Ministry of Municipal Affairs, 2002

21. The Ontario Association of Architects (OAA)

On June 29, 2018, the OAA submitted a letter to the Mayor, City Council and Members of the Planning, Heritage & Economic Development Standing Committee (PHED), expressing concern with the current proposal and the need to engage with the WRSA since "the local Hospital site...clearly impacts the public interest in architecture and the creation of built environments."

The Ontario Association of Architects (OAA) was established at the behest of the Province in 1889 and incorporated under the Architects Act in 1890. Under the current statute, the OAA's principal mandate is "to regulate the practice of architecture...in order that the public interest may be served and protected." The OAA has a legislated secondary mandate "to promote public appreciation of architecture and the allied arts and sciences."

In keeping with this mandate, the OAA maintains 13 local architectural societies which function as regional chapters of the OAA. The societies work to raise the awareness, appreciation, and understanding, of architecture within their communities.

The OAA recognizes the significant work undertaken by its local society, the Windsor Region Society of Architects (WRSA), in testing the site selection of the new hospital against the Provincial Policy Statement (PPS).

The WRSA's analysis concluded that the site selection does not conform to the PPS and recommended the identification of a new site, particularly a brownfield development. In particular, the WRSA asserts that the site selection contravenes various elements of the PPS including, but not limited to, the intensification of existing settlement areas, the redevelopment of existing settlement areas, and the remediation and redevelopment of brownfields. More information is attached in the WRSA's report submitted March 2018, entitled: "Windsor's Proposed Mega-Hospital Site Review Report."

On June 29, 2018, the OAA submitted a letter to the Mayor, City Council and Members of the Planning, Heritage & Economic Development Standing Committee (PHED), expressing concern with the current proposal and the need to engage with the WRSA since "the local Hospital site...clearly impacts the public interest in architecture and the creation of built environments." A similar letter was sent by the WRSA itself on July 16, 2018, which provided the aforementioned report, argued the "currently proposed site does not uphold these [provincial planning] principles" and recommended selecting a new site.

22. Michelle Oncea

Other cities are building for the future and realizing that healthy, liveable and safe communities encourage and enable us to participate in society. Windsor should be building for the future too.

There are numerous reasons why Windsor City Council's decision on the location of the new hospital is inconsistent with both the Provincial Policy Statement, 2014 and Windsor's Official Plan. I have chosen to address the issue of healthy, liveable and safe communities.

I am currently the caregiver for my mother, who is 87 years of age and has dementia. My father, who also had dementia, passed away in July 2018. I retired earlier than I planned to in 2014 from working at the Canada Revenue Agency so I could be available to care for them. I would take them to doctor's appointments and a steady stream of diagnostic tests at our hospitals. In my father's case, we waited in the ER for hours after being taken there by EMS on a regular basis for scans, x-rays, stitches and tests for a subdural hematoma when he fell. My parents became my full-time job and I was grateful that my trip to Metropolitan Campus was within minutes of my house. Even though I knew my father was probably going to be ok, my heart raced every time until I got to him. My mother is now following in his footsteps.

In the 1970's, my parents made a strategic choice to live in Walkerville to be close to the things we needed. The bus stop, doctors, dentists, the church, our schools; almost everything we needed was within walking distance, including both hospitals. Walkerville has always been my comfort zone and I have chosen to live here for the same reasons as my parents. I love my safe community and being able to walk to most places I need to go thereby reducing the need to drive. **(OP 7.2.2.21)**

Building what is proposed to be our one and only hospital in a distant new suburban development imposes economic and environmental burdens for everyone in Windsor, but especially for seniors, those with mobility issues, and marginalized populations. Other cities are building for the future and realizing that healthy, liveable and safe communities encourage and enable us to participate in society **(PPS 1.1.1 (f))**. Windsor should be building for the future too.

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: (a) Encouraging development that

include an appropriate mix of residential, commercial and employment lands within reasonable walking distance of each other;

Planning Policy Statement, 2014:

1.1.1(f) Healthy, liveable and safe communities are sustained by (f) improving accessibility for persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society

23. Saralee and Frank O'Reilly

Frank and I do not pretend to be urban planners, but we can recognize a nightmare when it keeps us up at night. This proposed mega-hospital at the Airport location is a nightmare on steroids.

I was present at the town hall meeting last August 13. I waited until almost two in the morning to have my say in what could be the biggest travesty imposed upon my beloved city in my life-time, and believe me, I've seen some whopper mistakes made here!

My husband and I live in Windsor. Frank is 91 years old and I am almost 70. My closest friend for many years was a nurse; one of her favourite sayings was "Getting old is not for sissies." How right she was. Old folks have medical issues. Frank has had three bouts with cancer. It is my sincere belief that if the hospital that is being proposed for County Rd. 42 and Concession 9 had been already built ten years ago, I would be a widow as I write this.

That night in February 2011 brought with it blizzard-like conditions; the ambulance drivers (God bless them) had to shovel their way up to the front door to take my husband to Emergency. We did not know that his bowel had burst. We lived then at Victoria and Tecumseh, which is considered to be downtown and five minutes from Hotel Dieu Hospital (now Ouellette Campus). We moved to Ypres because I have had to undergo two hip replacements and our house on Victoria had 27 steps. Our present home is a ranch and our location represents an 8 minute walk to Met Hospital.

These locations, each a stone's throw from a hospital were NOT coincidences. They were chosen (very wisely I may say) taking into consideration that we are OLD!!! Frank has had cataracts and now I suffer from them too. **Chapter 4 of the City of Windsor's Official Plan** "encourages emergency services in close proximity to where people live." **(4.2.7.3)** Can I drive him or myself in the dark to a hospital ten miles away, contending with snow, pouring rain, fear, worry?

Windsor closed Grace Hospital twenty years ago. For 17 of those years, the building remained a blot on our local landscape---a dangerous, rat-infested hulk. Now the location is an empty lot.

We had THREE Hospitals twenty short years ago. Now we are being told we no longer need even two. We are informed that we can manage with one hospital out near the airport. And what will become of the empty hole that will result when the city tears down Met Hospital down the street from us?

Section 1.1.1 (f) of the Provincial Planning Statement, 2014, states that “healthy, liveable and safe communities are sustained by improving accessibility for persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society.”

How long will we be forced to live next door to another monument to foolishness? Ouellette Campus is literally a city block in size! **Chapter 6 of Windsor's Official Plan** encourages an integration of institutions within Windsor’s neighbourhoods. **(6.1.6)**

What proposal does the city offer for that space that will not further damage our suffering downtown?

Frank and I do not pretend to be urban planners, but we can recognize a nightmare when it keeps us up at night. This proposed mega-hospital at the Airport location is a nightmare on steroids.

We thank you for your time.

24. Margaret Reimer

This location will make it difficult for us seniors on limited income to access this site. Taxis from our West cost \$75 to travel that far and back. Taking the bus is also out of the question, as it would take over an hour, if buses were running at all, at that time of day or night.

I, Margaret Reimer, was a delegate at the August 13, 2018 City of Windsor Council Meeting and spoke against the proposed site of our new Mega Hospital to be built at County Road 42 and 9th Concession.

The proposed location will be detrimental to me as a senior and to our community as a whole. This decision clashes with the City of Windsor's Official Plan and the Provincial Policy Statement.

This location will make it difficult for us seniors on limited income to access this site. Taxis from our West cost \$75 to travel that far and back. Taking the bus is also out of the question, as it would take over an hour, if buses were running at all, at that time of day or night. During the week of January 27th, 2019, we had a Code Zero, meaning there were not enough ambulances to transport patients to hospital. If this were to happen, a family member would have to transport their loved ones themselves to the proposed site. It would also be difficult for our ageing population who are unable to walk, access a vehicle or use public transportation to visit their loved ones that are in the hospital.

I have personally driven my sister-in-law who was struggling to breathe with her Chronic Obstructive Pulmonary Disease (COPD) to our present hospital in our city's core. If I had to drive to this proposed site, she could die on me. Breathing difficulties such as COPD usually require IV steroid treatments that cannot be supplied in Minor Emergency Clinics. They would have to rush patients out to the Mega Hospital which could endanger lives.

This location directly contradicts the City of Windsor's Official Plan to promote a healthy community as seen in Chapter 4 which places an emphasis on having "a strong sense of community throughout Windsor" (4.1.4). Without ready accessibility to visit the sick, the ageing community will not become stronger but will weaken.

To conclude, I, like many other pensioners, understand the need for a new Mega Hospital; however, the proposed location is troubling not just for me personally, but for all the elderly in Windsor which absolutely contradicts the City's Official Plan and the Provincial Policy Statement.

25. Lorena Shepley, Voices Against Poverty

Imagine being a mother of two children, living in poverty, barely being able to afford the necessities to support your family. Only to add to the stress, one of the children spikes a high fever during the night and has to visit the Emergency room (the Urgent Care Centre would be closed at that time). What are her options now? Either she can take a \$40.00 cab ride each way, decreasing the already little money that she has to spend on groceries this week, or take a two-hour bus ride... Moving the Windsor's only acute care facility to the proposed location will not create an environment conducive to allowing for lower-income residents to visit and care for their ill family members.

I, Lorena Shepley, spoke as a delegate on behalf of Voices Against Poverty at the August 13, 2018 City of Windsor Council meeting against the zoning proposal for the new mega hospital. I am currently the Spokesperson for Voice Against Poverty. We are a group of persons with "lived experience" in poverty that help to advocate on behalf of those living in poverty, participate in consultations and conversations on important issues in the community and educate the public on the effects of poverty.

The proposed plan to build the region's only acute care hospital, along with a new neighbourhood, on the southern side of the airport will be a detriment to the viability of the City in a number of ways. Not only will this plan move the hospital to the far outskirts, but it will also close down the two accessible, acute care hospitals which are in and close to the city's core. However, more importantly this plan will be a burden on the low-income population located in the City of Windsor, a portion of society that already faces an unfair number of burdens. The proposed location of the new mega hospital is furthest away from the city's most impoverished neighbourhoods including Wards 2,3, 4 and 5. Windsor's far west end is the hardest hit by poverty and will be located the farthest away from the proposed site zoned for hospital development. A recent study by Campaign 2000, a national anti-poverty network, found that:

"Windsor West ranked 15th among 338 federal ridings in the study. Campaign 2000 used the same 2015 data released last fall by Statistics Canada that put Windsor at the top in the country — at 23.8 per cent — when it came to the local percentage of low-income families with children." (Windsor Star 06/18/18)

This population is the least likely of all to be free of transportation barriers such as access to a vehicle or being able to afford to pay taxi fare (from approximately the center of Windsor-West to the Count Rd 42 proposed hospital the taxi fare is currently in the \$40.00 range...round trip \$80.00). Yet, the new proposal is not in line with many provisions in Windsor's Official Plan or the Provincial Policy Statement

which are aimed at helping improve the city to help meet the needs of those of all income levels, including those from a lower income level.

The Provincial Policy Statement (PPS) states that (1.1.1) “healthy, livable 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”. The proposed plan to move the hospital will go against this provision in the PPS by decreasing accessibility simply by moving the hospital to the outer edges of Windsor. A substantial portion of Windsor’s lowest income population consists of persons with disabilities, including those on Ontario Disability Support Program (ODSP) and older persons on pensions. By moving the hospital from the core of the Windsor, it will decrease the accessibility these populations have to such a vital service, a portion of the population who is often dependent on walking or public transportation as their main means of commuting throughout the City. By moving the hospital to such a remote location where there currently is not a neighbourhood to speak of, the City is neglecting the needs of a vulnerable population: the elderly and persons with disabilities who are often of low-income, a population which the OPP expressly sets out to protect.

Additionally, the Windsor Official Plan (OP) contains many provisions, in which the plan to move the only acute care hospital to the outskirts, clearly neglects. These are provisions that look to encourage a healthy and accessible City. For example, the OP states (4.2.1.5) “to encourage a mix of housing types and services to allow people to remain in their neighbourhood as they age”; (4.2.3.2) “to encourage the location of basic goods and services... where people live and work”; (6.1.6) “an integration of institutions within Windsor's neighbourhoods”; (6.6.1.2) “to ensure institutional uses are strategically located within Windsor to be both accessible and act as neighbourhood focal points”; . Perhaps the Official Plan policy that stands out the most is (4.2.7.3) “to encourage emergency services in close proximity to where people live”. Not only does the proposed plan clearly contradict the purpose of these provisions, but it also fails to take into account Windsor’s vulnerable low-income population. Those of low-income populations cannot simply “pick up and move” if they need to be close to the hospital. Many have already invested what little they have into living close to the current hospitals either by purchasing or renting homes close by. By moving access to acute health care hospitals, in which many people are already located in a reasonable proximity to, and move it to the Sandwich South lands of the City, the plan clearly neglects the needs of those who are of a lower-income that NEED to be located close to a hospital, yet will not have the means or the ability to move closer to the hospital once it is relocated.

The official plan speaks to making barrier free pedestrian routes yet neglects to consider the simple fact that distance is the barrier.

The OP also speaks to accessible and efficient transportation. It reads (7.2.2.21) "Council shall implement land use patterns that promote sustainable travel by locating land uses within reasonable walking or cycling distance"; (6.6.1.2) "to ensure all institutional uses are strategically located within Windsor to be both accessible and act as neighbourhood focal points"; and (7.5.2) "Council shall require that the design of development proposals and infrastructure undertakings facilitate easy access to public transportation". Yet, once again the proposed mega-hospital plan clearly neglects these vital provisions. Windsor's current public transit is not adequate, access to public transit is not easy and taxi's can be costly. Additionally, by moving the hospital to the Sandwich South lands, the City will be doing the complete opposite of using close locations as a means to increase walking or cycling, rather it is moving so far that walking or cycling will no longer be a feasible means for Windsor's current population. Imagine being a mother of two children, living in poverty, barely being able to afford the necessities to support your family. Only to add to the stress, one of the children spikes a high fever during the night and has to visit the Emergency room (the Urgent Care Centre would be closed at that time). What are her options now? Either she can take a \$40.00 cab ride each way, decreasing the already little money that she has to spend on groceries this week, or take a two-hour bus ride...if the buses are still running (transfer time is taken into consideration) each way. The choice is not simple. If the child is admitted to the hospital his single mother will have to travel two hours both ways to visit her child. This would be nearly impossible to navigate the situation especially if she is a working mom. This is the very real impact the decision to move the hospital from the City's core to the to such an inaccessible location for so many vulnerable citizens. Moving the Windsor's only acute care facility to the proposed location will not create an environment conducive to allowing for lower-income residents to visit and care for their ill family members.

In summary, by allowing the Sandwich South lands to be zoned for the hospital development, while knowing the full scope of the Windsor Regional Hospital's intention to remove acute/trauma care from Windsor's core, the previous City Council has voted to effectively remove access and create barriers to healthcare, which will be felt more drastically by Windsor's vulnerable low-income population that is living each and every day in poverty. Please consider the gravity of the dire situation and the very real consequence of such a reckless decision.

Thank you kindly for your time and consideration.

26. Richard Spencer

The selected site did not represent the more efficient or cost-effective of the choices available at the time of site selection.

I am Richard C. Spencer, President of RC Spencer Associates Inc., Windsor-based Consulting Engineers, contracted by the owners of both shortlisted proposed hospital sites to provide site servicing reports for the proposed new acute care hospital facility.

I wish to be added as a Participant to the LPAT appeal launched by CAMPP Windsor-Essex Residents Association to address the zoning and Official Plan Amendment decisions of Windsor City Council.

I wish to provide evidence about material differences between our firm's analyses and those ultimately used in the site selection, as well as initial and ongoing road infrastructure that were not considered in the site evaluation criteria. These considerations would have been necessary in order to compare accurately the two short-listed hospital sites.

Background

Only two sites were short-listed by the Site Selection Committee for the New Acute Care Hospital Facility. Our firm completed and submitted site servicing reports on behalf of both properties: GEM Properties, located at 6550 Tecumseh Road East, and the O'Keefe property on County Road 42 at 9th Concession.

We were advised at the Phase 2 Site Selection Committee Meeting that Stantec Consulting, engaged by the Windsor Hospitals Program and Services Planning and Steering Committee, would review all reports to ensure consistency with estimates submitted and would liaise directly with our firm to obtain agreement on same.

We were also advised by Stantec Consulting that they were in agreement with our engineering and cost analyses.

At a media event hosted by Windsor Regional Hospital on January 6, 2016, and subsequently reported in the Windsor Star, it was revealed that the estimates used in the final site evaluation were significantly different from those prepared by our firm. These differences are described in our firm's letter dated January 25, 2016, attached below.

Submission

Through my participation in CAMPP's LPAT appeal, I wish to make three points:

1. Following the submission of our firm's reports, I was assured by Stantec Consulting that they would subsequently liaise with me to obtain agreement on the final estimates. The analyses that our firm submitted for each property were materially different than those ultimately relied upon for the selection of the hospital site.
2. Neither the initial road upgrades for each site, nor the ongoing maintenance of these roads, was part of the evaluation criteria in the site selection process by the Committee. However, the City of Windsor was obliged to consider these significant initial and ongoing costs to be borne by their taxpayers, if and when they became aware of these total cost differences.
3. The final site evaluation was based on different arterial road access routes to the ultimately unsuccessful GEM site than I was asked to review as part of the vendors' original submission. This was a material departure from the original vendor submission pursuant to the RFP.

Windsor City Council's decisions were inconsistent with several provisions of the Provincial Policy Statement, 2014, which call for cost-effective use of existing infrastructure.

Windsor City Council's decisions were inconsistent with Section 1.1.1 of the Provincial Policy Statement, 2014. Sections 1.1.1(a) and (e) call in municipalities to promote "efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term; and "cost-effective development patterns and standards to minimize land consumption and servicing costs". As indicated in my letter, there was one other property available, the GEM property, which unlike the County Road 42 site, is already fully serviced (sewer, water, hydro, natural gas, drainage) and provides adequate redundancy required for a major health care institution.

Windsor City Council's decision was inconsistent with Section 1.1.3.3 and 1.1.3.4 of the Provincial Policy Statement, 2014, which favour existing serviced sites and intensification of an existing area when possible, because it favoured a site lacking servicing, and any redundancy rather than accommodating an existing area that is already fully serviced with redundancy.

The decision was further inconsistent with Section 1.6.1, 1.6.3 and 1.6.5 of the Provincial Policy Statement, 2014, because, the use of existing infrastructure was not optimized, and cost-effectiveness was not promoted through access to transit and active transportation.

Documents

My participation in the LPAT hearing would rely on the following documents, which are attached.

- Site servicing report for GEM Properties, dated May 25, 2015
- Letter dated January 25, 2016, written by me to my client, GEM Properties
- Alan Halberstadt article from February 2019 BizX Magazine

Conclusion

The issues raised by the appellant include concerns relating to the cost-effectiveness of greenfield site development and the additional long term municipal costs required to service the County Road 42 site for an Acute Care Hospital Facility. The information in the attached letter and as presented above explains how the selected site did not represent the more efficient or cost-effective of the choices available at the time of site selection.

Had our analyses been used as originally submitted by our firm, and if the significant cost of road improvements had been taken into account as outlined in our attached letter, it is my opinion that the County Road 42 property would not have been selected as the most efficient and cost-effective site for the proposed acute care hospital facility.

Furthermore, City Council should have been made aware of the differences between our firm's servicing reports and the figures that were ultimately used for this project, in order for them to make an informed decision on the matter.

27. Dee Sweet

After months of researching this particular need for rezoning, I can say with the highest level of confidence, the process used by the WRH Steering Committee to create their application (cited below) and the process used by the City of Windsor to accept the proposed amendments were flawed.

I'm a life long citizen of Windsor. I represent a unique position that must be heard as I previously supported the people/organization putting forth the proposal. In June of 2014, I had a 'Letter to the Editor' published in The Windsor Star, begging the people of CAMPP to use their energies elsewhere. I recognized someone or somebody has to make difficult decisions. In an attempt to defend the decisions of the WRH Steering Committee and argue, in an intelligent fashion, against opponents of the rezoning, I had to learn about the process and the plan.

After months of researching this particular need for rezoning, I can say with the highest level of confidence, the process used by the WRH Steering Committee to create their application (cited below) and the process used by the City of Windsor to accept the proposed amendments were flawed.

OFFICIAL PLAN AMENDMENT submitted by Windsor Regional Hospital for the entire lands described as the "County Road 42 Secondary Plan Area", located on the south side of County Rd 42, between 8th Concession Road and County Road 17, extending approximately 600m south of Baseline Road: File No. OPA #120 (OPA/5417); Ward 9 (S 97/2018)

ZONING BY-LAW AMENDMENT submitted by Windsor Regional Hospital for the land located at the southeast corner of the intersection of County Road 42 and the 9th Concession Road, municipally known as 0 9th Concession Road; File No. Z-007/18 (ZNG/5416); Ward 9 (S 98/2018)

FACT: Every inquiry I made about the WRH proposal was met with the same answer from either the Communications Manager (Allison Johnson), Dave Cooke or David Musyj; "look at the website, all the information is there." These emails are dated September/October 2016 (emails are available upon request). At that time, both Ms. Johnson and Mr. Cooke informed

me there will be no more public participation in the process until Stage 2. In 2016, there had been NO meetings... the body making this application was already asking me to be quiet.

FACT: Rezoning cannot be discussed without discussing the proposed hospital. The two topics cannot be separated

This amendment was NOT initiated by Windsor City Council. This amendment was NOT initiated because Windsor is growing and it is time for the above property to be developed. This amendment to Windsor's OP started with an RFP issued by the WRH Steering Committee. According to Windsor's current OP, there are 6 areas already identified for development. (Windsor's OP, Volume II) This particular property is not on the list.

The topic of the proposed hospital and the rezoning CANNOT be separated. This application would not be before the tribunal if WRH had determined the location for the proposed hospital and not depended on Requests for Proposals.

At Council, on both April 25, 2016 and again on August 13, 2018, Mayor Drew Dilkens stated that the location of a proposed hospital is beyond the scope of Windsor City Council. (Both meetings can be streamed from the City of Windsor website.) The Mayor made it clear the 2016 meeting was about the levy and the 2018 meeting about rezoning. The Mayor made an effort to keep opposing delegates on the topic of rezoning, yet at the 2018 meeting, he called Mr. Musyj to testify and at least five Councillors (Francis, Payne, Borrelli, Sleiman, Kusmierczyk) said in their closing statements that this was a vote FOR or AGAINST the hospital. At NO time were the people allowed this opportunity.

I reiterate, there would be NO rezoning if WRH had not initiated the application.

In spite of the claim there were over 50 consultations with the people, in the form of mall displays, radio call-in shows and town halls, at NO TIME AFTER THE ANNOUNCEMENT OF THE PROPOSED SITE (determined by an RFP) was there any public consultation. I can sit down with the Tribunal, the hired planners or the Mayor himself, and I can debunk the myth that public consultations were held. Admittedly, this needs the Tribunal to define 'public consultation'. If it is determined 'public consultation' it is an opportunity for two way communication, this application must be denied. These public information sessions were all about "Here is what I'm doing" and not "What do you think?"

The PPS, the OPA and Windsor's own Planning Act all dictate Council and citizen engagement. In the least, the WRH had an obligation to ensure that any RFP was inline with current zoning requirements. Section 6.6.2.3 specifically outlines the considerations for a Major Institution. The fact this piece of land DOES NOT meet the criteria of this section was never discussed and was ignored by both the WRH Steering Committee and Windsor's City Council on August 13.

The questions are whether Windsor is ready to grow and can it sustain a new neighbourhood. In Ward 9, the location of this proposed rezoning, there is no library nor a community centre. There are still uncovered ditches and gravel shoulders. From experience, I can state public transit is greatly lacking. The City of Windsor cannot maintain its neighbourhoods now. It is not time to grow.

The Mayor has repeatedly said this is not about the hospital. If it is not about the hospital, then Windsor should not expand. It is not time to develop these properties. REZONING THIS BEANFIELD DOES NOT GUARANTEE WINDSOR A NEW HOSPITAL. What is the backup plan should Windsor not receive the funding for the proposed hospital?

The decision cited above fails to meet the the PPS, The Planning Act, Windsor's Official Plan and every other piece of legislation as the people were never given the opportunity of public consultation. City Council claimed it was not under their jurisdiction. This decision develops a piece of land, not slated for development yet, according to Windsor's OP.

When is the time for discussion? If Council is confident that rezoning these properties is the right thing for Windsorites and it is separate from the hospital issue, why can there not be open and frank discussion with no mud flinging or name calling? I urge you to uphold the appeal and not allow the proposed zoning changes.

28. Caroline Taylor

An elderly person suspects they are having a stroke or heart attack. Should they first go to the proposed urgent care clinic downtown and chance not going to the city's only ER out beyond the airport? What is the appropriate facility? What if they were to die en route? An unthinkable scenario.

I, Caroline Taylor spoke as a delegate at the August 13, 2018 City of Windsor Council Meeting against the zoning proposal for the new mega hospital. I was a Registered Practical Nurse for 28 years before retiring 12 months ago.

The plan to build the city's only acute care hospital and a new neighbourhood on the other side of the airport will be detrimental to the viability of this city. Windsor should be building within its already established urban footprint as there are vacant properties in the city just waiting to be built on. When a city continuously develops on its outskirts without the population to sustain it (there has not been an increase in population) the city centre empties out. This puts more drain on the city's finances and the city cannot maintain itself. Windsor has ongoing infrastructure problems such as consistent flooding, vacant and blighted neighbourhoods, and undrivable streets. These issues need to be addressed. Money needed to build new infrastructure to support a new neighbourhood on the South Sandwich lands will surely take away from these priorities.

The proposed location of the new mega hospital is the furthest away from the city's most impoverished neighbourhood, Windsor's west end. Statistics Canada states that this is where the country's poorest children live. These children and their parents will be 17 kilometres from the new mega hospital. Picture a young single mother on social assistance whose child is in the NICU and she receives a call at 2 am. Her child is in distress. What options does she have? The city buses have stopped running. A cab will cost her well over 40 dollars. She has no other supports. Imagine her anguish. A granddaughter is called to the new hospital at 4 am to waive a DNR order for her dying grandparent. She lives in the west end. She depends on transit. What are her choices? Imagine her anxiety. An elderly person suspects they are having a stroke or heart attack. Should they first go to the proposed urgent care clinic downtown and chance not going to the city's only ER out beyond the airport? What is the appropriate facility? What if they were to die enroute? An unthinkable

scenario. Our vulnerable and elderly and those adopting the urban lifestyle choose to live in the city to be close to amenities such as a hospital. If hospital care is removed from the urban footprint, the urban lifestyle will disappear. Chapter 4 of the City of Windsor's Official Plan states the following in the preamble: "the healthy community philosophy is rooted in the belief that people's social, economic, cultural and psychological well-being is influenced by the physical environment in which they live, work and play. Building Windsor as a caring and diverse community is viewed as integral to providing all residents the opportunity and necessary supports to pursue their full potential." A hospital is a necessary support.

Hospitals are anchors in cities which attract all types of ancillary businesses to set up shop around them. If the hospital is removed from the city centre, businesses will follow, leaving a vacant gap. This goes against the Official Plan which states to build for density.

Hospitals are frequented by hundreds of people daily. Patients, staff and visitors all use various modes of transportation to get there. Some walk, some bike, some ride the bus and others drive. Moving the hospital to the other side of the airport will create a barrier and make it virtually impossible to get there on foot or on bicycle. One will need to drive or take the bus. This goes against Ontario's green energy policy which states that cities should at all costs encourage travel other than by car.

In closing, City Council's decision to allow the zoning proposal for the South Sandwich lands and build the new hospital in that location goes against the Province's planning policies and Windsor's Official Plan economically, socially, and environmentally.

29. Walpole Island First Nation

We wish to be added as participants to CAMPP's appeal to LPAT in order to raise issues related to the lack of consultation with indigenous communities through the planning process in question, and to raise concerns about access to health care, and specifically culturally appropriate health care, for our community.

Request

Our community requests to be added as a Participant to the LPAT appeal filed by CAMPP Windsor-Essex Residents Association of the decisions of Windsor City Council of 13 August 2018.

Who we are

Walpole Island is an island and [First Nation reserve](#) in southwestern [Ontario](#), on the border between [Ontario](#) and [Michigan](#) in the [United States](#). It is located in the mouth of the [St. Clair River](#) on [Lake St. Clair](#), about 121 kilometres by road from [Windsor](#) and 124 kilometres from [Detroit](#), Michigan.

It is [unceded territory](#) and is inhabited by the [Ojibwe](#), [Potawatomi](#), and [Odawa](#) peoples of the Walpole Island First Nation, who call it Bkejwanong, meaning "where the waters divide" in [Anishinaabemowin](#). In addition to Walpole Island, the reserve includes Squirrel Island, St. Anne Island, Seaway Island, Bassett Island, and Potawatomi Island. The river or creeks that separate these islands provide the area with its other commonly used name, Swejwanong or "many forks of a river."

Our people reside both on the reserve and elsewhere, including significant numbers in Windsor. The current population of Walpole Island First Nation is 4938 with approximately 2000 living off reserve.

Summary of our submission

We wish to be added as participants to CAMPP's appeal to LPAT in order to raise issues related to the lack of consultation with indigenous communities through the planning process in question, and to raise concerns about access to health care, and specifically culturally appropriate health care, for our community.

1. Territory

Chief Daniel R. Miskokomon states:

“The location of the New Mega Hospital will be situated within our Traditional Territory which is comprised of our people the Ojibwe, Odawa and Potawatomi Nations of the Three Fires Confederacy, and the need for the Duty to Consult on the project will ensure our concerns are addressed prior to our Consent.”

2. Need for meaningful consultation with Indigenous communities on planning related matters

The City of Windsor’s Official Plan requires that “Consultation with First Nations will take place as part of a development application or detailed planning study.” (10.2.1.14).

The Provincial Policy Statement states that “Planning authorities are encouraged to coordinate planning matters with Aboriginal communities.” (1.2.2).

The Truth and Reconciliation Commission (TRC) Calls to Action also call on municipalities to do better when it comes to decisions that will affect indigenous peoples. Call 47 requires municipalities (along with other levels of government) to “reform laws, government policies and litigation strategies that continue to rely” on colonial concepts. Reforming colonial laws, policies and litigation strategies must mean offering indigenous peoples a meaningful seat at the table when important decisions are being made. It must mean offering meaningful consultation in a way which is culturally appropriate to our people.

We commend the work that has been done by the City of Windsor on other projects to improve collaboration with indigenous communities. Respectfully, however, with respect to the mega-hospital, there was no attempt at meaningful consultation. We request the opportunity to be able to work with those considering locations for the mega-hospital (along with other aspects of the planning process) to ensure that what is planned is suitable for our community as well as others.

3. Importance of considering healthcare needs of WIFN community members treated in Windsor

The decision about where to locate a hospital which will serve the Windsor-Essex community is a decision that will affect the full community for generations. This includes

both the significant number of indigenous persons (including members of Walpole Island First Nation) who reside in Windsor/Essex, and those who travel to Windsor currently for more complex medical care for themselves and their families.

Many of our community members reside in Windsor-Essex and therefore receive all needed hospital care in Windsor. In addition, the healthcare facilities of Windsor-Essex are used by residents of Walpole Island for some complex medical treatments. We are therefore part of the constituency affected by any decisions being made about the quality and location of hospital care in Windsor-Essex.

4. Need for healthcare to be accessible from populated areas

A large portion of the indigenous community in Windsor/Essex regions resides in the downtown Windsor area. The proposed County Rd 42 site is far from where most of our community resides. It is not accessible by bus, and the proposed location will cost nearly \$30 each way. It is far from where our people live in the city, far from affordable accommodation, and far from the family and community support which sustain us when we or a family member is ill. Retaining accessible hospital care in the existing urban area of the city would provide much more support and accessibility.

We ask for the opportunity to be added as Participant in the LPAT appeal to bring these concerns forward.