

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

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

SUPPLEMENTARY APPLICATION RECORD

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

March 10, 2026

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**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:



THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

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

FURTHER AMENDED NOTICE OF APPLICATION

TO THE RESPONDENT

A LEGAL PROCEEDING HAS BEEN COMMENCED by the Applicant. The claim made by the Applicant appears on the following page.

THIS APPLICATION will come on for a hearing (*choose one of the following*)

- ☐ In writing
- ☒ In person
- ☐ By telephone conference
- ☒ By video conference

at the following location:

85 Frederick Street, Kitchener, ON N2H 0A7

on ~~May 15, 2025. November 19, 20, 21, 2025.~~ April 16, 17, 20, 2026.

IF YOU WISH TO OPPOSE THIS APPLICATION, to receive notice of any step in the application or to be served with any documents in the application, you or an Ontario lawyer acting for you must forthwith prepare a notice of appearance in Form 38A prescribed by the *Rules of Civil Procedure*, serve it on the Applicant's lawyer or, where the Applicant does not have a lawyer, serve it on the Applicant, and file it, with proof of service, in this court office, and you or your lawyer must appear at the hearing.

IF YOU WISH TO PRESENT AFFIDAVIT OR OTHER DOCUMENTARY EVIDENCE TO THE COURT OR TO EXAMINE OR CROSS-EXAMINE WITNESSES ON THE APPLICATION, you or your lawyer must, in addition to serving your notice of

appearance, serve a copy of the evidence on the Applicant's lawyer or, where the Applicant does not have a lawyer, serve it on the Applicant, and file it, with proof of service, in the court office where the application is to be heard as soon as possible, but at least four days before the hearing.

IF YOU FAIL TO APPEAR AT THE HEARING, JUDGMENT MAY BE GIVEN IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO OPPOSE THIS APPLICATION BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

Date May 1, 2025 Issued by Ingrid Peters
Local Registrar

Digitally signed by Ingrid Peters
DN: cn=Ingrid Peters, o=Ministry of
Attorney General, ou=Civil
Department,
email=ingrid.m.peters@ontario.ca,
c=CA
Date: 2025.05.02 10:15:59 -04'00'

Address of Superior Court of Justice
court office: 85 Frederick Street
Kitchener, ON N2H 0A7

TO: PERSONS UNKNOWN AND TO BE ASCERTAINED

APPLICATION

1. The Applicant, the Regional Municipality of Waterloo (the “**Region**”) makes application for:

- (a) a declaration that By-law Number 25-021 of the Regional Municipality of Waterloo, *A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development, as amended January 9, 2026 by By-law Number 26-001* (the “**Amended By-law**”), complies with the *Charter of Rights and Freedoms*, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982* (U.K.), 1982 c. 11 (“*Charter*”);
- (b) if requested, an interim and final order (“Injunction Order”) that any persons having notice of the Injunction Order are restrained and enjoined from breaching the Amended By-law by remaining on and/or re-entering the property municipally known as 100 Victoria Street North, City of Kitchener (the “**Property**”) except as in accordance with the Amended By-law;
- (c) an Order that service and notice of this Application is hereby dispensed with, provided that:
 - (i) a copy of this Notice of Application is posted in a prominent location on the Property; and

- (ii) a copy of this Notice of Application is served on the Waterloo Region Community Legal Services; and
 - (d) such further and other Relief as this Honourable Court may grant.
- 2. The grounds for the application are:

The Parties and the Encampment

- (a) The Region is the owner of the Property;
- (b) Since in or around December 2021, certain persons have been residing on the Property in tents and other makeshift dwellings (the “**Encampment**”);
- (c) The Region has been providing supports to those residing in the Encampment (the “**Residents**”) since shortly after the Encampment was established;
- (d) These supports include immediate measures to improve the health and safety of the Residents (through providing bathroom access, facilitating the cleaning of the Property, and other measures) and to provide more long-term stability to the Residents (such as assisting these individuals with accessing the shelter system or finding affordable long-term housing);

The Persons Unknown Decision

- (e) On January 27, 2023 Justice Valente of the Ontario Superior Court of Justice dismissed an application brought by the Region to enforce the Region’s By-Law number 13-050, *A By-Law Respecting the Conduct of*

Persons Entering Upon Buildings, Grounds and Public Transportation Vehicles Owned or Occupied by the Region (“**General Code of Use By-Law**”) against the residents of the Encampment;

- (f) In his decision (the “**Persons Unknown Decision**”), His Honour declared that the General Code of Use By-Law is inoperative insofar as it applies to prevent the Residents of the Encampment from living on and erecting temporary shelters without a permit on the Property when the number of homeless persons exceeds the number of available accessible shelter beds in the Region;
- (g) His Honour further provided that the Region may apply to terminate his declaration upon it being in a position to satisfy the Court that the General Code of Use By-Law no longer violates the section 7 *Charter* rights of the Residents of the Encampment;
- (h) The Amended By-Law at issue in this Application is not the same as the General Code of Use By-Law previously at issue in the Persons Unknown Decision. Rather, it is a site-specific By-Law that:
 - (i) Has the specific purpose of providing for vacant possession of the Property by April ~~December~~ 1, 2026~~5~~, when such possession is required by the Region to facilitate construction of the Kitchener Central Transit Hub (“**KCTH**”);

- (ii) Is intended to respect the *Charter* rights of those persons who were residing at the Encampment as of the date that public notice of the By-Law was provided (“**Existing Residents**”); and
- (iii) Is accompanied by a plan to provide accessible shelter facilities to the Existing Residents, in a manner consistent with the Region’s Plan to End Chronic Homelessness;
- (i) Although not required under the Persons Unknown Decision, the Region seeks guidance and a ruling from this Honourable Court that the site-specific Amended By-Law complies with the *Charter*;

The Kitchener Central Transit Hub

- (j) The Region is undertaking the design and construction of the KCTH, which is a new transportation centre to be located at the corner of King and Victoria Streets in Kitchener. The KCTH will be constructed by the Region in conjunction with Metrolinx;
- (k) The KCTH is a milestone infrastructure development for the Region and a strategic priority for the Region. Once completed, it will connect ION light rail, Grand River Transit, GO Transit (rail and bus service), VIA rail service, pedestrians, and cyclists in one location;
- (l) The KCTH will provide a critical public good to the Region, including providing more affordable and reliable transportation options and greater

connectivity for all residents of the Region to access jobs, schools, and essential services, both within and outside the Region;

- (m) The KCTH will also bring significant economic opportunity to the Region, by creating connections with surrounding communities, and acting as an anchor for economic development;
- (n) Metrolinx requires the Property in connection with the construction of the KCTH construction by March of 2026, subject to extension;
- (o) The Region requires vacant possession of the Property by ~~April~~ December 1, ~~2026~~5 to prepare the site for Metrolinx's use;

The By-law

- (p) The Region enacted the By-law on April 23, 2025. The By-law came into force the following day;
- (q) Notice of the By-law was provided through the public release of the agenda of the Council meeting at which this By-law was considered (the “**Public Notice Date**”), being April 16, 2025;
- (r) The By-law was enacted pursuant to the Region's authority under the *Municipal Act, 2001*, S.P. 2001, c. 25;
- (s) The By-law was amended by By-law Number 26-001 on January 9, 2026, to defer the vacant possession date, remove the offence provision and to codify a transition policy;

- (t) The Amended By-law:
 - (i) prohibits certain activities from being carried out on the Property;
 - (ii) prior to ~~April~~December 1, ~~2026~~2025, prohibits persons other than Existing Residents from erecting a shelter or residing on the Property; and
 - (iii) as of ~~April~~December 1, ~~2026~~2025, prohibits all persons from entering, residing on, or occupying the Property unless that person is authorized by the Region to do so.
- (u) To facilitate the best possible outcomes for Existing Residents, the Region will continue to assist them in finding and transitioning to suitable alternative living arrangements;

Other Grounds for Relief

- (v) Sections 11 and 440 of the Municipal Act, 2001, S.O. 2001, c. 25
 - (w) S. 101 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43;
 - (x) Rules 2.03, 3.02, 14.05, 16.04, 16.08, 38 and 40 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194;
 - (y) Such further and other grounds as the lawyers may advise.
3. The following documentary evidence will be used at the hearing of the application:
- (a) Affidavit of Peter Sweeney, to be sworn;

- (b) Such further and other evidence as the lawyers may advise and this Honourable Court may permit.

~~(Date of issue)~~
~~June 16, 2025~~
March 10, 2026

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THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and- Court File No.
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT
WATERLOO REGION

FURTHER AMENDED NOTICE OF APPLICATION

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

AFFIDAVIT OF SHARON KOIVU

I, Sharon Koivu, of the City of Port Stanley, in the Province of Ontario, AFFIRM:

1. I am a physician practicing in Ontario. I have been retained by Paliare Roland Rosenberg Rothstein LLP on behalf of the Regional Municipality of Waterloo ("Region") to provide an expert opinion in this matter on the health risks of encampments, and to comment on affidavits filed by the Respondents. This Affidavit contains matters that are within my personal knowledge and professional expertise. Where my knowledge is based on information and belief, the source of that knowledge is identified and I believe it to be true.

2. I have been a physician practicing in Ontario for 40 years. I have been an Addiction Physician for 13 years. I have my Certificate of Added Competency in Addiction Medicine from the College of Family Physicians of Canada.

3. My work as an Addiction physician has been primarily providing inpatient Addiction Medicine Consultations for inpatients in both urban and small urban hospitals, London Health Sciences Centre (LHSC), St. Joseph's Health Centre London, (SJHC) and St. Thomas Elgin General Hospital (STEGH). The patients that I see are admitted to hospital and have a substance use disorder. The reason for the admission may or may not be related to their substance use.

4. From 2012-2021 I was the sole health care provider offering comprehensive Addiction Medicine Consults at LHSC and SJHC. From 2023-2024 I worked as part of an Addiction Medicine Consultation Team in LHSC. I remain the sole Addiction Medicine practitioner in the STEGH.

5. I also served as an acting Medical Officer of Health in Elgin-St. Thomas for 10 years and have experience in Public Health. I have been a Lawson research scientist. I am an Assistant Professor at Western University and have been responsible for teaching, Addiction Medicine, Palliative Care, Chronic Pain Management, Medical Ethics and Indigenous Cultural Safety.

6. I have been involved in numerous committees addressing the opioid crisis including the Community Opioid Overdose Prevention Program: Middlesex London Health Unit, Opioid Crisis Working Group: Middlesex London Health Unit, Opioid Use Disorder Standards Advisory Committee: Health Quality Ontario, Preventing and Managing Infectious Disease Among People Who Inject Drugs in Ontario: McMaster University Health Forum.

7. I have been a volunteer member of numerous organizations, including Street Level Women at Risk Committee, London, the London Homeless Coalition, the Sexual Assault Centre, London, Canadian Mental Health Association, St. Thomas, Violence Against Women Services, St. Thomas Ontario, Physicians for Social Responsibility, the Canadian Society of Addiction Medicine and Addiction Medicine Canada.

8. Many the patients that I see are vulnerably housed or experiencing homelessness. I have seen patients who are living in homeless shelters, in tent encampments, and in both environments.

9. Additionally, from 2013-2021 I lived in neighbourhoods in London in which many encampments formed. I regularly walked in the area and spoke with people living in the encampments, often providing food, clothing, sleeping bags or other essentials. I have not lived in the Waterloo Region and to the best of my knowledge, I have not treated any patients who are or were residents of the encampment at 100 Victoria Street North, Kitchener ("100 Vic").

10. A copy of my curriculum vitae is attached hereto as **Exhibit A**.

11. My executed Form 53 in respect of my opinion is attached hereto as **Exhibit B**.

12. Additionally, I confirm I have reviewed Rule 4.1 of the *Rules of Civil Procedure* with respect to the duty of an expert.

Instructions to Expert and Scope of Opinion

13. I have been asked to provide my opinion, from the perspective of my area of expertise, with respect to health outcomes for people experiencing homelessness who

live in encampments, as compared to in shelters. I am informed by counsel to the Region that the Region's evidence is that unhoused residents of 100 Vic may be offered various forms of shelter, including space at shelters, tiny homes, transitional housing, subsidized housing, or motel rooms with supports. My comments below focus on encampments in comparison to shelters, because that has been studied in more depth. However, my evidence can be generalized in most cases to all forms of shelter that feature permanent structures, heating in winter, and protection through lockable spaces and/or staff supervision.

14. My opinions, findings, and conclusions are set out below under three main headings, namely:

- (a) Opinion on health outcomes for people experiencing homelessness who live in encampments, as compared to in shelters.
- (b) Comments on opinion evidence (affidavits) of the Applicants' witnesses.
- (c) Final Comments

15. The numbered references in superscript in my opinion below correspond to the list of Works Cited attached hereto as **Exhibit C**.

A. *Opinion on health outcomes for people experiencing homelessness who live in encampments, as compared to in shelters*

16. Homelessness currently is a complex crisis in Canada. Encampments have developed as a response to this crisis.

17. Encampments pose extensive health and safety risks to the people living in the encampments as well as public health and safety risks to the community.^{6,8,9,17,18,19,27,35}

18. When studied it was found that unsheltered people experiencing homelessness have a 2.7-fold increased risk of mortality compared to those who are sheltered.²⁷ Encampments are not a safe alternative to housing or to a shelter.^{5, 16}

19. There are significant health risks to all people experiencing homelessness. There are some particularly serious risks associated with living in encampments. Below I will address risks that I have witnessed as a physician, risks that I am aware of from the literature and the media, and risks that I have observed living near encampments.

20. In his affidavit Dr. Hwang stated, "Having a tent or other temporary structure provides some relief from the elements."

21. In fact, tents are largely ineffective at preventing significant injury from exposure, and should not be regarded as a safe alternative to indoor shelters.

22. There are significant health risks to those living in encampments due to exposure to the elements. While extreme cold increases the risk, injury and death can occur in moderately cold temperatures.^{4, 42, 43, 44}

23. I have seen numerous patients who developed serious frostbite while living in a tent in an encampment. At times this has led to the loss of fingers, toes, or feet. I have had patients who have required bilateral leg amputations due to injury from frostbite. This form of tissue damage is extremely painful. These physical injuries are life-altering and

make people even more vulnerable. Gangrene resulting from frostbite can lead to sepsis and death.

24. Hypothermia, a decrease in body temperature from exposure to cold temperatures, is a problem in encampments and can lead to cardiac arrest and death.^{45, 46}

25. The risk of these injuries is increased in people who have a prolonged decrease level of consciousness, such as those using sedating drugs including opioids, benzodiazepines and alcohol.

26. Trying to stay warm while in an encampment can lead to dangerous practices. I have had patients who have received severe burns from tent fires. These have included burns which have made their face unrecognizable and burns which have involved large areas of their body, leading to damage of function of extremities. I am aware of several people dying in tent fires.^{47, 48, 49}

27. Fires are also used for cooking. This can occur all year long. People in encampments are at risk of burns from fires beyond the winter months.^{47, 49}

28. I am aware of risks from propane tanks used to heat tents, including explosions causing injury and death and carbon monoxide poisoning.⁵⁰

29. In June 2024, a tent at an encampment in Hamilton was set on fire as a targeted, violent attack. This was not anti-encampment statement. It illustrates risks of violence to people living in an encampment, including risk of burns.⁵¹

30. Prolonged exposure to damp and wet conditions can lead to another painful condition, a non-freezing cold injury, trench foot. Trench foot can occur without freezing temperatures. The moist environment created by condensation in a tent is a risk factor. Condensation occurs when warm moist air from breathing sweating or a heat source comes in contact with the cooler tent surface causing water vapor in the air to turn into liquid water. The feet can be affected in temperatures up to 16 C and the disease can develop in as little as 10 to 14 hours.⁴

31. I have seen trench foot complicated by skin breakdown and infection. Complications of trench foot can lead to amputation.⁵²

32. All cases of severe frostbite, hypothermia and trench foot that I have seen involved people living in tents in encampments. I did not see any cases in patients staying in shelters even when they left the shelter during the day.

33. Adverse weather events, including windstorms and lightning are dangerous to people living in encampments. Windstorms can destroy tents, lead to broken tree branches, and blowing debris that can cause injury and death.⁵⁴ I have had a patient who was killed by a falling branch. Lightning can strike a tent, tree, or the ground and cause harm.

34. Heat exposure also poses health risks for people in encampments. Extreme heat can result in heat stroke. Internal tent temperatures can quickly rise to 10-25 degrees Fahrenheit warmer than the outside temperature. This can be dangerous, as the human body struggles to dissipate heat at such high temperatures, leading to heat injury including heat stroke. ^{12, 53}

35. In everyday usage, tents have an outer surface and inner wall that interact with both the outdoor and indoor environments. Due to the influence of outdoor temperature and solar radiation, the outer surface temperature is higher than the ambient temperature outside. The elevated outer surface temperature transfers heat to the inner surface through the enclosure structure. The inner wall of the tent exchanges heat with the human body through radiation and convection, thereby impacting human thermal perception. When the inner surface temperature of the tent exceeds the body temperature, the body becomes unable to dissipate heat through radiation and may even absorb heat, leading to increased body temperature and discomfort.¹²

36. Tents have been studied. Using any tent resulted in higher daytime in-tent air temperature than ambient outside air temperature. Further, compared to a control tent, the air temperature within tents shaded with sunbrella, tarp, and white bedsheet had significantly higher air temperature at all times (2.36 °C, 2.46 °C, and 1.11 °C higher air temperature, respectively), controlling for air temperature and day/night.¹⁴

37. Adding cover materials over tents, which I have seen done at encampments, increases heat risk to an already vulnerable population. Higher in-tent air temperature is attributable to the reduced ability for heat and vapor to escape.¹⁴

38. There is an even a higher risk of heat strain (core temperature beyond 40°C) for people using substances.¹³

39. Heat, without accessible water can cause dehydration. Excessive heat exposure and dehydration can cause a very serious condition called rhabdomyolysis. Rhabdomyolysis is a condition in which there is skeletal muscle tissue breakdown and

cell death.³¹ This causes the release of various substances into the blood that can damage the kidneys.

40. Severe dehydration and overheating accelerate muscle breakdown. Kidneys are unable to dispose of the body's waste without plenty of fluids. This can cause kidney failure.³¹

41. Rhabdomyolysis can also occur directly as a direct result of drug use such as Methamphetamine.^{22, 25} The combination of heat, dehydration and Methamphetamine increases the risk of kidney failure. I have seen patients require dialysis as a result.

42. Tissue damage, particularly from lying in one place for an extending period, can also cause rhabdomyolysis and kidney failure. The risk of rhabdomyolysis increases in people who have a prolonged decreased level of consciousness, such as people using sedating drugs including opioids, benzodiazepines and alcohol. Complications of heat, dehydration and drug use can result in death.³¹

43. Rodents pose serious risks to people living in encampments and to neighbouring communities. I had a patient who woke after opioid use to discover that they had severe damage to their face. It is believed that the damage was caused by a rodent attack.

44. People in encampments are at risk of infectious diseases carried by rodents.^{55, 58}

45. Many infections are caused by exposure to rodent droppings or urine. These include Hantavirus which can cause Hantavirus Pulmonary Syndrome. Rodents can also be the source of other infections including Lyme Disease and Rat-bite fever. These harms can be spread to neighbouring communities.^{18, 27, 56, 57}

46. Rodents can also be a source of rabies. Fortunately, rabies is rare in Ontario. However, I have had an unhoused patient who was bitten by a skunk and required Rabies shots.

47. While people have expressed the benefit of having a dog in an encampment, I have seen patients who have had serious dog bites. These have included bites to the face, hands and forearm. There are also example of dogs posing a danger to people working in areas where there are encampments. Children could be at risk if encampments are in parks or near playgrounds.⁶¹

48. Due to lack or inadequate sanitation, people in encampments are at risk of developing infections spread through feces. There are examples of Hepatitis A outbreaks in encampments.^{6, 18, 29, 39, 40} I am informed by counsel that the Region's evidence on this application is that human feces, urine, and drug paraphernalia have all been found at the encampment at 100 Vic.

49. Viruses, bacterial, fungal and parasitic infections can spread through feces. Some can be severe, even life-threatening, particularly combined with malnutrition or dehydration.^{18, 27, 36}

50. While I was living in the neighbourhood in which an encampment formed it was common to see feces on the back steps and front entrances to businesses. This puts the community at risk of acquiring infections through fecal contact.^{8, 62}

51. Body fluids, including blood and urine, can also spread infections. Blood is more likely to be present in areas of violent assaults such as stabbings, and where there is inadequate access and disposal of menstrual products.

52. Sharing needles and paraphernalia increases the risk of spreading blood borne infections including HIV and Hepatitis C. Improperly discarded needles and contaminated products poses a risk to people in the encampments, including people living there, working, walking through or playing in the area. A needlestick injury can be very stressful and require bloodwork and possible treatment.^{9, 19, 24, 33, 36, 39, 60, 63, 67}

53. In my experience injection drug use in encampments increases the risk of infectious complications, including sepsis and spine infections, likely because of the unsanitary conditions and the method of using the paraphernalia.^{3, 66}

54. While there is a lack study of the environmental impact on urban homeless encampments there is an indication that they may contaminate urban surface water which can be a risk for people in the encampment and community.^{8, 62}

55. Porta-potties are now often installed to mitigate the risk of fecal contamination. If not kept clean they can be a site of transmission of bacteria, viruses and parasites including Ecoli, Norovirus, Salmonella and hepatitis A.^{6, 18, 29, 40}

56. There are numerous reports of people dying from overdose deaths in porta-potties.^{64, 65, 66} They get hotter than the outside air by several degrees making the risk higher if people take a sedating drug in a porta-potty during extreme heat.^{12, 13, 14} The

municipality of London installed a porta-potty to support an encampment near my home. It was set on fire shortly after the installation which created additional safety risk.

57. People experiencing homelessness are more at risk of developing other serious communicable diseases than the general population. Additionally, they have a higher mortality rate from these diseases than someone in the general population who acquires the same disease.^{18, 27, 29, 34, 36, 40} Reportedly, a Typhus outbreak has been associated with an encampment.¹⁸

58. Other illnesses people experiencing homelessness are at risk of include respiratory illnesses such as TB, Coronavirus, and influenza. Additionally, they are at risk of skin infections such as scabies and lice. Many of these conditions can occur in both encampments and in homeless shelters.^{18, 27, 36, 39.}

59. However, homeless shelters can put safeguards in place to mitigate the risks, including social distancing, masks, and using clean linen, providing directly observed therapy (DOT) for TB, and medical support which are not available in encampments.^{15, 23}

60. During 2001-2002, a large shelter-based Tuberculosis outbreak occurred among homeless persons in Toronto. This led to a coroner's inquest resulting in the creation of a public health team dedicated to case management, contact follow-up, advocacy, education, health promotion, and active case finding among the city's homeless and underhoused population. Primary prevention efforts focus on shelter-based control measures, which have proven effective at reducing person-to-person spread of drug-resistant TB in other urban centers Improved ventilation systems at shelters will help reduce the spread of TB during an outbreak. Additionally, the recommendation was for

the expansion of sustainable housing programs for homeless and marginally housed populations to help reduce the number of persons needing to use.²³

61. Furthermore, a study of Pandemic Planning in Homeless Shelters in Hamilton showed that they were effectively able to prevent outbreaks of coronavirus within shelters. This included screening, rapid assessment and treatment, restructuring of physical spaces to accommodate isolation of residents with confirmed COVID-19 and those awaiting test results; and rapid turnaround of test results through collaboration with regional laboratory program allowing triage of individuals into isolation spaces without exceeding available capacity. Such strategies are not available in encampments.⁵

B. Some Comments on Respondents' Affidavits

62. I value the knowledge and compassion expressed in the Affidavits that have been provided to me, which include the Affidavits of Dr. Hwang, Dr. Gupta, Jacara Droog and Angela Allt. I set out some comments on them, including points on which I disagree with them, below.

63. I agree with Dr. Hwang that people experiencing homelessness have a higher incidence of many chronic diseases than the general population.²⁷ However, in my opinion his affidavit does not support a conclusion that encampments pose lower health risks than shelters or other alternative accommodation.

64. A study referenced by Dr. Hwang, "Cardiovascular Disease and Homelessness" illustrated the risk of Cardiovascular disease among the homeless population.²

65. The authors found that “cardiovascular disease (CVD) is a major cause of death among homeless adults, at rates that exceed those in non homeless individuals. A complex set of factors contributes to this disparity. In addition to a high prevalence of cigarette smoking and suboptimal control of traditional CVD risk factors such as hypertension and diabetes, a heavy burden of nontraditional psychosocial risk factors like chronic stress, depression, heavy alcohol use, and cocaine use may confer additional risk for adverse CVD outcomes beyond that predicted by conventional risk estimation methods. Poor health care access and logistical challenges to cardiac testing may lead to delays in presentation and diagnosis. The management of established CVD may be further challenged by barriers to medication adherence, communication, and timely follow-up.”²

66. They did not compare shelters and encampments. They concluded: “we wholeheartedly concur with policy recommendations calling for improved and immediate access to housing for homeless people.”^{2, 16} They did not recommend encampments.

67. A study in Vancouver compared chronic physical health conditions among people experiencing homelessness who were sheltered with those who were not sheltered including living in encampments. Those not in shelters had a statistically higher incidence of many conditions including neurological disorders, musculoskeletal disorders, long-term illness such as cancer, diabetes and anemia, gastro-intestinal disorders, cardiovascular disease and sensory disorders including glaucoma, cataracts and hearing loss when compared to those in shelters. There were no instances where being in a shelter posed a risk over not being sheltered.²¹ This study is consistent with my experience.

68. Additionally, when even the most vulnerable are provided with supportive housing with wrap-around services, outcomes are shown to be greatly improved.

69. Twenty-five highly supportive housing units opened in London with support from London Cares, the City and the London Health Sciences Centre (LHSC). While social, financial, and personal challenges begin to lessen, an impact was also seen on both the health of individuals, and on the healthcare system. "We've seen a reduction in emergency visits by 74 per cent," said Deborah Wiseman, the president of Victoria Hospital, of the first three months for people living in the building. "That extends itself because about 15 per cent of those emergency visits convert to inpatient admission." ⁴¹

70. People who experience homelessness are often victims of physical violence, intimidation and threats of physical violence. While violence can happen in shelters, in my experience people living in encampments have a higher risk of violence, and the violence is more severe.^{51, 73, 74, 75,76, 88}

71. Studies have also found that shelters have also provide protection from violent crimes when compared to unsheltered.⁸⁶

72. I have seen many patients who have been victims of stabbings and beatings. I have had many patients, particularly women and those with physical disabilities tell me that they are threatened with violence if they do not relinquish much of their prescribed opioids, "Safe Supply". I have had patients tell me that they would rather risk having an overdose death from smoking illicit fentanyl then risk getting an infection, such as a spine infection, from injecting regulated drugs such as Hydromorphone (Dilaudid), as having a disabling infection makes them vulnerable. I have had patients who have developed a

severe disabling infection such as a spine infection causes a gait disturbance or have lost a fingers or feet to frostbite express who expressed fear of being discharged back into the encampment because the new physical disability changed their position in the (hierarchy of the) community and made them vulnerable to violence.

73. Many patients that I saw suffered from traumatic brain injury (TBI). The assaults that I was aware of happened outside of a supervised setting, such as a shelter.

74. A Canadian study showed that alcohol-related head trauma is more likely to predispose the subject to subsequent TBI than is the severity of the index trauma itself.²⁰

75. The authors concluded that “Mental health support and addressing residential instability and problematic substance use may reduce further risk of TBI and its associated poor health and social outcomes in this population.”²⁰

76. Another study referenced by Dr. Hwang found that “Homeless and vulnerably housed individuals with a lifetime history of TBI are more likely to be ED users, arrested or incarcerated, and victims of physical assault over a 1-year follow-up period even after adjustment for health status and other confounders. These findings have public health and criminal justice implications and highlight the need for effective screening, treatment, and rehabilitation for TBI in this population.”³⁰

77. This study did not compare people in shelter to those in encampments. In my experience the unsupervised environment within an encampment, as well as alcohol and drug use, put people at risk of having a traumatic brain injury by assault or other trauma

such as a fall. Encampment do not provide the screening, treatment or rehabilitation which can be available at or through a shelter.

78. In addition to violence that my patients have experienced, I am aware that encampments in other areas such as Hamilton have been the sites of violence including stabbings, beatings, shootings, theft and a tent being set on fire.^{51, 73, 74} It has also been reported that at an encampment in Barrie, one resident allegedly murdered and dismembered two other residents.⁸⁹

79. Sexual violence, sexual exploitation and sexual traffic are real concerns in encampments. I have had a patient inform me that they were sexually exploited and /or trafficked.

80. The CEO for Oneroof, an agency that has offered youth services in Kitchener, has publicly expressed concerns that girls as young as 12 are being groomed for sexual trafficking at a local encampment.^{70, 71, 72, 73}

81. One of the negative consequences of this sexual abuse is sexually transmitted illnesses (STIs). STIs are more common in people who experience homelessness than the general population. Among the homeless population the rates of all STIs are higher in in women and girls than among men and boys, including HIV, syphilis, chlamydia, and gonorrhea providing supporting data that women and girls are vulnerable to sexual exploitation.¹⁸

82. While sexual violence can happen within a shelter, shelters generally are often age and gender specific and have staff available to safeguard against such occurrences.

83. People experiencing homelessness have a higher incidence of mental health issues than the general population. The Canadian Mental Health Association estimates that 25 to 50 per cent of people experiencing homelessness live with a mental health condition.⁶⁹

84. The Homeless Hub states:

People with poor mental health are more susceptible to the three main factors that can lead to homelessness: poverty, disaffiliation, and personal vulnerability. Because they often lack the capacity to sustain employment, they have little income. Delusional thinking may lead them to withdraw from friends, family, and other people. This loss of support leaves them fewer resources to cope with times of trouble. Mental illness can also impair a person's ability to be resilient and resourceful; it can cloud thinking and impair judgment. For all these reasons, people with mental illness are at greater risk of experiencing homelessness.

85. Homelessness, in turn, amplifies poor mental health. The stress of experiencing homelessness may exacerbate previous mental illness and encourage anxiety, fear, depression, sleeplessness, and substance use.^{67, 69}

86. I have witnessed problems resulting from this vulnerability. People with mental health issues are often exploited. I have had patients with severe mental health issues who have much of their prescribed opioids taken from them. Patients with poor mental health are more likely to be sexually exploited and victims of violence and theft.

87. The location of encampments can also be problematic. People are attracted to areas that are not safe to be, both for people living in the encampments and the surrounding community, because of the presence of diverted drugs. When there was significant drug diversion occurring in the community, encampments formed near a pharmacy in which I was informed by various patients I saw at LHSC that much diversion

of prescribed opioids took place. This is an area with no greenspace with multiple adjoining parking lot behind local businesses. I had patients who had been housed who left their homes and apartments to live in the encampment. They advised me that they had moved to the encampment because diverted prescribed opioids were cheaper and more plentiful at this location than farther from this source of diversion.^{82, 83}

88. Homelessness, addiction and mental health are very complex and often interconnected.^{68,69} A number of my patients came from middle class and affluent families locally or in other regions Ontario. Some were not able to live at home with their families. Some had relatives who wanted them to come home. Some chose encampments instead of shelters even when they were available. Some were not allowed to return to any shelter, often because of a violent history.

89. Frequently patients expressed being attracted to the encampments because of the lack of restrictions on drug use and absence of rules.

90. Often, they expressed that they had not understood, appreciated, or considered the health risks of living in an encampment.

91. I observed deterioration in physical and mental health in people who moved into encampments. For many people this led to bad health outcomes and even death.

92. Most patients reported an increase in drug use in encampments They were also less likely to practice safe techniques when using paraphernalia or attend the supervised injection site. The amount of drug use increased. Patients reported progressing from prescription opioids to illicit fentanyl. Patients, even those whose drugs of choice were

opioids, reported a high use of stimulants, particularly Methamphetamine to stay awake to protect themselves from assault or theft. This led to a further deterioration in their mental and physical health and increased risky behaviour, including risky sexual behaviour. This also put them at increased risk of rhabdomyolysis and kidney failure.

93. Hospitalized patients who expressed interest in recovery advised me that recovery was essentially impossible within an encampment. Drugs are accessible, available and cheap.^{82,83,84} Regular exposure to drug use is a trigger making recovery not feasible. I have also heard from people who were not living in encampments that exposure to public drug use has been a trigger that contributed to a relapse. Studies on tobacco have shown that when smoking is normalized and allowed in public places it increases the risk that youth will smoke. This contributed to banning cigarette smoking in and around playgrounds.¹⁰ Based on my experience, I believe that normalization likely has a similar impact on drug use. While it is important to end stigma of addiction, public drug use will have negative consequences to people in encampments and the community.^{72,77,78,79,80,81}

94. Dr. Hwang mentions harms of encampment sweeps and forced evictions. People living in encampments need to be treated with dignity and respect.

95. The study “Harms of encampment abatements on the health of unhoused people”, can be found in exhibit “J” in Dr. Hwang’s affidavit. This study primarily addresses encampments in Santa Clara California. This study identified health and social risks when people were forcibly removed from encampments when there were “no reasonable alternative places to stay.” Forcible removal generally included property seizures.

96. The authors did not compare to health of people staying in shelters or provided with shelter. Of note, the climate of Santa Clara California is significantly different from Waterloo Region. American health care is significantly different from Canadian Health Care.

97. The study stated that “There is an urgent need for long term housing for unhoused people.” Encampments were not seen as the goal or end point.

98. In his Affidavit, Dr. Gupta acknowledges many of health risks of people experiencing homelessness

99. He also referenced an important literature review: “Unsheltered Homelessness and Health: A Literature Review,” American Journal of Preventative Medicine Focus, 2(1) (2023): 100043.85

100. However, he his changing of the definition used to in the review to define unsheltered homeless is significant.

101. Dr. Gupta quoted the review as stating: “Unsheltered individuals (those who “sleep rough” without a tent) are more likely to report recent victimization, when compared to people staying in emergency shelters”.

102. In fact, in the article. the definition used for unsheltered individuals included those living in encampments and not just those who “sleep rough” without a tent. The article stated: “Unsheltered homelessness has been referred to as street homelessness,¹² absolutely homeless,¹³ rooflessness, sleeping rough,¹⁴ or long grassing,¹⁵ and in turn,

individuals have been referred to as rough sleepers, street/pavement dwellers, and encampment residents.”⁸⁵

103. Their conclusion: “Unsheltered populations” (including people living in encampments) “experience high rates of chronic disease, serious mental illness, and substance abuse than sheltered populations. Unsheltered homelessness is strongly associated with chronic homelessness that exacerbates serious mental illness and substance use, which are often co-occurring. The rates of premature mortality are high relative to sheltered populations, and older adults are particularly vulnerable owing to accelerated aging while on the street”⁸⁵

104. Dr. Gupta also quoted another important paper: Adeline M. Nyamathi, and Lillian Gelberg, "Sheltered Versus Nonsheltered Homeless Women," *Journal of General Internal Medicine* 15, no. 8 (2000): 565-572.⁸⁶

105. Dr. Gupta, in his affidavit stated as follows: “Unsheltered women (those who “sleep rough”) are particularly at risk for negative health outcomes, including interpersonal violence. Compared with women who stay in emergency shelters, unsheltered women have three times greater odds of reporting fair or poor physical health, 12 times greater odds of poor mental health, and higher rates of non-injection drug and alcohol use, as well as an increased risk of recent sexual assault. Despite this, they are less likely to have recently utilized health services than women who stay in emergency shelters.”

106. The article described sheltered homeless women as “homeless women who reside in emergency or sober living shelters”

107. They were compared to “those who live in alternative, unsheltered places, such as the streets”.

108. Importantly, living in the street included any “outdoor locations in Los Angeles.” I could not find the terms living rough or encampments in the article. However, encampments would be included in the definition of any outdoor location, and they do not meet the definition of a shelter.

109. Additionally, the authors found that “While homeless populations are known to have relatively high rates of serious mental illness, the fact that virtually all of the unsheltered homeless women were at risk for poor mental health is still remarkable. Even among substance users, unsheltered homeless women still had 11 times greater odds of poor mental health than sheltered homeless women, controlling for covariates. Thus, it would appear that the streets are becoming a congregating place for persons with poor mental health. Women living on the streets also had higher rates of noninjection drug and alcohol use.”⁸⁶

110. Those unsheltered also had more STDs: “Nonetheless, even among substance-using women and women with poor mental health, those living on the street still had over one-and-a-half times the odds of having a recent STD as those living in shelters. This finding may reflect a greater need to engage in survival sex or sex for drugs, or it may just be a consequence of having more sexual partners.”⁸⁶

111. Shelters protected women from violence “Even after restricting analyses to substance-using women and those at risk for poor mental health and controlling for sociodemographic disparities between women living in sheltered and unsheltered

environments, street residence was a strong independent predictor of robbery and physical assault.”⁸⁶

112. Women in shelters were more likely to access medical and dental care. “The good news from this study is that the vast majority of sheltered homeless women were able to obtain at least some needed medical care and receipt of preventive care was common. In fact, about two thirds of the sheltered homeless reported that they had received Pap and TB testing in the past year, and almost half said they had been tested for HIV in the past 6 months. Even among the unsheltered group, one third to one half reported these preventive care measures. Seeing a dentist in the past year was reported less frequently, especially by unsheltered women, as was lifetime treatment for drug abuse (among women whose histories suggested a need for this service)”.⁸⁶ By contrast, they noted:

“While homeless women can obtain medical care in outpatient departments, community clinics, and some clinics associated with homeless shelters, those who reside primarily on the streets do not have access to the drop-in services offered to some shelter residents by visiting health care providers or to the case management many shelters provide. Further, they are not eligible to participate in the substance abuse counseling and treatment programs that shelters may provide for their own residents.”⁸⁶

113. Dr. Gupta stated: “Basic hygiene and toileting services: Providing access to hygiene and sanitation within encampments helps reduce health risks associated with unsheltered living, such as diarrheal illnesses.”

114. This trivializes of communicable diseases experienced by people living in encampments and public health risks to the community.

115. He references, “Elizabeth Ohlsen and Kristen Angel, “Shigellosis Outbreak Among Persons Experiencing Homelessness – San Diego County, California,” October-December 2021, *Epidemiology and Infection*, 152, e61, 1-787.

116. The authors reported; “Outbreaks of *S. sonnei* or *Shigella flexneri* among PEH have been reported since 2014 on the West Coast of North America, including outbreaks in Vancouver, British Columbia ^[5, 6]; Portland, Oregon ^[7]; Long Beach, California ^[8]; San Francisco, California ^[9]; and Seattle, Washington.^[10] All were thought to be partially associated with limited access to clean water and sanitation”.⁸⁷ They further noted:

“Ample opportunities for transmission were likely presented within encampments and other places in which access to clean water and restrooms was limited.”⁸⁷

“protective effects against SARS-CoV-2 transmission among PEH, they might inadvertently have led to other health risks. This includes diversion from shelters to encampments with limited sanitation facilities, increased food insecurity, increased exposure to interpersonal violence, and increased exposure to inclement weather”.⁸⁷

117. Additionally, the vigilance required to decrease the spread of infection was far from “basic”:

“SDC, in partnership with San Diego City, deployed or relocated 99 portable handwashing stations to areas with the highest concentration of detected cases in PEH, beginning in mid-October. Public restrooms in parks and other public areas were cleaned and stocked more regularly with soap and toilet paper. Portable restrooms were also placed near encampments and other areas frequented by PEH. Sidewalk sanitisation in downtown San Diego City and other affected areas was increased from twice weekly to daily. Outreach teams distributed approximately 1,000 hygiene kits (including hand sanitiser, bottled water, and hand wipes) weekly along with additional information on preventing *Shigella* transmission and shelter resources. Messaging was provided to area shelters to educate clients on the importance of handwashing and disease prevention. Temporary private lodging in hotels was provided by SDC for PEH as needed during infectious periods to prevent transmission in congregate settings such as

shelters or camps. *S. sonnei* cases decreased to expected frequencies after these interventions.⁸⁷

118. Again, while Dr. Gupta may feel that tents provide satisfactory protection from the elements, I do not agree that they are safe or humane alternatives to shelters. 4, 12, 13, 14, 42, 43, 44, 45, 46, 52, 53, 54

119. Ms. Jacara Droog, in her affidavit, identified that theft within encampments is a concern. “Some people are also understandably reluctant to leave their tents or belongings unattended for extended periods due to the risk of theft.”

120. I have often heard from patients living in encampments that they experience theft even when they are in their tents. This is particularly common if they have used sedating drugs such as opioids or benzodiazepines. I have heard that drugs are, at times, intentionally laced with sedating drugs such as xylazine to facilitate theft. I have heard of descriptions of extortion and sexual exploitation to have “protection” from theft. Encampments are not safe places for people living in them.^{70, 71, 72, 73, 74, 75, 76, 79, 80}

121. Ms. Droog also identified concerns regarding oral health: “untreated dental issues, including tooth loss, decay, oral pain or infection. These oral health challenges can make it extremely difficult or painful to chew, which limits what foods people are able to consume and can contribute to further malnutrition and exacerbate food insecurity. In my experience, these oral health challenges are especially prevalent among encampment residents, who often lack access to dental care and are navigating multiple layers of poverty, trauma, and systemic exclusion.”⁷

122. Additionally, she stated that; “A 2022 report on oral health in Waterloo Region found that nearly one in five people experiencing severe food insecurity reported it was uncomfortable to eat due to mouth problems, five times higher than those who are food secure.”³⁷

123. I agree that oral health is a challenge for people experiencing homelessness. Shelters provide access to sinks to be able to brush teeth.

124. The affidavit provided by Ms. Allt demonstrated significant compassion for the population she serves. She indicated that “while many clients with a mental health or addiction issue are considered mentally capable to make their own decisions, that does not address their lack of insight into their struggles. This can lead to poor decision-making.”

125. I agree with a lack of insight and poor decision making. In my experience many patients that I have seen did not understand and appreciate the risks of living in an encampment. They were very vulnerable to suggestion and being taken advantage of. They often had poor skills to mitigate the risks of living in an encampment. Many did not have skills to make decisions that would promote their best interest.^{67, 69}

C. Final Comments

126. My overarching concern is that there is a developing false and even dangerous narrative, as demonstrated in some of the Affidavits with which I have been provided, that encampments are safe and even desirable places to live. From speaking to patients this narrative has been a factor in people choosing to leave safer environments. Encampments are extremely dangerous places to live, and these dangers can result in

poor outcomes and death. When removing people from an encampment they should be treated with dignity and respect. However, in my opinion, encampments pose extensive health and safety risks to the people living in the encampments as well as public health and safety risks to the community. They are not a safe alternative to housing or to a shelter.

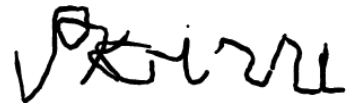
127. I make this affidavit for the purpose of introducing my opinion as evidence in this application and for no other or improper purpose.

AFFIRMED by Sharon Koivu of the City
of Port Stanley in the Province of Ontario
before me at the City of Toronto, in the
Province of Ontario, on September 11,
2025 in accordance with O. Reg. 431/20,
Administering Oath or Declaration
Remotely.



Commissioner for Taking Affidavits
(or as may be)

Greta Hoaken (LSO # 87903I)



Sharon Koivu

This is Exhibit "A" referred to in the Affidavit of Sharon Koivu affirmed by Sharon Koivu of the City of Port Stanley, in the Province of Ontario, before me at the City of Toronto, in the Province of Ontario, on September 11, 2025 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to be 'Greta Hoaken', written over a horizontal line.

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)

Curriculum Vitae

Sharon L. Koivu MD MCFP PC AM

APPOINTMENTS

Academic Appointments

2010 - present Assistant / Associate Professor, Department of Family Medicine, Western University

Clinical Appointments

1995 - 1996 Examiner, Victims of Sexual Assault, St. Thomas Elgin General Hospital,

1998-2008 Acting Medical Officer of Health Elgin St. Thomas

1999 - 2008 Clinical Associate, Continuing Care Unit, St. Thomas Elgin General Hospital

2002-2003 Palliative Care Physician Consultant, Parkwood Hospital

2003-2008 Palliative Care Physician Consultant, St. Thomas Elgin General Hospital

2003 - 2008 Physician Assistant, Oncology Unit, St. Thomas Elgin General Hospital, Satellite, London Regional Cancer Program

2008 – 2021 Palliative Care Physician Consultant, London Health Sciences Centre

2008 - 2011 Chronic Pain Management Physician, St. Thomas Elgin General Hospital

2007- 2008 Chronic Pain Management Physician, Centre for Pain Management, London, Ontario

2011 - 2012 Clinical Staff, Interim Chronic Pain Clinic, London Health Sciences Centre

2012-2024 Addiction Medicine Consultant, London Health Sciences Centre

2021-2024 Addiction Medicine Consultant St. Joseph's Health Care, London

2021-present Addiction Medicine Consultant, St. Thomas Elgin General Hospital

Consulting /Mentoring and other Academic Positions

1985 - 2019 Physician Examiner, Qualifying Examiner, Part II, Medical Council of Canada

2017 - 2020 Mentor, Medical Mentoring for Addictions and Pain Network (MMAP), Ontario College of Family Physicians

2020- 2020 Consultant Advisor and Opioid Clinical Primer, University of Toronto

2020- 2021 Consultant lead team, module development, Opioid Clinical Primer, Course 6: Treating Opioid Use Disorder: Initiating Buprenorphine in Primary Care, Emergency Department and Inpatient Settings. University of Toronto

2020-2023 Physician Examiner, Schulich School of Medicine Admission Committee Evaluator/ Indigenous applicants

2018 - 2020 CPSO Peer Assessor, Palliative Care, CPSO

2016 - 2017 Medical Advisor, Government of Ontario

2018 Ontario Opioid Use Disorder Community Quality Standard Advisory Committee

Leadership Positions

2012-2021 Physician Lead, Addiction Medicine Consultant, London Health Sciences Centre

2012 -2020 Member, Investigation and Resolution Assessor Networking Forum, College of Physicians and Surgeons of Ontario

2011 - 2020 Site Chief, London Health Sciences Centre, University Hospital

2007 - 2008 Medical Advisor, Regional Advisory Board Medication Review, Cancer Care Ontario

2006 - 2007 Manuscript Reviews, Cancer Care Ontario Program in Evidence Based Care Practitioner, Peer Reviewer

2006 - 2008 Past President, Professional Medical Staff, St. Thomas Elgin General Hospital

2004 - 2006 President, Professional Medical Staff, St. Thomas Elgin General Hospital

1999 - 2008 Medical Director, Continuing Care Unit, St. Thomas Elgin General Hospital

2002 - 2008 Applicant Interviewer, Faculty of Medicine, University of Western Ontario

2002 - 2004 Vice President, Professional Medical Staff, St. Thomas Elgin General Hospital

2002 - 2003 Medical Director, Palliative Care Parkwood Hospital, St. Joseph's Health Care London

1998 - 2008 Acting Medical Officer of Health, Elgin-St. Thomas Public Health

1996 - 1998 Medical Director, Caressant Care Nursing Homes

1995 - 2002 Consulting Physician, Corporation of the County of Elgin

Other Positions

1985 - 2002 Family Practice Physician

1984 – 1985 Intern, St. Joseph's Health Care London

Committees

National

2023-2025 Member Board of Directors, Canadian Society of Addiction Medicine

2023-2025, Co-Chair Advocacy Committee, Canadian Society of Addiction Medicine

2025-present Board of Directors, Addiction Medicine Canada

2003 Member, Accreditation Ethics Working Group, The Canadian Council on Health Services Accreditation (CCHSA), St. Thomas, Ontario

Provincial

2016- present, Member Meta:Phi Network, Mentoring; Education and Clinical Tool for Addiction: Primary Care-Hospital Integration

2006 - 2007 Member, Cancer Care Ontario Program in Evidence Based Care Practitioner Feedback Team

2006 - 2007 Member, Cancer Care Ontario Southwest Alliance Planning Committee

2007 - 2008 Medical Advisor, Regional Advisory Board Medication Review, Cancer Care Ontario

Regional / Local

2015 - present Member, London Homeless Coalition

2014 Medical Advisor, London Community Plan Regarding Street Involved Sex Workers

2014 - 2021 Member, London Middlesex Hospice Palliative Care Collaborative Meeting

2006 - 2007 Member, Southwest Palliative Care Review Team, Standardized Best Practice Pain and Symptom Management Guidelines

2008 - present Member, Yarmouth Monthly Meeting of Society of Friends (Quaker) Peace and Social Justice Committee

2003 Member, End Racism Committee

2000 - 2002 Member, Elgin County Working Group, Thames Valley District Health Council, London, Ontario

1995 - 1996 Vice Chair, Board of Directors, Violence Against Women Services Elgin County, St. Thomas, Ontario

1993 - 1994 Member, Media Committee, Londoners Against Racism

1992 - 1993 Member, Program and Policy Committee, Sexual Assault Centre

1992 - 1993 Member, Board of Directors, Sexual Assault Centre

1992 - 1996 Member, Elgin County Coordinating Committee Against Women Abuse, Stop Women Abuse Now (SWAN), St. Thomas, Ontario

1991 - 1993 Vice Chair, Board of Directors, Women's Place

1991 Member, Mental Health Task Force, Thames Valley District Health Council, London, Ontario

1989 - 1990 Member, Teen Mom's Program Advisory Committee, YWCA of St. Thomas-Elgin

1984 President, Board of Directors, Physicians for Social Responsibility - London Chapter, London, Ontario

1978-1979 Board of Directors, Cross Cultural Learner Centre, London

1977-1979 Member, Committee, in Support of Native Concerns

1977 - 1978 Member, Amnesty International, London, Ontario

Hospital***London Health Sciences Centre***

2015 - 2017 Founding Member, Narcotic Prescription-Quantity Committee

2015 - 2017 Founding Member, Patient Related Drug Diversion Committee

2014 Member, Cerner Optimization Assessment Project-PROVIDER round table discussions

2014 Member, HUGO Go-Live Leader Check-in

2013 - 2021 Member, Program/Division of Palliative Care within Family Medicine

2013 - 2020 Member, Planning the Work of Medicine/Family Medicine Clinical Strategy

2013 - 2014 Member, Palliative Care Accreditation Committee

2013 - 2014 Member, Dedicated Bed Model Project Team

2012 - 2020 Member, Leadership Forum

2012 - 2020 Member, Ethics Leadership Council

2012 - 2014 Member, Guidelines for Peripherally Inserted Central Catheter (PICC) Line Use Committee

2012 Member, Healthcare Undergoing Optimization (HUGO), Phase 0, Impact Analysis Committee

2012 Member, Palliative Care Recognition and Management Project Language Development Committee

2012 Member, Palliative Care Recognition and Management Project, Stakeholder Feedback Meeting

2011 - present Member, Palliative Care Recognition and Management Project, Policy and Form Team

2011 - 2019 Member, Leadership/Cultural Transformation Journey

2011 - 2020 Chair, University Hospital Family Medicine Operations Committee

2011 - 2020 Member, General Internal Medicine Clinical Teaching Unit (CTU) Leadership Committee

2011 - 2014 Member, Palliative/Sub-Acute Medicine Unit (SAMU)/Continuous Quality Improvement (CQI) Council

2010 - present Member, Palliative Care Program Committee

London Regional Hospitals

2011 - 2021 Member, Citywide Department of Family Medicine Executive Committee

2008 – 2024 Member, Citywide Department of Family Medicine

St. Joseph's Health Care London

2002 - 2003 Member, Ethics Committee, Parkwood Hospital

2002 Member, Accreditation Planning Committee, Parkwood Hospital

St. Thomas Elgin General Hospital

2005 - 2008 Member, Interdisciplinary Service Delivery Advancement Project, Continuing Care Centre

2005 - 2006 Member, Accreditation Planning Committee, Continuing Care Centre

2005 - 2006 Member, Medication Safety Committee

2003 - 2008 Member, Wound Care Committee

2003 - 2006 Member, Palliative Care Core Team

2002 - 2006 Member, Board of Directors

2002 - 2003 Member, Accreditation Planning Committee, Continuing Care Centre

2001 - 2008 Member, Palliative Care Consultation Team

2000 - 2005 Member, Ethics Committee

1999 - 2008 Member, Medical Advisory Committee

1999 Member, Ad Hoc Committee for the Development of a Clinical Associates Model

1996 - 2001 Member, Infection Control Committee

1995 - 1996 Member, Sexual Assault Protocol Committee, St. Thomas Elgin General Hospital

1991 - 1997 Member, Credentials and Ethics Committee

1987 - 1991 Chair, Nursing/Medical Liaison Committee

1986-1988-Chair, Infection Control Committee

St. Thomas Psychiatric Hospital

1993 Member, Duplication and Gap Sub Committee

1992 - 1993 Member, Elgin County Review Task Force, St. Thomas Psychiatric Hospital, St. Thomas, Ontario

PRESENTATIONS

Invited Lectures

1. Keynote Speaker, The Streets of London, Nursing Council, 2018 May 24, London, Ontario, Canada
2. Invited Lecturer, Reducing Harm, Empowering Lives: Responding to the Needs of People who Inject Drugs during an Opioid Crisis, Pegusus, Presenters: Dr. Koivu, Brian Lester, ED. RHAC London, 2018 Apr 29, Toronto, Ontario, Canada
3. Keynote Speaker, Harm Reduction: Compassionate Care of Persons with Substance Use Disorder, Guelph General Hospital and Homewood Health Centre, Presenters: Dr. Koivu Madison Cruickshank, Addiction Counsellor, 2018 Apr 11, Guelph, Ontario, Canada
4. Invited Lecturer, Why Worry About the Opioid Prescribing Crisis, 14th Annual Innovations In Palliative Care Conference, McMaster University, 2017 Nov 22, Hamilton, Ontario, Canada
5. Presenter, Changing the Patient Experience Through Collaborative Care, CSAM, Presenters: Dr. Gupta, Dr. Lee, 2017 Oct 21, Niagara Falls, Ontario, Canada
6. Presenter, Dimenhydrinate the other Iatrogenic Addiction, CSAM, 2017 Oct 21, Niagara Falls, Ontario, Canada
7. Invited Lecturer, The Assessment and Management of Patients with Opioid Use Disorder, Dept. of Psychiatry, St. Michael's Hospital, Toronto, 2017 Sep 12, Toronto, Ontario, Canada
8. Keynote Speaker, Being HIV Positive, Regional HIV/AIDS Connection, 2017 Jun 22, London, Ontario, Canada

9. Invited Lecturer, "METHADONE & MEDICAL MARIJUANA: A MODEST METHOD TO UNMUDDLE MANY MYTHS & MERITS, CPD Psychiatry, 2017 Apr 18, London, Ontario, Canada
10. Keynote Speaker, Turn Tragedy into Triumph for Hospitalized Patients with Injection Drug Addiction, Dept. of Family Medicine St Mary's Hospital, 2017 Feb 13, Waterloo, Ontario, Canada
11. Keynote Speaker, Opioid Use and Abuse: Turning Tragedy into Triumph for Hospitalized Patients with Injection Drug Addiction in 2017, Dept. of Family Medicine, Grand River Hospital, 2017 Feb 13, Kitchener, Ontario, Canada
12. Keynote Speaker, Tools to Tackle the Opioid Tragedy, 2017 Feb 9, Brantford, Ontario, Canada
13. Invited Lecturer, Managing Addiction in Primary Care: Clinical Pearls, CPD Program, 2017 Feb 9, London, Ontario, Canada
14. Keynote Speaker, Knowledge is Chronic: Can Help Reduce Opioids Now in Canada, Canadian Association of Nephrology Nurses and Technologists, 2016 Oct 29, London, Ontario, Canada
15. Panelist, Opioids and the Canadian Epidemic, CSAM, 2016 Oct 20, Montreal, Quebec, Canada
16. Invited Lecturer, Opioid Use Disorder: Issues in Palliative Care, Addiction Journal Club, 2016 Oct 11, London, Ontario, Canada
17. Invited Lecturer, Optimizing Inpatient Care for People who use IV Drugs, Canadian Society of Hospital Medicine, 2016 Sep 17, Niagara Falls, Ontario, Canada
18. Panelist, Caring for Patients with Complex Mental Health, Addiction and Pain Issues, The OCFP Collaborative Network and Medical Mentoring For Addictions and Pain, 2016 Mar 5, London, Ontario, Canada
19. Invited Lecturer, Managing Chronic Non-Cancer Pain, The OCFP Collaborative Network and Medical Mentoring For Addictions and Pain, 2016 Mar 5, London, Ontario, Canada
20. Invited Lecturer, Physician Assisted Dying, Dept. of Medicine London Ontario, 1, 2015 Aug 27, London, Ontario, Canada
21. Invited Lecturer, Physician Assisted Death, Dept. of Endocrinology London Ontario, 1, 2015 Jun 17, London, Ontario, Canada

22. Invited Lecturer, Treatment Considerations in Hospitalized Patients with Infective Complications of Prescription Drug Abuse- Beyond Antibiotics, Depts of Cardiology and Cardiac Surgery, 1, 2015 Jun 17, London, Ontario, Canada
23. Invited Lecturer, The Dying Patient, Dept. of Medicine, London Ontario, 1, 2015 Jun 17, London, Ontario, Canada
24. Invited Lecturer, Treating Hospitalized Patients with Infective Complications of Prescription Drug Abuse- Beyond Antibiotics, Dept. Of Medicine, 1, 2015 Apr 23, London, Ontario, Canada
25. Invited Lecturer, Understanding Addiction in HPC Populations, Waterloo Wellington Interdisciplinary HPC Team, 1, 2015 Mar 26, Waterloo, Ontario, Canada
26. Invited Lecturer, Medical Marijuana in Palliative Care-Risks and Benefits, Waterloo Wellington Interdisciplinary HPC Team, 1, 2015 Mar 3, Waterloo, Ontario, Canada
27. Invited Lecturer, Prescription Opioid Addiction-A Local Epidemic, Fanshawe College, 2015 Feb 9, London, Ontario, Canada
28. Invited Lecturer, Prescription Narcotic Addiction-Risks You Need to Know, Dorchester Public School, 2015 Jan 19, Dorchester, Ontario, Canada
29. Invited Lecturer, Attitude Addiction Recovery- Moving a Hospital to Change, Medical Staff Huron Perth Healthcare Alliance, 2015 Jan 9, Stratford, Ontario, Canada
30. Invited Lecturer, Medical Marijuana-Risks and Benefits, Fanshawe College, 2014 Nov 21, London, Ontario, Canada
31. Invited Lecturer, Enhancing the Care of Patients Suffering from Intravenous Drug Addiction in the Hospital and Community, LHSC Board of Governors, 2014 Oct 29, London, Ontario, Canada
32. Presenter, Palliative Equality for People with IV Drug Addiction, International Society of Addiction Medicine, 2014 Oct 5, Yokahama, Japan
33. Invited Lecturer, Caring for Patients with IV Drug Addiction, A Herculean Task: Transforming AMA (Against Medical Advice) to AMA (Arduous Meaningful Accomplishment), Staff Education LHSC, 2014 Sep 24, London, Ontario, Canada
34. Invited Lecturer, Caring for Patients with IV Drug Addiction, A Herculean Task: Transforming AMA (Against Medical Advice) to AMA (Arduous Meaningful Accomplishment), Staff Education LHSC, 2014 Sep 24, London, Ontario, Canada

35. Invited Lecturer, IVDU/Addiction-A Local Epidemic, My Sister's Place, 2013 Oct 22, London, Ontario, Canada
36. Invited Lecturer, The Role of Physicians in Social Justice and Activism, Dorchester Public School, 1, 2013 Oct 17, Dorchester, Ontario, Canada
37. Invited Lecturer, Prescription Narcotic Addiction-Risks You Need to Know, Dorchester Public School, 1, 2013 Oct 17, Dorchester, Ontario, Canada
38. Invited Lecturer, Endocarditis and Harm Reduction, London CARES – Community Committee, 2013 Sep 18, Canada
39. Invited Lecturer, IV Drug Addiction in Palliative Care - Pilot Project, A Refresher Day in Hospice Palliative Care, 2012, London, Ontario
40. Invited Lecturer, Iatrogenic Circulatory Overload in Patients at LHSC, LHSC Board of Governors: Quality and Patient Safety Committee, 2011 Jan 11, London, Ontario, Canada
41. Presenter, Perfectly Practical Pearls for Pain Management in Palliative Care, for Family Physicians, London, Chatham, Sarnia, Windsor, St. Thomas, Woodstock, 2011
42. Presenter, Physical and Mental Health Issues of War Resisters in Canada, 2009, London, Ontario
43. Presenter, Choosing Peace, Hiroshima Day, 2009, St. Thomas, Ontario
44. Presenter, Comprehensive Advanced Palliative Care Education (C.A.P.S.E.) Ethical and Legal Issues in End-Of-Life Decision Making, 2005, St. Thomas, Ontario
45. Presenter, Comprehensive Advanced Palliative Care Education (C.A.P.S.E.) Symptoms Management, 2004, St. Thomas, Ontario
46. Presenter, Severe Acute Respiratory Syndrome (S.A.R.S.) - The Ethical Issues with Dr. Robert Butcher, Ethicist, 2004, St. Thomas, Ontario
47. Presenter, Ethical Case Reviews with Ethics Committee, St. Thomas Elgin General Hospital, 2004, St. Thomas, Ontario
48. Presenter, Gastro-Intestinal Symptoms in Palliative Care, Woodstock, 2004, St. Thomas, Ontario
49. Presenter, The Palliative Experience, 2004, St. Thomas, Ontario
50. Presenter, The Symptom Control Kit, 2004, Woodstock, Ontario
51. Presenter, Elderly in Elgin County, 2003, St. Thomas, Ontario

52. Presenter, Spirituality in Healing, London Regional Cancer Clinic, 2000, London, Ontario
53. Presenter, Children with Learning Disabilities and Attention Deficit Disorder, Board of Education Office, 1994, St. Thomas, Ontario
54. Presenter, Being a Woman in Medicine, Future Horizons Program, 1994, St. Thomas, Ontario
55. Presenter, Remembering Montreal; Violence and Power: From Recognition to Action, Unitarian Fellowship, 1993, London, Ontario
56. Presenter, Child Development - Prenatal to Adolescent, Arthur Voaden Secondary School, 1993, St. Thomas, Ontario
57. Presenter, Issues of Violence Against Women in Elgin County, Canadian Panel on Violence Against Women, 1992, London, Ontario
58. Presenter, Peace: More than the Absence of War, Unitarian Fellowship for Hiroshima Day Service, 1991, London, Ontario
59. Presenter, Vaginitis, Women's Health Day, Althouse College, 1986, London
60. Presenter, The Threat of Nuclear War and the need for Peace Education, London Board of Education, 1985, London, Ontario
61. Presenter, Nuclear Threat: A Look at the Problem and a Search for Solutions, University Hospital, 1984, London, Ontario
62. Presenter, Nuclear Threat: A Look at the Problem and a Search for Solutions, Multiple Secondary Schools, 1984, London, Ontario
63. Invited Lecturer, Too Much, Too Little, Too Late, Exploring Our Love/Hate Relationship with Opioids in Chronic Pain, Annual Clinical Day in Family Medicine, Western University, 2012-present, London, Ontario
64. Invited Lecturer, Too Much, Too Little, Too Late, Exploring Our Love/Hate Relationship with Opioids in Chronic Pain, Grand Rounds University Hospital, 2012-present, London, Ontario
65. Invited Lecturer, Circulatory Overload, Quality and Patient Safety Committee, 2011
66. Invited Lecturer, Progressing Towards a Greener Future, How Saving the Planet Helps Our Health, 2009, St. Thomas, Ontario

67. Invited Lecturer, Opioid Issues and Medical Care, Elgin St. Thomas Public Health, 2008, St. Thomas, Ontario
68. Presenter, The Pearls (and Perils) of Pain Management in Palliative Care, St. Thomas, London, Tillsonburg, Woodstock, Windsor, Grand Bend, Wallaceburg and Various Other Ontario Locations, 2003-2008
69. Presenter, Medical Issues in Advanced Directives, Fingal United Church, 2001, Fingal, Ontario
70. Presenter, Advanced Directives, Imperial Order of the Daughters of the Empire. 2001, St. Thomas, Ontario
71. Presenter, Spirituality and Healing, St. John's Anglican Church, St. Thomas, Ontario
72. Panel Member, Communicating About Advance Directive, 2000, Union, Ontario
73. Presenter, Critical Thinking in Medical Ethics, 2009-2010, Central Elgin Collegiate Institute, St. Thomas, Ontario

PUBLICATIONS

1. Shetty N, Nagpal D, Koivu S, Mrkobrada M. Surgical and Medical Management of Isolated Tricuspid Valve Infective Endocarditis in Intravenous Drug Users. *J Card Surg*, 2016 Feb 1; 31 (2): 83-8
2. Mulling J (RN), **Baker S**, Lee L (RN). Experiencing Spirituality - Smudging: A Native Cleaning and Purifying Ritual. Anthology of Reading in Long-Term Care, 3rd Edition, 2001
3. Mulling J (RN), **Baker S**, Lee L (RN). Experiencing Spirituality - Smudging: A Native Cleaning and Purifying Ritual. *Canadian Nurse* 97, 2001
4. Weir M, Slater J, Jandoc R, Koivu S, Silverman M **The risk of infective endocarditis among people who inject drugs: a retrospective, population based time series analysis** *CMAJ* 2019 January 28;191:E93-9. doi: 10.1503/cmaj.180694
5. Silverman M, Slater J, Jandoc R, Koivu S, et al. Hydromorphone and the risk of infective endocarditis among people who inject drugs: a population-based, retrospective cohort study. *Lancet Infect Dis* 2020;20:487-497.
6. Ball LJ, Venner C, Tirona RG, Koivu S, et al. Heating Injection Drug Preparation Equipment Used for Opioid Injection May Reduce HIV Transmission Associated with Sharing Equipment. *J Acquir Immune Defic Syndr* 2019;81:e127-34.

7. Johnstone R, Khalil N, Shojaei E, Koivu S, et al. Different drugs, different sides: injection use of opioids alone, and not stimulants alone, predisposes to right-sided endocarditis. *Open Heart* 2022;9:e001930.

8. Katherine J Kasper, Iswarya Manoharan, Brian Hallam, Charlotte E Coleman, Sharon L Koivu, Matthew A Weir, Johan Delport, John K McCormick, Michael S Silverman A controlled-release oral opioid supports *S. aureus* survival in injection drug preparation equipment and may increase bacteremia and endocarditis risk *PLoS One*. 2019; 14(9): e0223079.

Published online 2019 Sep 19. doi: 10.1371/journal.pone.0223079

9. Charlie Tan, MD; Esfandiar Shojaei, MD; Joshua Wiener, BHSc; Meera Shah, BMSc; Sharon Kovu, MD; Michael Silverman, MD Risk of New Bloodstream Infections and Mortality Among People Who Inject Drugs With Infective Endocarditis *JAMA Netw Open*. 2020;3(8):e2012974. doi:10.1001/jamanetworkopen.2020.12974

10. Matthew Meyer, Lise Bondy, Sharon Koivu, John Koval, Andrew D. Scarffe, Michael S. Silverman New hepatitis C diagnoses in Ontario, Canada are associated with the local prescription patterns of a controlled-release opioid *J Viral Hepat* 2020 Aug;27(8):774-780.doi: 10.1111/jvh.13292. Epub 2020 Apr 8.

11.Meera Shah , Ryan Wong , Laura Ball , Klajdi Puka , Charlie Tan , Esfandiar Shojaei , Sharon Koivu, Michael Silverman Risk factors of infective endocarditis in persons who inject drugs *Harm Reduct J*

2020 Jun 5;17(1):35. doi: 10.1186/s12954-020-00378-z

ABSTRACTS

Abstracts Published

Peer Reviewed

Published

1. **Sharon Koivu**. Palliative Care Equality for People With IV Drug Addiction. *International Journal of the Medical Council on Alcohol*; Yokahama, Japan; 2014. p. i-65

2. **Sharon Koivu** Chantal Dubois. Attitude Addiction Recovery: Transforming a Hospital from Precontemplation to Maintenance in the care of Patients with infectious

Complications of IV drug use. International Journal of the Medical Council on Alcohol; Yokahama, Japan; 2014. p. i-46

3. **Baker S.** The Role of the Family Physician; 1982. National Conference of Canadian Student Pugwash, Ottawa, 1982

4. **Baker S.** Palliative Care: An Advancing Humanitarian Field; 1982. National Conference of Canadian Student Pugwash, Ottawa, 1982

5. **Baker S.** Ethical Issues in Genetic Screening; 1982. National Conference of Canadian Student Pugwash, Ottawa, 1982

Posters Presented

1. Street Level Workers at Risk Community Response, 2016 Oct 21, International Society of Addiction Medicine, Montreal, Quebec, Canada

2. Dr. Silverman, Dr. Gupta. Dr. Lee, From Pre-contemplation to Action during Acute hospitalization for patients with infectious complications of injection drug addiction: recognizing and responding to a devastating epidemic, 2016 Oct 21, International Society of Addiction Medicine, Montreal, Quebec, Canada

3. Sharon Koivu, Palliative Equality for People with IV Drug Addiction, 2014 Oct 5, International Society of Addiction Medicine, Yokahama, Japan

4. Sharon Koivu, Addiction in Palliative Care: Stop Diverting the Issues, 2014 May 29, Canadian Society of Palliative Care Physicians, Toronto, Ontario, Canada

5. Sharon Koivu, Hospitalized Patients with IV drug addiction Need Enhanced Medical Support, 2014 May 2, Pegasus Conference, Toronto, Ontario, Canada

6. Sharon Koivu Hospitalized Patients with IV Drug Use Need Enhanced Medical Response, 2012, Ontario College of Family Physicians 51st Annual Scientific Assembly, Toronto, Ontario

7. Sharon Baker, Anne De Vries, RN, Interdisciplinary Care in a Community Hospital, 2005, 15th Annual Ontario Provincial Conference on Palliative and End-of-Life Care, Toronto

8. Sharon Koivu, Anne De Vries, Resuscitating Palliative Care in a Community Hospital and The Synergy of Interdisciplinary Team Building, 2004, 14th Annual Ontario Provincial Conference on Palliative and End-of-Life Care, Toronto

9. Sharon Koivu, Mary Beth Blokker, Methadone for the Treatment of Pain and Metoclopramide Toxicity, 2003, Humber College 13th Annual Hospice Palliative Care Conference, Toronto

Symposia

1. Expert, Roundtable Discussion on Opioids, Ministry Of Health, Presenters: Dr. Jane Philpott et al, 2017 Jul 6, London, Ontario, Canada
2. Expert, People For Peace: Palliative Care Delegation, Presenters: Lead Dr. Larry Librach, 2010 Nov 1, China

Workshop

1. Presenter, Clinical Encounters Workshop, Clinical Education Coordinator Undergraduate Medical Education, 2015 Feb 5, London, Ontario, Canada
2. Presenter, Precontemplation to Compassion: My Journey in Treating Patients with IVDU, LHSC Medical Residents, 2015 Jan 9, London, Ontario, Canada
3. Presenter, What's "News" Reviewing Current Medically Related Headlines, Dept of Medicine LHSC, Presenters: Sharon Koivu, 2014 Sep 19, London, Ontario, Canada
4. Facilitator, Advanced Directives, Dept of Medicine LHSC, Presenters: Robert Sibbald Sharon Koivu, 2014 Aug 22, London, Ontario, Canada
5. Facilitator, Talent Management Conference: Enhanced Leadership:, LHSC, Presenters: Facilitated By Sharon Koivu and Candace Gibson, 2014 Jan 22, London, Ontario, Canada

Memorial Services

1. Presenter, Performed celebration of life services for staff and families of patients who died in the Hospital Palliative Care Unit, St. Thomas Elgin General Hospital, 2006, St. Thomas, Ontario
2. Presenter, Performed celebration of life services for staff and families of patients who died in the Hospital Palliative Care Unit, St. Thomas Elgin General Hospital, 2005, St. Thomas, Ontario

3. Presenter, Performed celebration of life services for staff and families of patients who died in the Hospital Palliative Care Unit, St. Thomas Elgin General Hospital, 2004, St. Thomas, Ontario

HONOURS AND AWARDS

Honours

Received

2021 Certificate, Indigenous Cultural Safety Training

2019 Dana Winterburn Memorial Award, Award Chosen by members of the Dept. of Family Medicine, London, Ontario, for outstanding physician in Palliative Care or Aboriginal Health

2016 Certificate in Added Competence, Addiction Medicine, CFPC

2014 Certificate in Added Competence, Palliative Care, CFPC

2002 The Queens Golden Jubilee Medal, For significant contribution to Elgin St. Thomas in the Field of

Medicine. This was for my development of Palliative Care services and contribution to Public Health.

2002 Certificate of Achievement, From City of St. Thomas for outstanding excellence and contribution to the community

1993 Outstanding Service Award, Ontario College of Family Physicians, Peer Presenter Program

1984 Department of Family Medicine Practice Award, For the Medical Student found to be the most outstanding in Family Medicine. The University of Western Ontario

Nominated

2015 Western's Best Core Family Medicine Teaching Award, Award Chosen by Family Medicine

Residents in their Graduating year, Western

2014 Consultant of the Year Award, Award Chosen by Members of the Dept. of Family Medicine, I had to withdraw from award as on selection committee as Site Chief, Dept. of Family Medicine, Western

2012 and 2013 Dana Winterburn Award, Award Chosen by Members of the Dept. of Family Medicine for outstanding physician in Palliative Care or Aboriginal Health; I had to withdraw from award as on selection committee as Site Chief, Dept. of Family Medicine, Western

Professional Affiliations and Activities / Professional Associations

Member Addiction Medicine Canada

Member, International Society of Addiction Medicine

Member, The Canadian Society of Addiction Medicine

Member, The Canadian Society of Palliative Care Physicians

Member, The Canadian Hospice Palliative Care Association

Member, The Canadian Medical Association

Member, The College of Physicians and Surgeons of Ontario

Member, The Elgin Medical Association

Member, The Ontario Medical Association

Member, The College of Family Physicians of Canada

Member, The Ontario College of Family Physicians

Member, The Canadian Association of Wound Care

Member, Canadian Association of Physicians for the Environment

Member, Canadian Pain Society

Member, Canadian Pain Coalition

Member, Professional Staff Organization, London Health Sciences Centre

Member, Department of Family Medicine, University of Western Ontario

This is Exhibit "B" referred to in the Affidavit of Sharon Koivu affirmed by Sharon Koivu of the City of Port Stanley, in the Province of Ontario, before me at the City of Toronto, in the Province of Ontario, on September 11, 2025 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to be 'Greta Hoaken', written over a horizontal line.

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

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

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Dr. Sharon Koivu. I live at city of Port Stanley, in the province of Ontario.
2. I have been engaged by or on behalf of the Regional Municipality of Waterloo to provide evidence in relation to the above-noted court proceeding.
3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
 - (a) to provide opinion evidence that is fair, objective and non-partisan;
 - (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and
 - (c) to provide such additional assistance as the Court may reasonably require, to determine a matter in issue.
4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.
5. I certify that I am satisfied as to the authenticity of every authority or other document or record to which I have referred in the expert report accompanying this form, other than:
 - (a) documents and records provided to me by or on behalf of the party intending to call me as a witness and consisting of evidence or potential

-2-

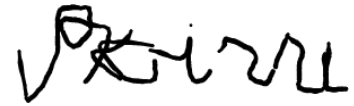
evidence in the court proceeding that I have analysed or interpreted in my report;

- (b) authorities and other documents and records to which I have referred in my report only in order to address how another expert witness in the same court proceeding has used them in their report; and
- (c) the following authorities, documents and records, for which I have doubts as to their authenticity as detailed within my report:

n/a

Note: Under the Rules of Civil Procedure, an authority or other document or record that is published on a government website or otherwise by a government printer, in a scholarly journal or by a commercial publisher of research on the subject of the report is presumed to be authentic, absent evidence to the contrary. If you are aware of evidence to the contrary, list the authority, document or record under 5.c. and provide further details in the accompanying report.

Date September 11,
2025



Signature

NOTE: This form must be attached to any expert report under subrules 53.03(1) or (2) and any opinion evidence provided by an expert witness on a motion or application.

THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and- PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

PROCEEDING COMMENCED AT
WATERLOO REGION

ACKNOWLEDGMENT OF EXPERT’S DUTY

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Tel: 416.646.6317
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Greta Hoaken (LSO # 87903I)
Tel: 416.646.6357
Email: greta.hoaken@paliareroland.com

Lawyers for the Applicant,
The Regional Municipality of Waterloo

This is Exhibit "C" referred to in the Affidavit of Sharon Koivu affirmed by Sharon Koivu of the City of Port Stanley, in the Province of Ontario, before me at the City of Toronto, in the Province of Ontario, on September 11, 2025 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to be 'Greta Hoaken', followed by a horizontal line.

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)

Works Cited: Expert Report of Dr. Koivu

1. Aubry T, Goering P, Veldhuizen S, Adair CE, Bourque J, Distasio J, Latimer E, Stergiopoulos V, Somers J, Streiner DL, Tsemberis S. A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness. *Psychiatr Serv*. 2016 Mar;67(3):275-81. doi: 10.1176/appi.ps.201400587. Epub 2015 Dec 1. PMID: 261400587.
2. Baggett TP, Liauw SS, Hwang SW. Cardiovascular Disease and Homelessness. *J Am Coll Cardiol*. 2018 Jun 5;71(22):2585-2597. doi: 10.1016/j.jacc.2018.02.077. PMID: 29852981.
3. Ball LJ, Puka K, Speechley M, Wong R, Hallam B, Wiener JC, Koivu S, Silverman MS. Sharing of Injection Drug Preparation Equipment Is Associated With HIV Infection: A Cross-sectional Study. *J Acquir Immune Defic Syndr*. 2019 Aug 1;81(4):e99-e103. doi: 10.1097/QAI.0000000000002062. PMID: 31021986; PMCID: PMC6905403. (Sharing equipment increases HIV)
4. Bush JS, Lofgran T, Watson S. Trench Foot. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482364/>
5. Farha, L., & Schwan, K. (2020). *A National Protocol for Homeless Encampments in Canada: A Human Rights Approach*. The Shift. <https://www.make-the-shift.org/wp-content/uploads/2020/04/A-National-Protocol-for-Homeless-Encampments-in-Canada.pdf>:
6. Foster M, Ramachandran S, Myatt K, et al. Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness---California, Kentucky, Michigan, and Utah, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1210. DOI: <http://dx.doi.org/10.15585/mmwr.mm6743a3>
7. Freitas, D. J., Kaplan, L. M., Tieu, L., Ponath, C., Guzman, D., & Kushel, M. (2019). Oral health and access to dental care among older homeless adults: results from the HOPE HOME study. *Journal of public health dentistry*, 79(1), 3–9. <https://doi.org/10.1111/jphd.12288>
8. Gerrity Daniel, Papp Katerina, Dickenson Eric, Ejjada Meena, Marti Erica, Quinones Oscar, Sarria Mayra, Thompson Kyle, Trenholm Rebecca A., Characterizing the chemical and microbial fingerprint of unsheltered homelessness in an urban watershed, *Science of The Total Environment*, Volume: 840, 2022, 156714, ISSN00489697, <https://doi.org/10.1016/j.scitotenv.2022.156714>. (<https://www.sciencedirect.com/science/article/pii/S0048969722038116>)

9. Haber PS, Young MM, Dorrington L, et al. Transmission of hepatitis C virus by needle-stick injury in community settings. *J Gastroenterol Hepatol* 2007;22(11):1882–5.
10. Henderson E, Continente X, Fernández E, Tigova O, Cortés-Francisco N, Gallus S, Lugo A, Semple S, O'Donnell R, Clancy L, Keogan S, Ruprecht A, Borgini A, Tzortzi A, Vyzikidou VK, Gorini G, López-Nicolás A, Soriano JB, Geshanova G, Osman J, Mons U, Przewozniak K, Precioso J, Brad R, López MJ; TackSHS project investigators. Secondhand smoke exposure in outdoor children's playgrounds in 11 European countries. *Environ Int.* 2021 Apr;149:105775. doi: 10.1016/j.envint.2020.105775. Epub 2020 Nov 20. PMID: 33228970.
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Andrew Boozary Executive Director, Population Health & Social Medicine at
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THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and-

Court File No. CV-25-00000750-0000
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

ONTARIO
SUPERIOR COURT OF JUSTICE

PROCEEDING COMMENCED AT
WATERLOO REGION

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Court File No. CV-25-00000750-0000

**ONTARIO
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B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

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4TH AFFIDAVIT OF PETER SWEENEY

I, Peter Sweeney, of the City of Cambridge, in the Regional Municipality of Waterloo, AFFIRM:

1. I am the Commissioner of Community Services for the Applicant, the Regional Municipality of Waterloo (the “**Region**”). As such, I have knowledge of the matters to which I depose below. Where my knowledge is based on information and belief, I indicate the source and believe it to be true.
2. I have previously affirmed three affidavits in connection with this matter. My affidavit dated June 6, 2025 (the “**1st Sweeney Affidavit**” or the “**Original Affidavit**”) was included in the Region’s Application Record. My affidavits dated July 2, 2025 (the “**2nd Sweeney Affidavit**”) and July 31, 2025 (the “**3rd Sweeney Affidavit**”) were in the Region’s Reply Application Record, filed in response to the Respondents’ fact evidence.
3. I affirm this affidavit as part of the Region’s reply to the Respondents’ expert and further fact evidence delivered on the Application on August 15, 2025. In particular, I have reviewed (and will reply to in this affidavit), the affidavits of Lee Ann Hundt (the “**Hundt**

Affidavit”), Stephen Gaetz (the “**Gaetz Affidavit**”), Bernadette Pauly (the “**Pauly Affidavit**”), Kaitlin Schwan (the “**Schwan Affidavit**”), and Marie-Josée Houle (the “**Houle Affidavit**”).

A. *Update on the Encampment*

4. In my prior affidavits I have provided various updates on the current composition of the population at the Encampment. As of September 5, 2025, there were 7 Existing Residents within the meaning of the By-law (i.e., people resident as of April 16, 2025) and 31 additional residents living at the Encampment.

B. *Indigenous-specific housing and programming in the Region*

5. Having reviewed the Hundt Affidavit, I wish to make the following clarifications and corrections to Ms. Hundt’s account.

6. First, at para 14 of the Hundt Affidavit, Ms. Hundt seems to take the position that the Region receives funding from an unnamed source (perhaps another level of government, but that is not specified in the affidavit) proportionate to the number of Indigenous peoples in the Region. To be clear, the Region does not receive any funding from an outside source – including the federal or provincial governments – that is tied to the number of Indigenous persons in the Region. The Region also does not receive any specific funding from any source that is tied to Indigenous-specific housing and homelessness supports.

7. Second, the Region is making efforts to address the specific challenges that Indigenous peoples face in navigating the housing system. For example, the Region has provided funding to Crow Shield Lodge (an Indigenous land-based healing and education

space) and Healing of the Seven Generations (an organization offering supports for those suffering from the inter-generational legacy of the residential school system) for Indigenous focused housing and homelessness work.

8. Another way that the Region has sought to support this population and enable better access to housing is by supporting the K-W Urban Native Wigwam Project (“**KWUNWP**”), an Indigenous-led organization which Ms. Hundt details at paragraphs 16 and following of her affidavit.

9. KWUNWP is a not-for-profit organization that is independent from the Region. It is Indigenous led, and its mission is to provide culturally safe and affordable housing for the Indigenous community in Waterloo Region. The Region does not operate KWUNWP, nor does the Region administer KWUNWP’s programming. The Region is only involved with KWUNWP as a funder. KWUNWP’s board of directors (the “**Board**”) oversees the organization, and the organization’s staff is responsible for its day-to-day operations.

10. As she explains in her affidavit, Ms. Hundt previously served as the Executive Director of KWUNWP, so she is likely well aware of KWUNWP’s organizational structure and relationship with the Region.

11. The Region has provided substantial financial support to KWUNWP. For the 2024-2025 fiscal year, the Region provided a total of over \$2.5 million in funding to KWUNWP, for use across various projects and programs, including direct support for transitional and affordable housing, rental supplements for clients of KWUNWP, maintenance and repair costs, and an annual general operating subsidy.

12. For example, in fiscal year 2024-2025, the Region provided over \$153,000 in rent supplements for members of the Indigenous community to access market housing. KWUNWP manages and allocates the funds provided by the Region for this purpose.

13. The Region has also provided financial support to KWUNWP's housing programs and projects.

14. One of KWUNWP's ongoing housing projects is an affordable housing complex it owns and operates in Cambridge, Ontario ("**27 Cambridge**"), which the Hundt Affidavit mentions at paragraph 22. This site has 30 individual apartments.

15. As the Hundt Affidavit also notes, KWUNWP previously operated a transitional housing program located in Waterloo, the Urban Native Transitional Housing Program (the "**UNTHP**"). I understand that the UNTHP closed in early 2025 based on a decision made by KWUNWP's Board. The Region played no part in this decision.

16. The UNTHP was first opened with the support of the Region in 2023. However, the UNTHP was always independently operated and administered by KWUNWP, not by the Region.

17. Although the Region was not the operator of the UNTHP, the Region provided crucial financial support for the project. In fiscal year 2024/2025, the Region provided \$1,221,217 to KWUNWP for the operation of the UNTHP, and a further \$219,521 to lease the building that housed the transitional housing site.

18. Because the Region is not involved in the operations of KWUNWP, the decision to end the UNTHP was not a decision made by the Region or at the Region's urging. Instead,

I understand from conversations I have had with representatives of KWUNWP that the decision to close the UNTHP was made by that organization's Board for reasons unrelated to the Region.

19. To be clear, the decision to close the UNTHP was also not a decision that was taken because the Region changed its funding commitment to KWUNWP or because the Region indicated that it would be reducing the funding it provided to UNTHP in the future (neither of which occurred).

20. After the decision of the Board to close the UNTHP was communicated to the Region, the Board requested that the Region instead provide funding support to KWUNWP's operations at 27 Cambridge. The Region has agreed to do so and is currently working with KWUNWP's new leadership team and the Board to finalize an operating agreement reflecting this.

C. The "Housing First" approach

21. In reviewing the Gaetz Affidavit, I noted a discussion of the "Housing First" approach beginning at paragraph 15 of the affidavit, which is contrasted with a "Housing Readiness" model. I also noted a similar discussion beginning at paragraph 27 of the Pauly Affidavit.

22. A "Housing First" approach focuses on moving people experiencing homelessness into permanent housing as quickly as is reasonably possible. By contrast, "Housing Readiness" is instead focused on ensuring that individuals experiencing homelessness meet certain milestones or targets before they are offered permanent housing.

23. To be clear, the Region does not employ a “Housing Readiness” approach in its work with unhoused individuals and is instead committed to a “Housing First” model. This is reflected in the Region’s Plan to End Chronic Homelessness (the “**PECH**”), which is discussed in and attached to my Original Affidavit as Exhibit “A”.

24. The PECH contains various references to Housing First as the preferred approach of the Region, including in the outlining of this approach in the PECH (see page 6) and through the PECH noting that Housing First should be “a building block of our community approach to housing” (see page 40). The PECH also contains various other references to the importance of this approach.

25. The Region implements a Housing First approach practically in various ways, including through operating and funding long-term housing options and programs such as supportive housing, subsidized housing, and rent supplements (including those options detailed in the 1st Sweeney Affidavit).

26. Crucially, in contrast to the “Housing Readiness” or “Staged Approach” models detailed in the Gaetz and Pauly Affidavits, individuals are not required to demonstrate that they meet certain milestones – such as sobriety – in order to be offered placement in these options or access to these programs. Instead, access is determined by availability and client preference.

27. To be clear, the Region also operates and funds options for individuals experiencing homelessness that are not long-term. This fact alone does not mean that the Region is not committed to a Housing First approach. Indeed, the Region’s maintenance of the Encampment would be inconsistent with a Housing First approach if

the sole fact that options other than long-term arrangements are available is seen as being incompatible with this approach. So too would the Region's prior support for the UNTHP operated by KWUNWP, discussed above, because it is transitional housing.

28. Instead, the Region recognizes that short term options – such as motels/hotels, shelters, and transitional housing – can be crucial, immediate options for individuals in a way that long-term housing cannot be. Given the complexity and diversity of needs that are present in the unhoused population, the options available must be correspondingly varied to meet different needs. These shorter-term options therefore still have a role to play in addressing homelessness.

29. Shorter-term options are also important given the practical reality that the Region is constrained by its budget and by timing considerations. If the Region had unlimited time and resources, the Region might prefer to purchase and operate far more long-term housing units. However, faced with the need to address the complex problem of homelessness in the face of finite resources, the Region has made the policy choice to balance fulfilling long-term housing needs with addressing the more immediate needs of individuals requiring temporary shelter. This is reflected in the Region's support of a mix of both short-term and longer-term housing options.

30. In any event, the Region is currently making significant investments in order to increase its supply of long-term housing. Specifically, the Region is investing over \$500 million over ten years in developing additional long-term housing through its Building Better Futures Plan, which will add over 2,700 new affordable and supportive housing units.

31. Undertaking a project of this scale understandably takes time. New properties need to be acquired, and new buildings constructed or existing structures renovated to increase the Region's available long-term housing supply. As a result, the Region's ongoing expansion of its supply of long-term housing options (and any further expansion beyond this) will take far longer than making motel/hotel rooms available for the same number of unhoused individuals to shelter in. Short-term options therefore play a crucial role because they can more readily accommodate immediate needs, which may fluctuate. This is particularly crucial given the fluidity of the unhoused population and their needs.

32. In the Region's experience, shorter-term housing options can also play important roles in stabilizing individuals and getting them ready to succeed in longer-term housing. To be clear, the Region is well aware that not every individual will need or desire to spend time in shorter-term housing options. However, IHPs will often include shorter-term options not because the Region thinks as a matter of principle that certain conditions need to be fulfilled before permanent housing is offered to an individual (as per the "Housing Readiness" approach), but rather because an individual may not feel ready or indeed be ready to move into housing without the same structure and supports as are available in some short-term options. This is obviously not the case for every individual, but it is important to note that for many people experiencing homelessness, shorter-term options are an important and desired part of their paths towards being permanently housed.

33. Regarding funding constraints, I have also reviewed the Houle Affidavit. I understand that Ms. Houle is an appointee of the federal government. I note that, if the federal government provided the Region with more funding, the Region would be better placed to implement Ms. Houle's recommendations.

34. From my perspective, the challenge is not so much in understanding what solutions would be optimal if resources were unlimited, but rather in determining how best to achieve outcomes for people experiencing homelessness in a world of limited resources and the multitudinous competing demands that the Region faces.

35. As it currently stands, the Region receives sporadic, one-time funding contributions from the federal government. The Region also receives funding from the Reaching Home program of the federal government, which assists local governments with addressing the housing crisis. In 2025, the Region received \$5.5 million from the federal government, which represents less than 8.4% of the Region's \$65.5 million budget for housing and homelessness initiatives in 2025.

36. Finally, I am aware that the federal government has recently announced a new federal affordable housing agency. While further, Region-specific details are not yet available, the Region looks forward to working with this agency in the future.

D. Comment on Manitoba's proposed protocol

37. The Gaetz Affidavit discusses, at paragraph 23 and following, an approach to encampments being implemented by the Province of Manitoba whereby an encampment will only be shut down after housing has been secured for each encampment resident.

38. In my experience, this poses several practical difficulties, particularly where the Region is unable to prevent newcomers from arriving at an encampment while the Region is working to re-house existing residents of the encampment. As is evident from the current population of the Encampment at 100 Vic, the Region's attempts to find alternative housing for those living at the site have not resulted in a material decrease in the

Encampment population, because residents who are successfully placed in alternative accommodation are continually replaced by new arrivals. Consequently, I have serious doubts about the feasibility of this approach in a context where the property at 100 Vic will be required for a specific purpose by a specific time.

E. Region-supported options for women and gender-diverse individuals experiencing homelessness

39. I note that the Schwan Affidavit details various challenges faced by women and gender-diverse individuals experiencing homelessness. The Region operates and supports various options that seek to address these populations' specific needs and experiences.

40. For example, as I detailed in the 2nd Sweeney Affidavit, earlier this calendar year the Region opened Cambridge's first women's only shelter in cooperation with the YWCA of Cambridge. This is a 20-bed facility that operates 24/7, year-round.

41. The Region also purchased a women's shelter in July 2024 that was formerly owned by the YW-Kitchener-Waterloo after that organization's board made the decision to exit from the operation of the shelter. The Region purchased and is renovating the building – entailing a nearly \$12 million investment – and now operates the shelter. These renovations remain ongoing. During the renovation, the shelter has continued to operate with a 47-bed capacity as of February 2025. Following the renovations (which are expected to be completed later this year), capacity will increase to 66 beds.

42. Finally, when KWUNWP closed its Waterloo transitional housing location (described above), the Region worked with one of its community partners, the Coalition

of Muslim Women, to repurpose that space as an emergency shelter for racialized women and their children. That facility has capacity for up to 28 women and children and will reopen sometime later this year.

43. Although the Region does not dictate shelter accessibility to its operators, I am not aware of anyone being turned away from a shelter based on their gender identity. The options above are open to women (including trans women) and other gender-diverse individuals. Other shelter options in the Region as detailed in my Original Affidavit are also open to individuals of different gender identities.

44. Additionally, motels/hotels are an available alternative option for individuals who might not feel comfortable attending a gender-specific shelter (or any shelter), because of the additional privacy these options provide in comparison to shelters. For some gender-diverse individuals, having a door that locks and their own bathroom may make motels/hotels a preferred temporary shelter option.

45. Although the Region funds but does not itself operate the motels/hotels available to unhoused people (just as it does not operate many of the shelters available in the Region), the Region remains committed to supporting individuals who access these options. For example, where an individual leaves a motel/hotel or shelter – either by choice or because they encounter service restrictions – the Region continues to work with that individual to find them another suitable alternative option.

AFFIRMED by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on September 16, 2025, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



Commissioner for Taking Affidavits
(or as may be)

Greta Hoaken
(LSO # 87903I)



Peter Sweeney

THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and-

Court File No. CV-25-00000750-0000
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT
WATERLOO REGION

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**Lawyers for the Applicant,
The Regional Municipality of Waterloo**

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF DILUPNEET KANG

I, **Dilupneet Kang**, of the City of Mississauga, in the Regional Municipality of Peel,

AFFIRM:

1. I am a legal assistant with the law firm Paliare Roland Rosenberg Rothstein LLP, lawyers for the Regional Municipality of Waterloo in this application.
2. I have knowledge of the matters to which I depose. Where I do not have first-hand knowledge of the information contained in this affidavit, I have identified the source of my knowledge and believe it to be true.
3. A copy of By-law 26-001 of the Regional Municipality of Waterloo, *A By-law to Amend By-Law 25-021, A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development* (the “**Amended By-law**”), is attached

as **Exhibit “A”**. The Amended By-law was passed by Regional Council on January 9, 2026.

4. A copy of the Report to Council that accompanied the Amended By-law is attached as **Exhibit “B”**.

AFFIRMED by **Dilupneet Kang** before me
at the City of Toronto, in the Province of
Ontario on January 9, 2026.



Commissioner for Taking Affidavits
(or as may be)

GRETA HOAKEN
(LSO # 87903I)



Dilupneet Kang

This is Exhibit "A" referred to in the Affidavit of Dilupneet Kang affirmed by Dilupneet Kang before me at the City of Toronto, in the Province of Ontario, on January 9, 2026



Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO # 87903I)

By-Law Number 26-001

of

The Regional Municipality of Waterloo

A By-law to Amend By-Law 25-021, A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development

WHEREAS The Regional Municipality of Waterloo (the “Region”) owns the property municipally known as 100 Victoria Street North, in the City of Kitchener (“100 Victoria Street”);

AND WHEREAS 100 Victoria Street is required for the construction of the Kitchener Central Transit Hub (the “KCTH”) by the Region and Metrolinx commencing in 2026;

AND WHEREAS the Region requires vacant possession of 100 Victoria Street by April 1, 2026 to facilitate the construction of the KCTH;

AND WHEREAS the KCTH, once constructed, will bring significant economic opportunity to the Region, including providing more affordable transportation options and greater connectivity for all residents of the Region to access jobs, schools, and essential services both within and outside the Region;

AND WHEREAS the commencement of construction of the KCTH entails a significant investment in the Region;

AND WHEREAS there are currently persons, without permanent residences, who are occupying parts of 100 Victoria Street including through the erection of temporary shelters and the placement of personal property (the “Encampment”);

AND WHEREAS the Region enacted By-Law 25-021, A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development respecting the conduct of persons entering upon 100 Victoria Street to ensure that a safer and more orderly environment is maintained and to obtain vacant possession (the “100 Victoria Street Code of Use By-law”);

AND WHEREAS the Region wishes to amend the 100 Victoria Street Code of Use By-law to defer the vacant possession date, remove the offence provision and to codify a transition policy;

NOW THEREFORE, the Council of the Regional Municipality of Waterloo enacts as follows:

- 1. That the 3rd (third) preamble of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“AND WHEREAS the Region requires vacant possession of 100 Victoria Street by April 1, 2026 to facilitate the construction of the KCTH;”

2. That the 11th (eleventh) preamble of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of April 1, 2026;”

3. That section 1 of the 100 Victoria Street Code of Use By-law is hereby amended by adding the following subsection (1.a):

“(1.a) “**Alternative Accommodation**” means the forms of accommodation as listed in Schedule “C”, paragraph 2, of this By-law;”

4. That subsection 1(7) of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“(7) “**Resident**” means anyone residing at 100 Victoria Street as of April 16, 2025 being the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region’s website (“Public Notice Date”).”

5. That subsection 3(1) of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“(1) Commencing on April 1, 2026, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.”

6. That section 4 of the 100 Victoria Street Code of Use By-law is hereby deleted.

7. That section 6 of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“(1) From the date of passage of this By-law until April 1, 2026, no Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity or as a result of section 3 of this By-law, unless:

- (a) the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person, or
- (b) the Region, in writing, offers Alternative Accommodation to the Resident in accordance with the Transition Protocol set out in Schedule “C” to this By-law and the Resident has either declined or fails to accept the offer by March 31, 2026.

(2) For greater certainty, subsection (1)(b) of this section shall not apply to any person present at 100 Victoria Street who is not a Resident. Notwithstanding, and without constituting a pre-condition for the enforcement of this By-law, the Region will offer to bring such person who is not a Resident into the Region’s housing stability system and endeavour to provide the person with

appropriate housing options, subject to resources being available and such person cooperating with the Region’s outreach staff.”

8. That the 100 Victoria Street Code of Use By-law is hereby amended by adding the following Schedule “C”, Transition Protocol:

“SCHEDULE "C"
TRANSITION PROTOCOL

The Region seeks to minimize the possible negative impacts of transitioning Residents from the Encampment to Alternative Accommodation. Accordingly, the Region will take the steps set out below.

Prior to the enforcement of this By-law to require the removal of any Resident pursuant to subsection 6(1)(b) of this By-law, the Region shall:

1. Make best efforts to offer development of an Individual Housing Plan (“IHP”) to Residents who accept such offer and engage with a Region Unsheltered Support Worker (“USW”) or other Street Outreach / Housing Support Worker in the development of their IHP;
2. Offer a Resident Alternative Accommodation as set out in their IHP. For clarity, Alternative Accommodations can include:
 - a. Emergency Shelter: temporary, short-term accommodation for individuals and families who are homeless, at risk of homelessness, or fleeing violence;
 - b. Transitional Housing: temporary, supportive housing for individuals and families experiencing homelessness that provides a structured environment and life skills training to help them move into permanent housing;
 - c. Affordable/Supportive Housing: permanent tenancy with a local housing provider, either through purpose built affordable housing (e.g., not for profit, co-op, or Waterloo Region Housing) or a rental supplement program to make a market unit affordable. Supportive Housing offers additional staff and housing stability support to the tenant to ensure the stability of tenancy;
 - d. Motel Program: temporary, short-term accommodation for individuals and couples who are experiencing homelessness and can’t access the emergency shelter/transitional housing system, supported by USW and community partner social/health services staff; or
 - e. Other agreed upon accommodation not listed above as set out in the IHP

For clarity, for a Resident who accepts an offer and is placed in a motel or emergency shelter, it is expected that they will be able to remain in such temporary shelter until a space becomes available in transitional housing or affordable/supportive housing;

For further clarity, the Region shall refer a Resident back to USW’s to make best efforts to resolve any issues or find

different Alternative Accommodation in the event a Resident loses Alternative Accommodation due to non-compliance with rules;

- 3. Offer social service supports, in the same nature as provided at 100 Victoria Street, to a Resident once moved to Alternative Accommodation; and
- 4. Offer a Resident transportation, including personal belongings, to Alternative Accommodation and coverage for up to 6 months' storage of any additional personal belongings that cannot be taken to the Alternative Accommodation at the same time, all at no cost to the Resident."

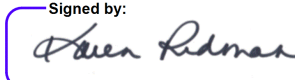
9. This By-law shall come into force and effect on February 1, 2026.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 9th day of January, A.D., 2026.

Signed by:

28C93659EA85420...

Regional Clerk

Signed by:

E732ACEE5B224A9...

Regional Chair

This is Exhibit "B" referred to in the Affidavit of Dilupneet Kang affirmed by Dilupneet Kang before me at the City of Toronto, in the Province of Ontario, on January 9, 2026



Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO # 87903I)

Region of Waterloo**Planning, Development, and Legislative Services****Legal Services**

To: Regional Council

Meeting Date: January 9, 2026

Report Title: 100 Victoria Street North, Kitchener – Amendment to the 100 Victoria Street Code of Use By-law (By-law 25-021)

1. Recommendation

That the Regional Municipality of Waterloo pass a by-law in the form attached as Appendix 'A' to this Report, being a by-law to amend the 100 Victoria Street Code of Use By-law (By-Law 25-021), pursuant to Report PDL-LEG-26-001, dated January 9, 2026.

2. Purpose / Issue:

The Kitchener Central Transit Hub ("KCTH") is a transformational project that has been in the planning stages since 2013. To advance construction, Metrolinx has advised that it requires the use of the Region's property at 100 Victoria Street North, Kitchener. The process to prepare the site for use by Metrolinx will take several months.

There currently is an encampment of residents located at 100 Victoria Street North, Kitchener (the "Encampment"). The 100 Victoria Street Code of Use By-law was passed by Regional Council on April 23, 2025 to allow the Region to obtain vacant possession of 100 Victoria Street North by December 1, 2025. The By-law is currently the subject of court proceedings before the Superior Court of Justice with further hearing dates scheduled for February 5, 6 and 27, 2026.

The purpose of this report is to seek Regional Council approval to amend the 100 Victoria Street Code of Use By-law to defer the vacant possession date to April 1, 2026, to remove the offence provision for the By-law and to codify a transition process, all to confirm and further the Region's objective of obtaining vacant possession in a fair and compassionate manner.

3. Strategic Plan:

The Region of Waterloo is on a journey of growth to an intentional, sustainable future of one million residents. KCTH supports the Homes for All, Equitable Services and Opportunities and Climate Aligned Growth focus areas within the Region's 2023 – 2027 Strategic Plan.

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Upon completion, KCTH will enhance and integrate transit infrastructure, provide residential and commercial development opportunities and be a gateway for economic development for Waterloo Region.

4. Report Highlights:

- KCTH has been in the planning stages since 2013 and builds on the success of ION light rail. Designed to serve current and future residents, as well as visitors, the transit hub will redefine how people connect, commute, and experience Waterloo Region.
- Work on KCTH has advanced to the stage where construction is anticipated to begin in 2026. To further advance the project, the Region's property at 100 Victoria Street North is required by Metrolinx.
- The Region is required to complete due diligence and site preparation at 100 Victoria Street North prior to handover of the property to Metrolinx. This work will take approximately three months to complete and cannot be undertaken with an encampment present on the property.
- To meet this timeline, the 100 Victoria Street Code of Use By-law was enacted by Regional Council on April 23, 2025 that required the site to be vacant by December 1, 2025. In preparation for this transition, Regional staff provided enhanced support by focusing efforts and resources on current residents for available housing and shelter options.
- In the context of the decision of Justice Valente in *The Regional Municipality of Waterloo v. Persons Unknown and to be Ascertained*, 2023 ONSC 670 ("Valente Decision") the Region sought further direction from the Superior Court of Justice on the 100 Victoria Street Code of Use By-law. In addition, Waterloo Region Community Legal Services, on behalf of a number of persons, brought an application before the Superior Court of Justice that enjoined the Region from enforcing the By-law. Final arguments for these court proceedings are scheduled for February 5, 6 and 27, 2026.
- In the interim, staff are recommending three amendments to the By-law as follows:
 - defer the possession date to April 1, 2026 to recognize the added time needed to resolve the proceedings before the Superior Court of Justice;
 - remove the offence provision for the By-law recognizing that it is the Region's objective to obtain vacant possession and not to penalize the marginalised persons on the property; and
 - codify a transition process to provide greater assurance that the Region will work to provide alternative accommodation.

5. Background:

KCTH Development

As the Region quickly grows to one million residents, the community is on the cusp of significant change. To help shape future growth, the Region, along with many partners, is leading transformational projects that will positively impact residents and visitors for generations to come.

Designed to serve current and future residents, as well as visitors from around the world, KCTH will redefine how people connect, commute, and experience our community. Building on the community investment in ION light rail, KCTH will connect ION light rail, GRT, GO Transit (rail and bus service), VIA, rail service, intercity bus, active transportation, passenger vehicles, cyclists and pedestrians in one central location. By integrating transit services, KCTH will remove barriers and improve public transportation options for those who rely on these services.

The transit hub is expected to generate ION ridership as an anchor development along the Central Transit Corridor with transit station functions integrated with a future mixed-use destination. It will be a gateway to the Region of Waterloo and will connect residents and visitors to the Toronto-Waterloo Region innovation corridor.

KCTH is a landmark development and has the potential to stimulate growth, development and sustainability well into the future.

As part of this project, the Region has procured land on Victoria Street, from King Street to Weber Street. Upon completion of the transit hub, the remaining land will be used for commercial and residential development, including affordable housing.

In 2016, the Province recognized the value of investing in the Region of Waterloo's transit infrastructure, providing \$43 million to support the transit hub. In February 2023, the Region applied for funding through the Public Transit stream of the Investing in Canada Infrastructure Program (ICIP). This application has been approved resulting in \$51 million from the federal government to support the transit hub.

The timing of the Region's work for the KCTH is driven by Metrolinx's construction schedule for its railway track and platform improvements adjacent to the KCTH site. Since Region staff provided the Kitchener Central Update in December, 2024 Metrolinx notified the Region that it requires the Region owned property at 100 Victoria Street North for its use by March, 2026, subject to extension.

As a part of the KCTH development, Metrolinx will raise the section of rail tracks between King Street and Weber Street and relocate the rail platform from between Weber Street and Ahrens Street to the rail corridor between King Street to Duke Street.

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Metrolinx will also construct a diversion track that will be incorporated in the rail system immediately behind 100 Victoria Street North. Construction of the diversion track will include the build-up of ground level and rail modifications in this area.

The Region will be obligated to provide 100 Victoria Street North to Metrolinx in a condition fit for Metrolinx's use. To do so, remediation work must be completed before vacant possession of the land is delivered to Metrolinx. This includes site clean up, site investigations and geotechnical testing. It is anticipated this work will take three months, allowing for contingencies for unfavourable weather.

The Region will commence its construction activity for the KCTH project in 2026 with the demolition of the section of the Rumpel Felt building that does not have a heritage designation.

In 2026, the Victoria Street North Modifications, between Weber Street West to King Street West, will begin. From 2027 to 2030, a bus loop, pedestrian bridge, pedestrian ramp and the hub facility will be built.

Site Specific By-law Respecting Use of 100 Victoria Street, North, Kitchener

On April 23, 2025, Region Council enacted the 100 Victoria Street Code of Use By-law respecting the use of 100 Victoria Street North which is owned by The Region.

The intent of the By-law was to facilitate the development of the KCTH and other transit development. To do so, it provided for vacant possession of 100 Victoria Street North by December 1, 2025.

This was to allow the requisite time for the Region to complete site preparation activities prior to the handover to Metrolinx, and for Region staff to engage with encampment residents and assist in relocating these individuals.

The By-law specifically regulated 100 Victoria Street North. The By-law provided for persons currently residing at 100 Victoria Street North and their need to transition to alternate accommodation prior to December 1, 2025. To enable vacant possession by December 2025, the By-law provided that no persons who were not residents on the date public notice of the By-law was provided (being April 16, 2025) may erect shelters or other structures or reside at 100 Victoria Street North.

The By-law had provisions to allow the Region to use its powers pursuant to the *Trespass to Property Act* to remove offending persons from the property. It also had an offence provision which allowed the Region to charge offending persons with a maximum fine of \$5,000 that the court could impose upon conviction.

To support current residents of the Encampment (i.e. those who were present on the property when public notice of the By-law was provided), Region staff provided

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enhanced site support by focussing efforts and resources on current residents for available housing and shelter options and transition to alternate accommodation.

Court Proceedings

On June 16, 2025, the Region proactively commenced an application before the Superior Court of Justice for a declaration that the By-law does not infringe the Charter, and certain persons represented by Waterloo Community Legal Services (WRCLS) brought a cross-application to have the By-law declared invalid. On June 4, 2025, WRCLS commenced a motion to enjoin the Region from enforcing the By-law with an interim order made by the Court on August 21, 2025. The applications are scheduled to be heard by the Court on February 5, 6, and 27, 2026.

As part of the court proceedings to date, and in communications from stakeholders, objections have been raised to the fairness of the 100 Victoria Street Code of Use By-law on the following grounds, among others. First, that the By-law contains an offence provision that could be used to penalize offending persons who are already marginalised and without financial resources. Second, that the By-law does not contain an express requirement that the Region provide alternative accommodation to persons occupying the property.

Proposed Amending By-law

Staff are recommending three amendments to the 100 Victoria Street Code of Use By-law as follows:

- defer the possession date to April 1, 2026 to recognize the added time needed to resolve the proceedings before the Superior Court of Justice;
- remove the offence provision for the By-law recognizing that it is the Region's objective to obtain vacant possession and not to penalize the marginalised persons on the property; and
- codify a transition process to provide greater assurance that the Region will work to provide alternative accommodation.

The proposed transition provision in the amendment includes a mandatory written offer to persons who occupied the property as of the public notice of the original passing of the By-law (April 16, 2025). The offer would include an Individual Housing Plan with appropriate alternative accommodation, social service supports, transportation and storage for up to six months. For persons occupying the property after April 16, 2025, the Region will offer to bring the person within the Region's housing stability system and endeavour to provide appropriate housing options.

The intention is to confirm that the Region seeks to obtain vacant possession of 100

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Victoria Street North in a fair manner that will include alternative housing and that will not penalize the occupants in a monetary form.

Transition of Current Encampment Residents

Region staff have developed a proposed plan to transition encampment residents from 100 Victoria Street North. This transition may be summarized as follows:

- That Regional staff provide enhanced site support by focussing efforts and resources on current residents for available housing and shelter options and ongoing site management
- This operational effort would be coordinated by a cross departmental structure and will wind down before March 31st.

Region staff have been supporting residents at the Encampment since December 2021. This includes regular supports provided by outreach staff, connections with Ontario Works Caseworkers, providing regular cleaning and maintenance of the site, hiring pest control, portable washrooms, lighting, and other health and safety interventions.

Site security has been provided 24/7 since the spring of 2022. These efforts will continue through the transition process.

6. Communication and Engagement with Area Municipalities and the Public Area Municipalities:

Over the last number of years, Region staff have worked with various municipal staff in area municipalities, particularly at the City of Kitchener and with community partners, to advance KCTH and manage the 100 Victoria site.

Should this amending by-law be approved, Region staff would continue to work with area municipalities and interest holders in its implementation.

Public:

Individuals currently residing at 100 Victoria Street North are being informed about the proposed amending by-law by the posting of a notice of the intention to consider the proposed amendments together with a copy of the proposed amending by-law and draft consolidation of the by-law and amending by-law. An information session for people currently occupying the site has been scheduled for Monday, January 5th and notice of same has been posted at 100 Victoria Street North.

Partners and key stakeholders are being notified about the proposed amending by-law.

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Updates to the community on KCTH have been ongoing and regular updates will continue throughout construction. More information can be found at:

<https://www.engagewr.ca/king-victoria-transit-hub>

*The public information and feedback sessions noted above were undertaken on January 5th and 7th, 2026 regarding the proposed amendments to the 100 Victoria Street Code of Use By-law. A summary of the feedback received is attached as Appendix C. As noted, there was support expressed at both sessions for the removal of the monetary penalty and the provision of written offers of alternate accommodation included in amendments. In response to concerns about providing more information on housing options available and the process to access those services, the Region's Unsheltered Support Workers will continue to work with people at 100 Victoria to provide information on housing options and services through the development of Individual Housing Plans. Much of the feedback objected to the by-law and by-law amendment in principle preferring alternatives as set out in Appendix C.

7. Financial Implications:

Current costs to maintain the site at 100 Victoria are \$793,944 annually (\$66,162/month). These include costs for security, pest control, portable toilets, garbage removal, and ongoing servicing and maintenance. These do not include staffing costs for social supports, outreach, facilities, or by-law staff who attend the site regularly. The costs associated with the proposed mandatory written offer to persons who occupied the property as of the public notice of the original passing of the By-law (April 16, 2025) have been included in the approved budget. There is no new financial impact.

8. Conclusion / Next Steps:

Approval by Council of the proposed amending by-law respecting the use of 100 Victoria Street North and the plan for alternative accommodation for current residents of 100 Victoria Street, North, to facilitate the transition of current residents to alternative accommodation so that vacant possession of the site is achieved by April 1, 2026. Site preparation can then be completed so that the lands are ready for Metrolinx use.

9. Attachments:

Appendix A: By-Law to Amend the 100 Victoria Street Code of Use By-law (By-Law 25-021)

Appendix B: Consolidated version of By-Law 25-021 showing the tracked amendments

January 9, 2026

Report: PDL-LEG-26-001

*Appendix C: Public feedback summary regarding proposed changes to the 100
Victoria Street Code of Use By-law

Prepared By: Fiona McCrea, Regional Solicitor and Director of Legal Services

Peter Sweeney, Commissioner, Community Services

Approved By: Rod Regier, Commissioner, Planning Development and Legislative
Services

Appendix A: By-Law to Amend the 100 Victoria Street Code of Use By-law (By-Law #25-021) together with a consolidated version showing the tracked amendments

By-Law Number 26-***

of

The Regional Municipality of Waterloo

A By-law to Amend By-Law 25-021, A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development

WHEREAS The Regional Municipality of Waterloo (the “Region”) owns the property municipally known as 100 Victoria Street North, in the City of Kitchener (“100 Victoria Street”);

AND WHEREAS 100 Victoria Street is required for the construction of the Kitchener Central Transit Hub (the “KCTH”) by the Region and Metrolinx commencing in 2026;

AND WHEREAS the Region requires vacant possession of 100 Victoria Street by April 1, 2026 to facilitate the construction of the KCTH;

AND WHEREAS the KCTH, once constructed, will bring significant economic opportunity to the Region, including providing more affordable transportation options and greater connectivity for all residents of the Region to access jobs, schools, and essential services both within and outside the Region;

AND WHEREAS the commencement of construction of the KCTH entails a significant investment in the Region;

AND WHEREAS there are currently persons, without permanent residences, who are occupying parts of 100 Victoria Street including through the erection of temporary shelters and the placement of personal property (the “Encampment”);

AND WHEREAS the Region enacted By-Law 25-021, A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development respecting the conduct of persons entering upon 100 Victoria Street to ensure that a safer and more orderly environment is maintained and to obtain vacant possession (the “100 Victoria Street Code of Use By-law”);

AND WHEREAS the Region wishes to amend the 100 Victoria Street Code of Use By-law to defer the vacant possession date, remove the offence provision and to codify a transition policy;

NOW THEREFORE, the Council of the Regional Municipality of Waterloo enacts as follows:

1. That the 3rd (third) preamble of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“AND WHEREAS the Region requires vacant possession of 100 Victoria Street by April 1, 2026 to facilitate the construction of the KCTH;”

2. That the 11th (eleventh) preamble of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of April 1, 2026;”

3. That section 1 of the 100 Victoria Street Code of Use By-law is hereby amended by adding the following subsection (1.a):

“(1.a) “**Alternative Accommodation**” means the forms of accommodation as listed in Schedule “C”, paragraph 2, of this By-law;”

4. That subsection 1(7) of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“(7) “**Resident**” means anyone residing at 100 Victoria Street as of April 16, 2025 being the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region’s website (“Public Notice Date”).”

5. That subsection 3(1) of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“(1) Commencing on April 1, 2026, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.”

6. That section 4 of the 100 Victoria Street Code of Use By-law is hereby deleted.

7. That section 6 of the 100 Victoria Street Code of Use By-law is hereby deleted and replaced with the following:

“(1) From the date of passage of this By-law until April 1, 2026, no Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity or as a result of section 3 of this By-law, unless:

- (a) the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person, or
- (b) the Region, in writing, offers Alternative Accommodation to the Resident in accordance with the Transition Protocol set out in Schedule “C” to this By-law and the Resident has either declined or fails to accept the offer by March 31, 2026.

(2) For greater certainty, subsection (1)(b) of this section shall not apply to any person present at 100 Victoria Street who is not a Resident. Notwithstanding, and without constituting a pre-condition for the enforcement of this By-law, the Region will offer to bring such person who is not a Resident into the Region’s housing stability system and endeavour to provide the person with

appropriate housing options, subject to resources being available and such person cooperating with the Region's outreach staff."

8. That the 100 Victoria Street Code of Use By-law is hereby amended by adding the following Schedule "C", Transition Protocol:

"SCHEDULE "C"
TRANSITION PROTOCOL

The Region seeks to minimize the possible negative impacts of transitioning Residents from the Encampment to Alternative Accommodation. Accordingly, the Region will take the steps set out below.

Prior to the enforcement of this By-law to require the removal of any Resident pursuant to subsection 6(1)(b) of this By-law, the Region shall:

1. Make best efforts to offer development of an Individual Housing Plan ("IHP") to Residents who accept such offer and engage with a Region Unsheltered Support Worker ("USW") or other Street Outreach / Housing Support Worker in the development of their IHP;
2. Offer a Resident Alternative Accommodation as set out in their IHP. For clarity, Alternative Accommodations can include:
 - a. Emergency Shelter: temporary, short-term accommodation for individuals and families who are homeless, at risk of homelessness, or fleeing violence;
 - b. Transitional Housing: temporary, supportive housing for individuals and families experiencing homelessness that provides a structured environment and life skills training to help them move into permanent housing;
 - c. Affordable/Supportive Housing: permanent tenancy with a local housing provider, either through purpose built affordable housing (e.g., not for profit, co-op, or Waterloo Region Housing) or a rental supplement program to make a market unit affordable. Supportive Housing offers additional staff and housing stability support to the tenant to ensure the stability of tenancy;
 - d. Motel Program: temporary, short-term accommodation for individuals and couples who are experiencing homelessness and can't access the emergency shelter/transitional housing system, supported by USW and community partner social/health services staff; or
 - e. Other agreed upon accommodation not listed above as set out in the IHP

For clarity, for a Resident who accepts an offer and is placed in a motel or emergency shelter, it is expected that they will be able to remain in such temporary shelter until a space becomes available in transitional housing or affordable/supportive housing;

For further clarity, the Region shall refer a Resident back to USW's to make best efforts to resolve any issues or find

different Alternative Accommodation in the event a Resident loses Alternative Accommodation due to non-compliance with rules;

3. Offer social service supports, in the same nature as provided at 100 Victoria Street, to a Resident once moved to Alternative Accommodation; and
4. Offer a Resident transportation, including personal belongings, to Alternative Accommodation and coverage for up to 6 months' storage of any additional personal belongings that cannot be taken to the Alternative Accommodation at the same time, all at no cost to the Resident."

9. This By-law shall come into force and effect on February 1, 2026.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 9th day of January, A.D., 2026.

Regional Clerk

Regional Chair

Appendix B: Consolidated version of By-Law #25-021 showing the tracked amendments

Office Consolidation Version for Reference Only of the Use of 100 Victoria Street North, Kitchener By-law No. 25-021 as proposed to be amended by draft By-law No. 26-0. If there are any discrepancies between this consolidation and By-law 25-021 and the draft amending By-law No. 26-0** the By-laws shall prevail.**

By-Law Number 25-021

of

The Regional Municipality of Waterloo

A By-law Respecting the Use of 100 Victoria Street North, Kitchener (as Owned by The Regional Municipality of Waterloo) to facilitate the Kitchener Central Transit Hub and other Transit Development

WHEREAS The Regional Municipality of Waterloo (the “Region”) owns the property municipally known as 100 Victoria Street North, in the City of Kitchener (“100 Victoria Street”);

AND WHEREAS 100 Victoria Street is required for the construction of the Kitchener Central Transit Hub (the “KCTH”) by the Region and Metrolinx commencing in 2026;

~~AND WHEREAS the Region requires vacant possession of 100 Victoria Street by December 1, 2025 to facilitate the construction of the KCTH;~~

AND WHEREAS the Region requires vacant possession of 100 Victoria Street by April 1, 2026 to facilitate the construction of the KCTH;

AND WHEREAS the KCTH, once constructed, will bring significant economic opportunity to the Region, including providing more affordable transportation options and greater connectivity for all residents of the Region to access jobs, schools, and essential services both within and outside the Region;

AND WHEREAS the commencement of construction of the KCTH entails a significant investment in the Region;

AND WHEREAS there are currently persons, without permanent residences, who are occupying parts of 100 Victoria Street including through the erection of temporary shelters and the placement of personal property (the “Encampment”);

AND WHEREAS the Region has enacted the Code of Use Bylaw, specifically By-law 13-050, as amended, respecting the conduct of persons entering upon certain buildings, grounds and public transportation vehicles owned or occupied by the Region;

AND WHEREAS the Region takes note of the decision of the Ontario Superior Court of Justice, in the decision of the *Region v. Persons Unknown and To Be Ascertained*, (the “Decision”);

AND WHEREAS the Region wishes to specifically provide for the persons currently occupying the Encampment at 100 Victoria Street to ensure that a safer and more orderly environment is maintained;

AND WHEREAS the Region, since the Decision, has greatly expanded the number of available accessible shelter beds in the Region and has allocated additional resources to provide accommodation for all persons presently occupying the Encampment;

~~AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of December 1, 2025;~~

AND WHEREAS the Region is enacting this By-law to specifically regulate and govern 100 Victoria Street and to obtain vacant possession as of April 1, 2026;

AND WHEREAS the Region has the capacity, rights, powers and privileges of a natural person and the ability to govern its affairs as it considers appropriate pursuant to sections 8 and 9 of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended;

AND WHEREAS the Region has the authority to enact by-laws respecting its public assets and the protection of persons and property pursuant to subsection 11(2) of the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended;

NOW THEREFORE THE COUNCIL OF THE REGIONAL MUNICIPALITY OF WATERLOO ENACTS AS FOLLOWS:

PART I - DEFINITIONS

1. In this By-law:

(1.a) “Alternative Accommodation” means the forms of accommodation as listed in Schedule “C”, paragraph 2, of this By-law;

(1) “**Designated Personnel**” means those persons listed in Schedule “A” of this By-law;

(2) “**Municipal Act, 2001**” means the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended, or any successor legislation;

(3) “**100 Victoria Street**” means the property municipally known as 100 Victoria Street North, in the City of Kitchener;

(4) “**Prohibited Activity**” means any activity that is listed in Schedule “B” of this By-law;

(5) “**Region**” means The Regional Municipality of Waterloo; and

(6) “**Trespass to Property Act**” means the *Trespass to Property Act*, R.S.O. 1990, c. T.21, as amended, or any successor legislation.

~~(7) “**Resident**” means anyone residing at 100 Victoria Street as of the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region’s website (“Public Notice Date”).~~

(7) “**Resident**” means anyone residing at 100 Victoria Street as of April 16, 2025 being the date that notice of this bylaw is provided through the posting of the agenda for the Council meeting at which this By-law will be considered on the Region’s website (“Public Notice Date”).

PART II – PROHIBITION

2. No person shall engage in a Prohibited Activity on 100 Victoria Street.

3. ~~(1) Commencing on December 1, 2025, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.~~

(1) Commencing on April 1, 2026, no person shall enter onto, reside on, or occupy 100 Victoria Street or any part thereof.

(2) Subsection (1) of this section shall not apply to an employee or contractor of the Region or other person who has the authorization of the Region to enter onto or occupy 100 Victoria Street or any part thereof.

~~4. Every person who contravenes sections 2 or 3 of this By-law is guilty of an offence and on conviction is liable to a fine not exceeding \$5,000, exclusive of costs.~~

PART III - TRESPASS

5. Without limiting Part II of this By-law, Designated Personnel may exercise any of the following enforcement options at 100 Victoria Street when a person is contravening or has contravened sections 2 or 3 of this By-law:

(1) Issue a verbal direction to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(2) Subject to section 6 of this By-law, issue a verbal direction to leave 100 Victoria Street, citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(3) Serve a written notice upon a person prohibiting a Prohibited Activity or the contravention of section 3 of this By-law, citing as the reason the failure of the person to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(4) Subject to section 6 of this By-law, serve a written notice upon a person prohibiting entry upon 100 Victoria Street citing as the reason the failure of the person to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(5) Post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to 100 Victoria Street prohibiting a Prohibited Activity or the contravention of section 3 of this By-law;

(6) Subject to section 6 of this By-law, post a sign so that the sign is clearly visible in daylight under normal conditions from the approach to each ordinary point of access to 100 Victoria Street prohibiting entry upon 100 Victoria Street by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(8) Subject to section 6 of this By-law, erect fencing or other barriers prohibiting entry upon 100 Victoria Street or any part thereof by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law;

(9) Subject to section 6 of this By-law, remove any personal property or fixture upon 100 Victoria Street or any part thereof that is owned by a person citing as the reason the failure to refrain from a Prohibited Activity or the contravention of section 3 of this By-law; and

(10) Exercise any other rights or powers pursuant to the *Trespass to Property Act* that are reasonable in the circumstances.

~~6. From the date of passage of this By-law until November 30, 2025, no~~

~~Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity, unless the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person. For greater certainty, nothing in this By-law permits a Resident to relocate their temporary shelter to another part of the premises at 100 Victoria Street without the permission of the Region.~~

6. (1) From the date of passage of this By-law until April 1, 2026, no Resident will be removed involuntarily from or prohibited from entering their temporary shelter at 100 Victoria Street as a result of engaging in a Prohibited Activity or as a result of section 3 of this By-law, unless:

- (a) the Prohibited Activity creates or contributes to a serious risk to their own health or safety or the health or safety of another person, or
- (b) the Region, in writing, offers Alternative Accommodation to the Resident in accordance with the Transition Protocol set out in Schedule "C" to this By-law and the Resident has either declined or fails to accept the offer by March 31, 2026.

(2) For greater certainty, subsection (1)(b) of this section shall not apply to any person present at 100 Victoria Street who is not a Resident. Notwithstanding, and without constituting a pre-condition for the enforcement of this By-law, the Region will offer to bring such person who is not a Resident into the Region's housing stability system and endeavour to provide the person with appropriate housing options, subject to resources being available and such person cooperating with the Region's outreach staff.

7. Designated Personnel may contact the Waterloo Regional Police Service, or any other police service having lawful jurisdiction, at any time to request assistance or to initiate any other action as the police service may deem necessary in the circumstances.

8. For greater certainty, and without limiting the above, Designated Personnel may erect a fence or other barrier to prohibit entry to any unoccupied area of 100 Victoria Street.

PART IV - GENERAL

9. This By-law may be enforced by a Designated Personnel or a police officer.

10. This By-law may be cited as the "100 Victoria Street Code of Use By-law".

11. If any section or sections of this By-law or parts thereof are found by any Court to be illegal or beyond the power of Council of the Region to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this By-law shall be deemed to be separate and independent therefrom and shall continue in full force and effect unless and until similarly found illegal.

12. This By-law shall come into force and take effect on the date of final passage hereof.

By-law read a first, second and third time and finally passed in the Council Chamber in the Regional Municipality of Waterloo this 23rd day of April, A.D., 2025.

REGIONAL CLERK

REGIONAL CHAIR

SCHEDULE "A"
DESIGNATED PERSONNEL

1. The following are Designated Personnel:

- (1) Supervisor, Security Services, for the Region, or any successor position thereto;
- (2) a municipal law enforcement officer as appointed by the Region;
- (3) a security guard under contract to the Region; and
- (4) other persons from time to time as may be designated by Council of the Region.

SCHEDULE "B"
PROHIBITED ACTIVITIES

1. The following activities are Prohibited Activities:

- (a) carrying any goods, without authorization, which are offensive, dangerous, toxic, corrosive, flammable or explosive in nature that are likely to alarm, inconvenience, cause discomfort or injure any person, or cause damage to property, whether or not such good are contained in an approved container;
- (b) acts which are reasonably perceived as threatening, intimidating or sexual harassment;
- (c) any activity contrary to the *Criminal Code of Canada*, R.S. 1985, c. C-46, as amended, other federal statutes, provincial statutes or municipal by-laws;
- (d) erecting a shelter or other structure (provided, however, that this shall not apply to shelters or other structures that were in place on the Public Notice Date);
- (e) residing on 100 Victoria unless the person is a Resident within the meaning of this bylaw.
- (f) acts which interfere with the provision of services to Residents of 100 Victoria Street; or acts which interfere with the use of 100 Victoria Street for the purposes of work relating to or in any way connected with KCTH; and
- (g) acts which are contrary to any specific rules or terms of use for the Designated Premises provided that the specific rules or terms of use have been posted in a conspicuous location at the Designated Premises.

SCHEDULE "C"
TRANSITION PROTOCOL

The Region seeks to minimize the possible negative impacts of transitioning Residents from the Encampment to Alternative Accommodation. Accordingly, the Region will take the steps set out below.

Prior to the enforcement of this By-law to require the removal of any Resident pursuant to subsection 6(1)(b) of this By-law, the Region shall:

1. Make best efforts to offer development of an Individual Housing Plan ("IHP") to Residents who accept such offer and engage with a Region Unsheltered Support Worker ("USW") or other Street Outreach / Housing Support Worker in the development of their IHP;
2. Offer a Resident Alternative Accommodation as set out in their IHP. For clarity, Alternative Accommodations can include:
 - a. Emergency Shelter: temporary, short-term accommodation for individuals and families who are homeless, at risk of homelessness, or fleeing violence;
 - b. Transitional Housing: temporary, supportive housing for individuals and families experiencing homelessness that provides a structured environment and life skills training to help them move into permanent housing;
 - c. Affordable/Supportive Housing: permanent tenancy with a local housing provider, either through purpose built affordable housing (e.g., not for profit, co-op, or Waterloo Region Housing) or a rental supplement program to make a market unit affordable. Supportive Housing offers additional staff and housing stability support to the tenant to ensure the stability of tenancy;
 - d. Motel Program: temporary, short-term accommodation for individuals and couples who are experiencing homelessness and can't access the emergency shelter/transitional housing system, supported by USW and community partner social/health services staff; or
 - e. Other agreed upon accommodation not listed above as set out in the IHP

For clarity, for a Resident who accepts an offer and is placed in a motel or emergency shelter, it is expected that they will be able to remain in such temporary shelter until a space becomes available in transitional housing or affordable/supportive housing;

For further clarity, the Region shall refer a Resident back to USW's to make best efforts to resolve any issues or find different Alternative Accommodation in the event a Resident loses Alternative Accommodation due to non-compliance with rules;

3. Offer social service supports, in the same nature as provided at 100 Victoria Street, to a Resident once moved to Alternative Accommodation; and
4. Offer a Resident transportation, including personal belongings, to Alternative Accommodation and coverage for up to 6 months' storage of any additional personal belongings that cannot be taken to the

Alternative Accommodation at the same time, all at no cost to the Resident.

Appendix C: Public feedback summary regarding proposed changes to the 100 Victoria Street Code of Use By-law

Two public feedback sessions were held during the week of January 5, 2026, to gather feedback regarding the proposed amendments to the 100 Victoria Street Code of Use By-law. One session was specifically for those currently living at the site. The second was a public input session for the general public. A summary of the two sessions is as below.

Drop-in session for individuals living at 100 Victoria Street North – January 5, 2026

A drop-in engagement session was held on Monday, January 5, 2026, to hear feedback specifically from the individuals currently living at 100 Victoria Street North about the proposed changes to the 100 Victoria Street Code of Use Bylaw. The event was advertised through signage at the site, posted on December 22, 2025.

Attendees included three people who had experience of homelessness and living at 100 Victoria, as well as a representative of Waterloo Region Community Legal Services who attended to observe the process.

The drop-in session was informal and focused on listening and gaining feedback on the proposed by-law changes. At the beginning of the conversation, a plain language summary of the changes was verbally provided to the participants as well as printed copies of the proposed by-law (along with a version that showed both the original by-law along with the changes made). Participants then began to share their thoughts and input about the by-law. In addition, a paper comment card was made available along with an option to email comments directly to the Region. Participants were offered refreshments and a gift card in recognition of the sharing of their lived experiences and time.

This appendix provides a summary of the feedback captured by staff; it has been generalized to recognize anonymity. This list is not intended to suggest consensus amongst participants, but simply to share the range of feedback provided.

The feedback included:

- The importance of ensuring that funding allotted to support residents was being spent appropriately.
- Participants reflected that there were people living at 100 Victoria who didn't know about the by-law, the changes or how they could access supports.
- Sometimes there is confusion in the community about the process to access support and housing options, e.g. seeing others relocate to a 'Motel' but not being clear on how they achieved that.

- That information should be provided to those living at 100 Victoria (on the by-law and available supports) in multiple ways, including continued posted information and a "spokesperson" who can share information verbally and in-person. Participants felt that verbal/outreach information giving was most effective.
- The elimination of the \$5,000 ticket was supported and there was support for not re-introducing these. There was some desire to understand why the decision to eliminate this ticket had been made.
- The need to receive more information about what housing options are available for people arriving at the site after the April 16th, 2025, date and what the process is to access those supports. There were questions regarding what would happen to those living on the site, after the April 2026 deadline.
- That providing additional supports to those living at 100 Victoria the longest was 'only fair'.

Public input session – January 7, 2026

A public input session was held on Wednesday, January 7, 2026, at 6 p.m. Council Chambers at 150 Frederick Street in Kitchener. Twenty-four delegates spoke in-person or via the virtual option as part of the session. Two written submissions were provided as part of the agenda package. The meeting was live-streamed.

This is a qualitative summary of themes from the delegates' remarks that were common topics. A recording of the full meeting can be viewed on the Region's YouTube channel for further detail.

- **Human rights and compassion**
 - Concerns that the Region's site-specific bylaw and approach to 100 Victoria are not compliant with human-rights principles.
 - Strong desire to support residents with dignity and care and to provide care for basic human needs.
- **Affordable housing, increased social supports, emergency shelter capacity**
 - The need to fund affordable housing, add social supports including mental health outreach workers.
 - Questions and concerns raised around number and availability of shelter spaces.
 - Concerns about the housing affordability and cost of living crisis.
 - Sentiment shared that the by-law does not address the root causes of homelessness or provide a long-term solution; that this is a systemic problem that needs to be addressed with permanent housing. Use of motels is not a permanent housing option.
 - Support for written offers of alternate accommodation.

- **Site replacements/safe tenting**

- Repeated calls for a replacement site for 100 Victoria and a safe tenting bylaw, providing a place of “last resort”. Reference to other municipalities who have instituted safe tenting zones.
- Suggestion for community-led solutions. Offers of expertise from community.

- **Definition of “Resident” under the by-law**

- Concerns about the April 16, 2025, date cut-off for who is defined as a resident under the by-law and who is not; the creation of two classes of resident even though their needs for housing are the same. Questions if the April 1, 2026 deadline provided sufficient time to find housing for those remaining at the site and how residents will be removed after April 1, 2026.

- **Costs**

- Concerns raised regarding the continued high costs associated expenses at 100 Victoria, with limited success in solving the issue.
- Concerns raised over taxpayer impact and the need for clear public land use rules to prevent misuse and ensure responsible spending.
- Comments that money would be better invested into affordable housing.
- Questioning costs of the police budget and suggestion to reallocate funding to homelessness supports.
- Support for the removal of the \$5,000 fine. Concerns over fines related to the province’s *Trespass to Property Act*.

- **Reference to the ongoing legal proceedings**

- Questions of whether amendments to the by-law could be considered while the site is subject of ongoing legal proceedings. References were made to previous legal decisions including the Justice Valente decision in 2023 and the granting of the injunction by Justice Gibson in August 2025.
- Suggestions to seek guidance from the court and follow their direction.

- **Communications with those living at the site**

- Questions about notice to residents at the site and their accessibility to the information about the January 5, 2026, input session for those living at 100 Victoria.
- Several deficiencies related to the posting were noted.

THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and-

Court File No. CV-25-00000750-0000
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT
WATERLOO REGION

AFFIDAVIT OF DILUPNEET KANG

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Lawyers for the Applicant,
The Regional Municipality of Waterloo

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

AFFIDAVIT OF AARON MOSS

I, **Aaron Moss**, of the City of Cambridge, in the Regional Municipality of Waterloo,

AFFIRM AND SAY:

1. I am the Director of Facilities and Fleet at the Region of Waterloo (the “**Region**”).
2. As such, I have personal knowledge of the matters set out in this affidavit. Where I do not have personal knowledge of a matter, I state the source of my information and believe it to be true.

A. My Role at the Region
3. I have been the Director of Facilities and Fleet at the Region since May 2024.
4. Prior to working at the Region, I was the Manager of Fleet Services at the City of Brampton for seven years. I also previously worked for Waste Management Canada as Senior District Fleet Manager, a role I held for six years. In that role I managed multiple

fleets throughout Canada and was responsible for overseeing the fleet facilities in the Waterloo District.

5. In my current Director role at the Region, I oversee the operation and maintenance of all Region-owned facilities. My responsibilities include security and maintenance of these sites. For example, the Region's internal security team reports to me, including where the Region contracts security services from third parties (however, the Region's By-law team does not report to me). I also oversee the capital planning of new builds and renewal work of existing buildings as a part of the Region's asset management plan. I am also responsible for the purchase, maintenance, and disposal of all fleet vehicles and equipment for the Region.

B. The Property and the Encampment

6. I understand that the underlying proceeding for which I am providing this affidavit concerns the Region-owned property located at 100 Victoria Street North in downtown Kitchener ("**100 Vic**" or the "**Property**").

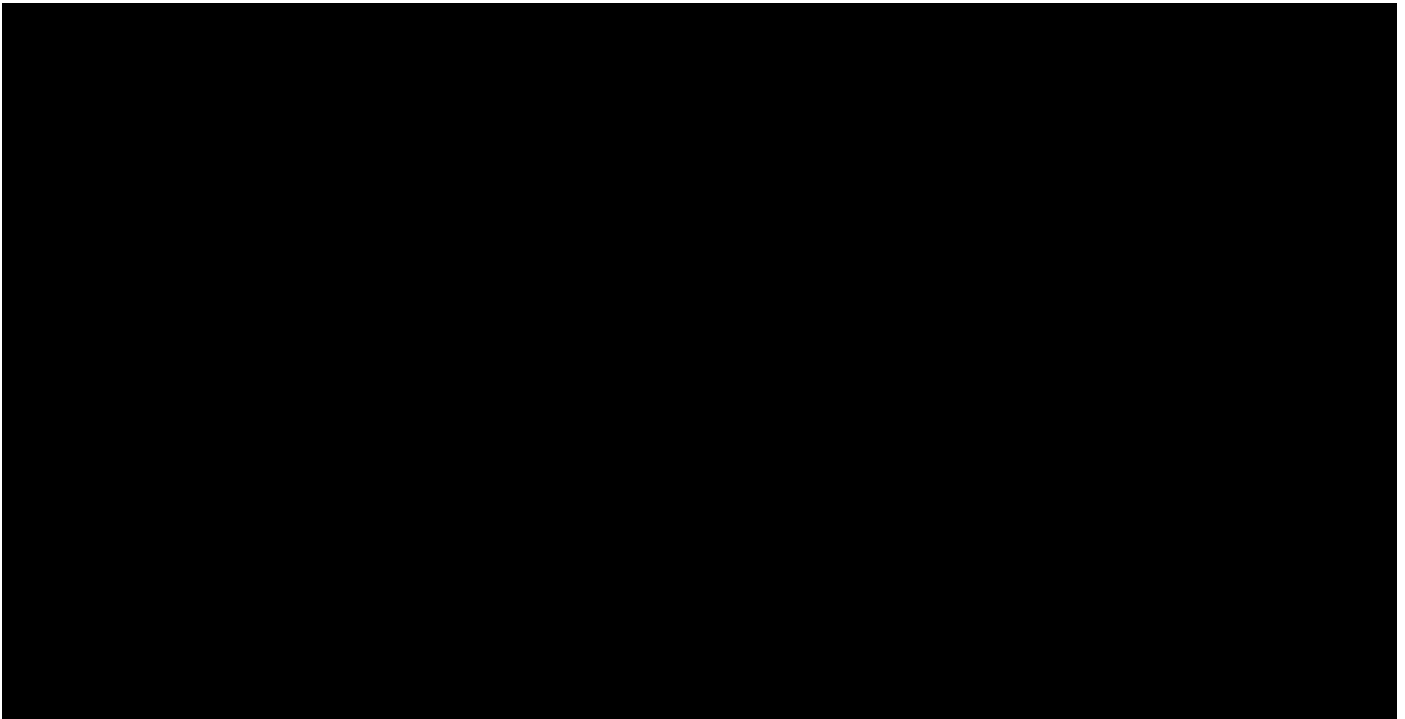
7. I have visited the Property many times since I began working at the Region and am very familiar with it, including the encampment of unhoused individuals living at 100 Vic (the "**Encampment**").

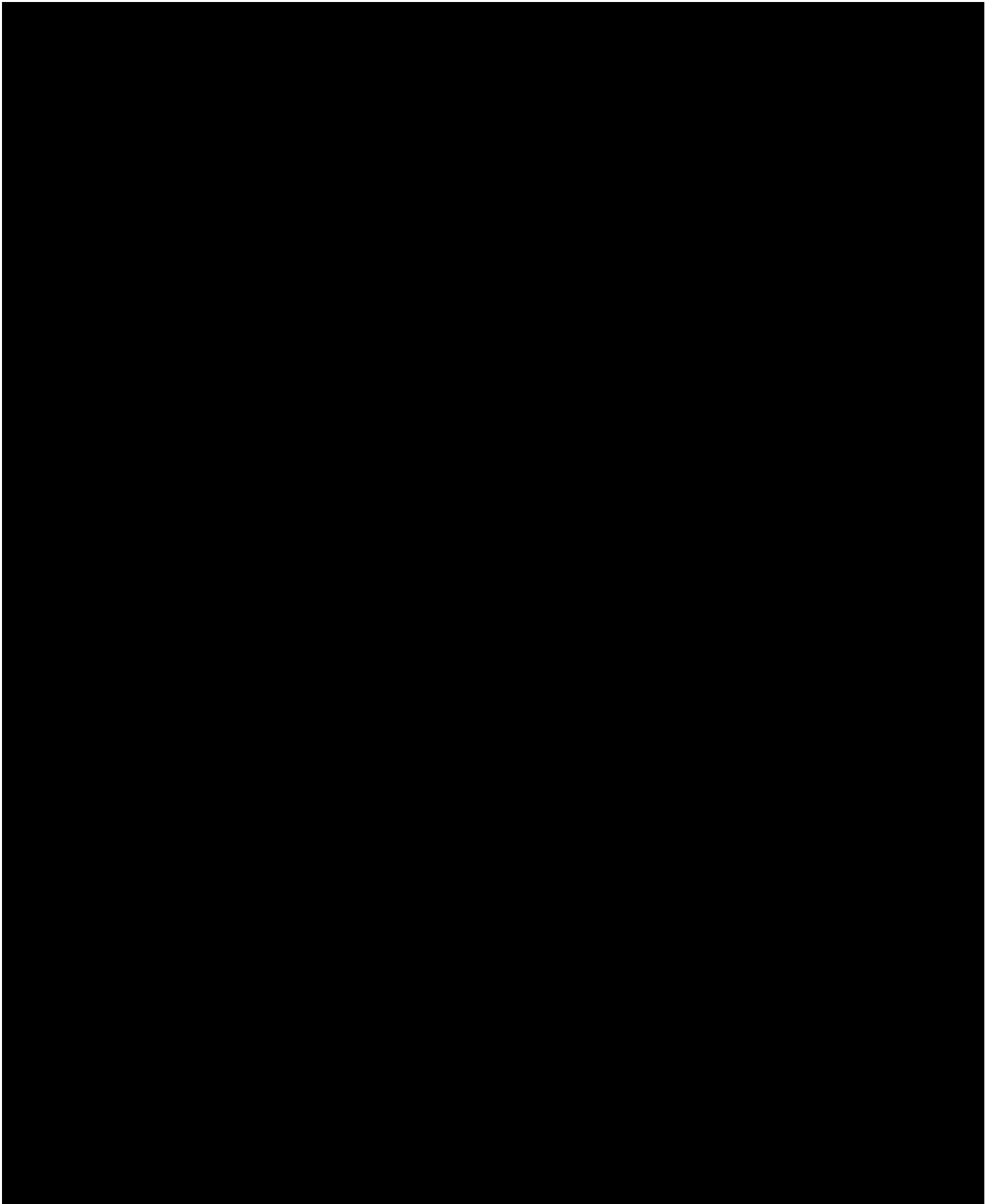
8. Because security and maintenance are within my team's responsibilities, my team is responsible for onsite security at 100 Vic. Currently, the Region has contracted with a third-party security provider to be present onsite 24/7. My team is also responsible for the contracting and maintenance work done at 100 Vic. This includes the scheduling and

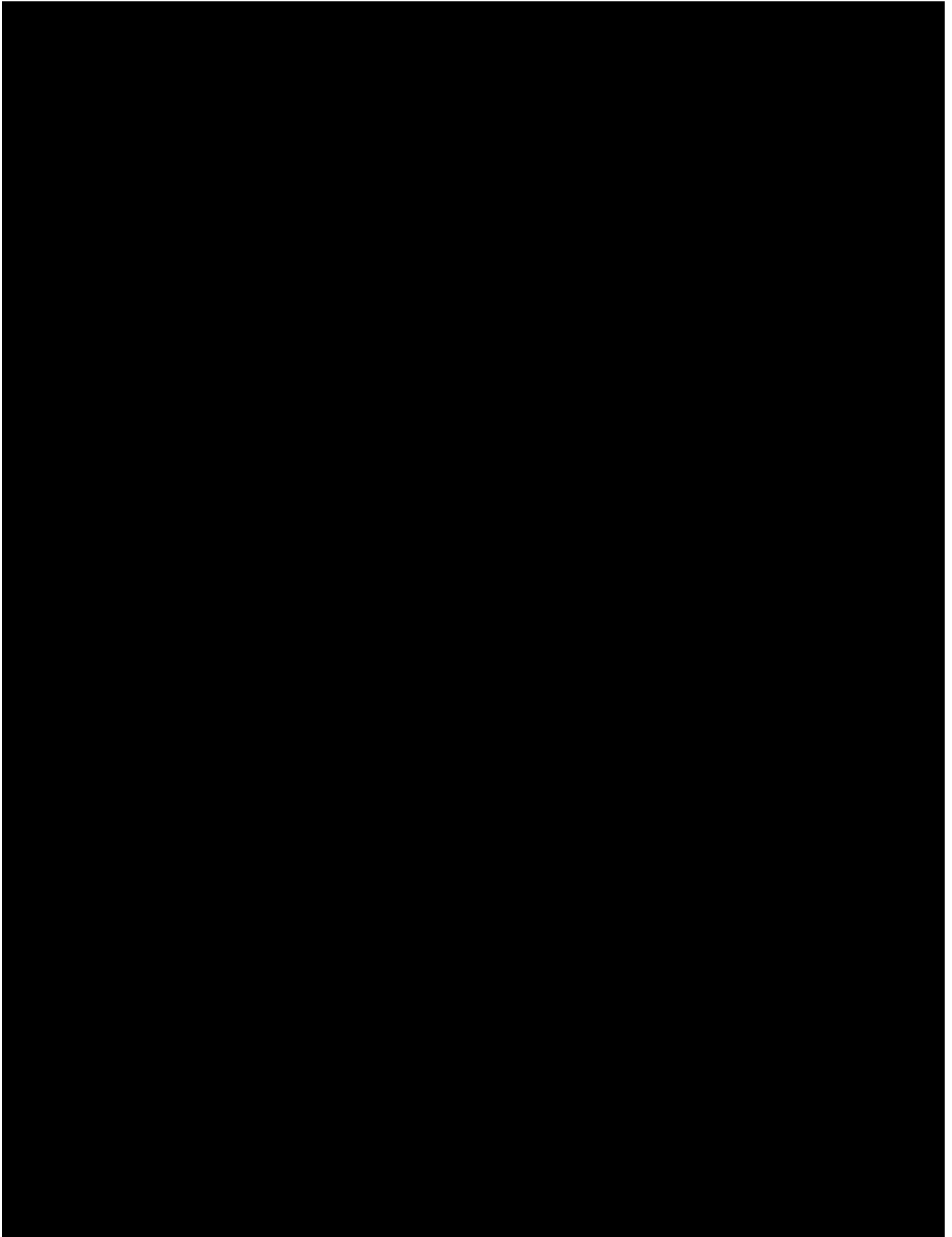
execution of pest control, garbage collection and clean-up, maintaining the toilet facilities onsite, and more. My team also coordinates lighting and snow removal at the Property.

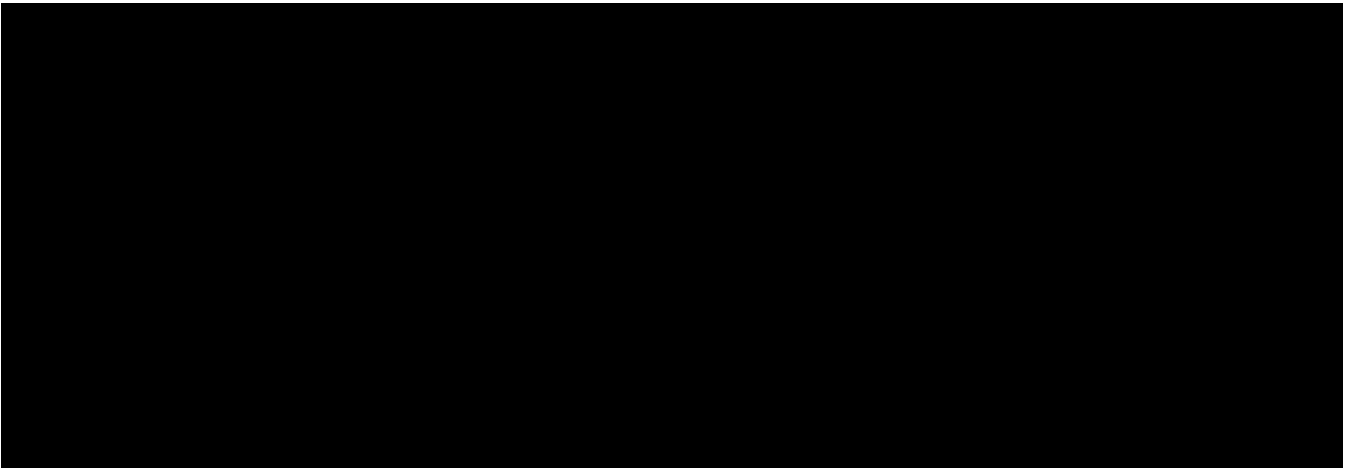
9. Since I began my role at the Region, I have visited the Property on average once every two weeks (and sometimes more frequently). However, as I will explain below, more recently I have not attended the Property personally due to security concerns.

10. I also receive regular reports about the Property from various team members and contractors who report to me. Someone from my team or the third-party security we contract is typically onsite at the Property every day in some capacity. However, due to heightened security risks, as I will explain below, I have instructed members of my team (other than third-party security) as of December 9, 2025 to reduce their attendance at the Property to only once a week and only attend with police present. Previously, the portable toilets were cleaned daily, pest control attended the site weekly, and site cleanup (including emptying the garbage bins onsite) occurred every other week. As a result of security concerns, this has now been reduced.









22. As a result, as of December 9, 2025, I have instructed my team and the external contractors we hire (other than third-party security) not to attend the Property other than for a single weekly cleaning. I have also instructed them to be accompanied by police for these attendances at 100 Vic.

D. Sidewalk Safety Outside the Encampment

23. In addition to what I have set out above, I am also concerned about the Encampment's extension beyond the Property.

24. I have observed in the past few three months that tents associated with the Encampment are now spilling out beyond the Property onto the sidewalk on Weber Street. I am concerned because this both obstructs the ability of pedestrians to use the sidewalks safely, and it endangers residents of these tents because of their proximity to the road.

25. My team and I have asked residents of these sidewalk tents to move so that the sidewalk is clear, but we have been unsuccessful.

26. I attach as **Exhibit "B"** a photo of this, which a member of my team took on December 18, 2025.

27. I also attach **Exhibit “C”** a photo taken by a member of my team on January 6, 2026 which depicts tents in the same area which have fallen down as a result of heavy snow.

E. Impacts of the Increasingly Violent and Volatile Situation at the Encampment

28. While I am not responsible for the Region’s team of Unsheltered Support Workers (“**USW**”), my team regularly interacts with the USWs and others in the Community Services department (including Director of Housing Services at the Region, Ryan Pettipiere) given our shared responsibility for the Property/Encampment.

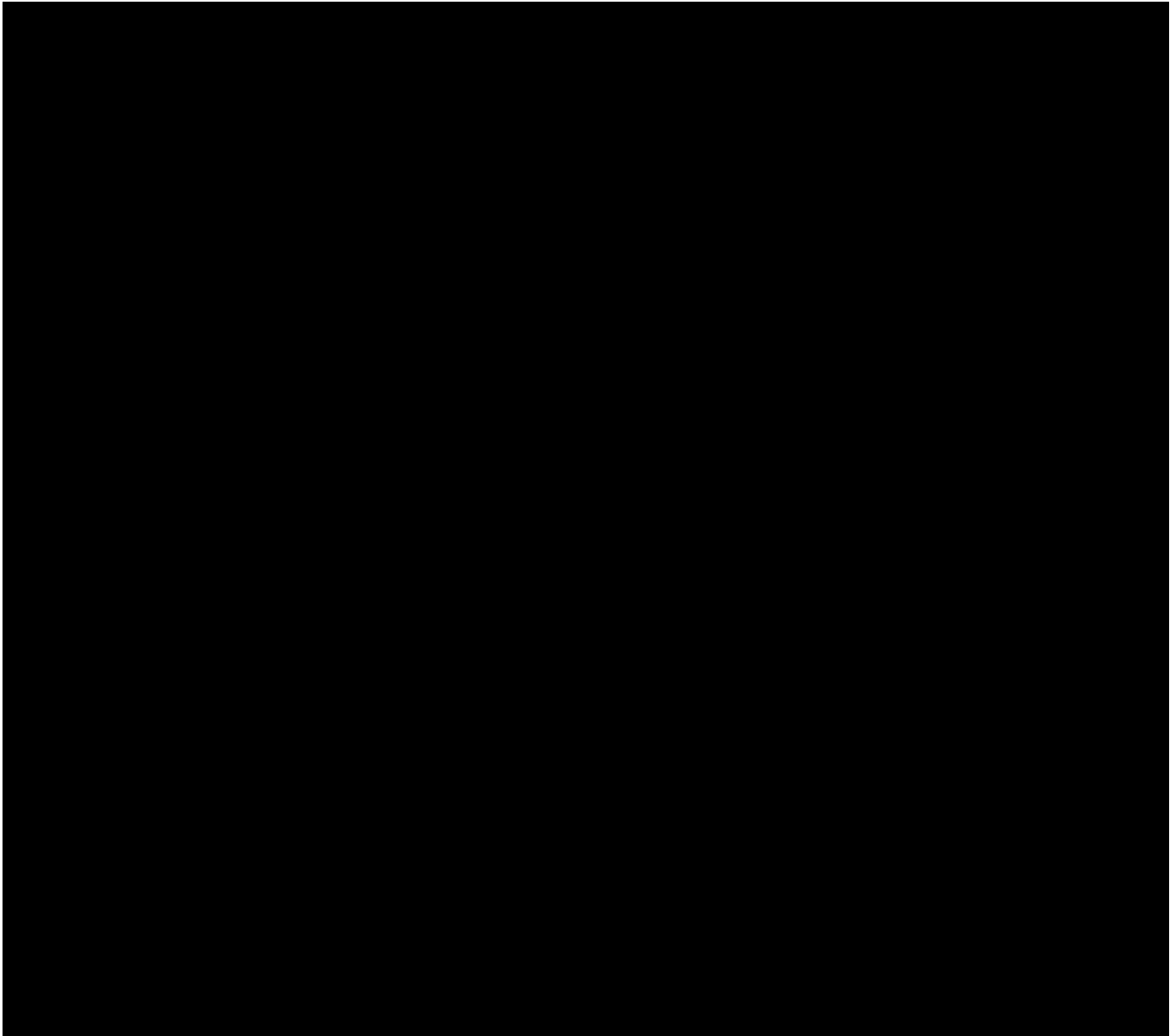
29. I am informed by Mr. Pettipiere and believe that, as a result of the escalating violence at the Encampment which I have described above, the USW team is no longer onsite at 100 Vic every day. Instead, as of December 17, 2025 USWs only attend the Property on Wednesdays.

30. I am also informed by Mr. Pettipiere that the USW team continues to be available to residents daily at the St. John’s Kitchen, a drop-in site for individuals experiencing homelessness that is located across the street from 100 Vic.

31. I have also been informed by Mr. Pettipiere that Sanguen Health Centre (“**Sanguen**”), which has been a third-party provider of healthcare services to those living at the Encampment, has also withdrawn from providing services at the Property due to safety concerns as of on or around December 16, 2025, with no return date provided.

32. Sanguen operates a mobile community health van which it has used to provide health services to those at the Encampment. However, due to escalating violence at the

Encampment, Sanguen has informed the Region that it will no longer be providing services at the Encampment directly.



F. Updated numbers at the Encampment

37. As of the date of this affidavit, I understand from Mr. Pettipiere that one individual who is an Existing Resident within the meaning of the By-law remains onsite at the Encampment. The other 39 individuals who were Existing Residents have left the

Encampment and are no longer residing there. 25 of those individuals were assisted by the Region in finding alternate, indoor accommodation.

38. Other than the one remaining Existing Resident, I understand from Mr. Pettipiere that there are 10-12 individuals who are regularly onsite at the Encampment (approximately half of whom are at the Encampment on a daily basis).

39. The Region has also assisted 19 individuals who are not Existing Residents within the meaning of the By-law but who have resided at the Encampment since the date of public notice of the By-law to find alternative arrangements offsite.

AFFIRMED by Aaron Moss of the City of Cambridge in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on January 16, 2026 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

}

JMC

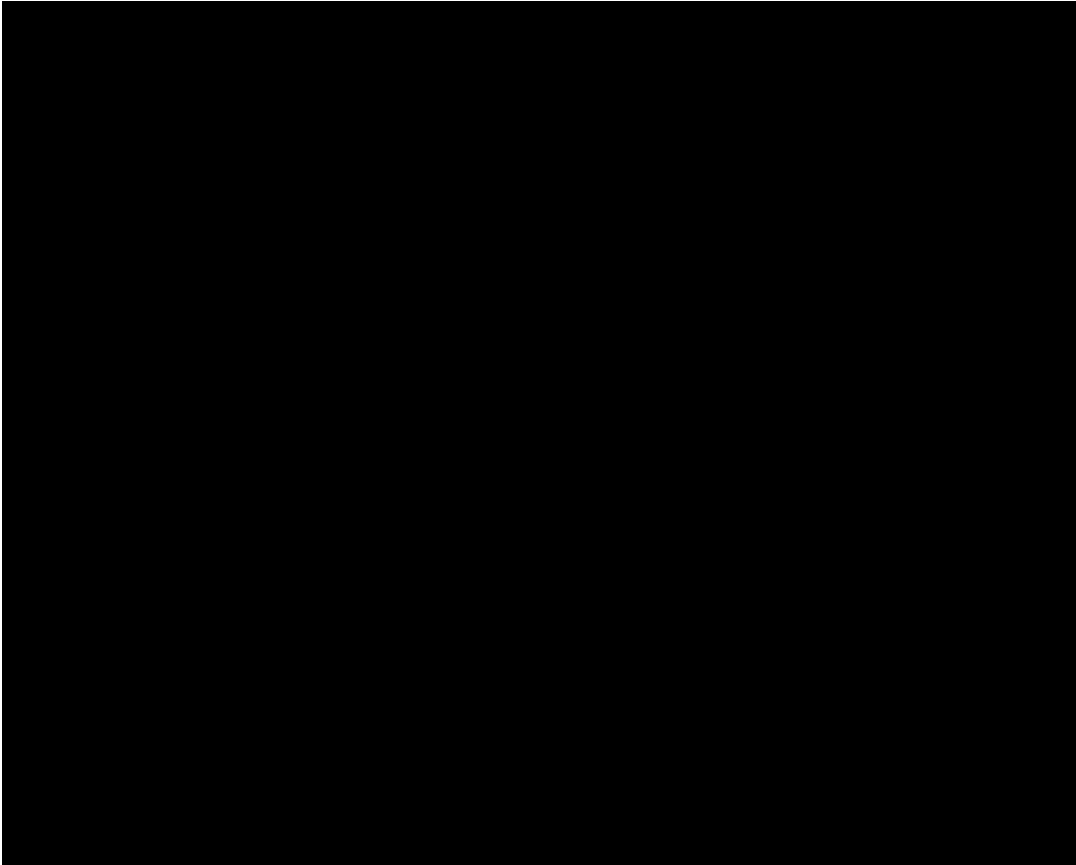
Commissioner for Taking Affidavits
(or as may be)

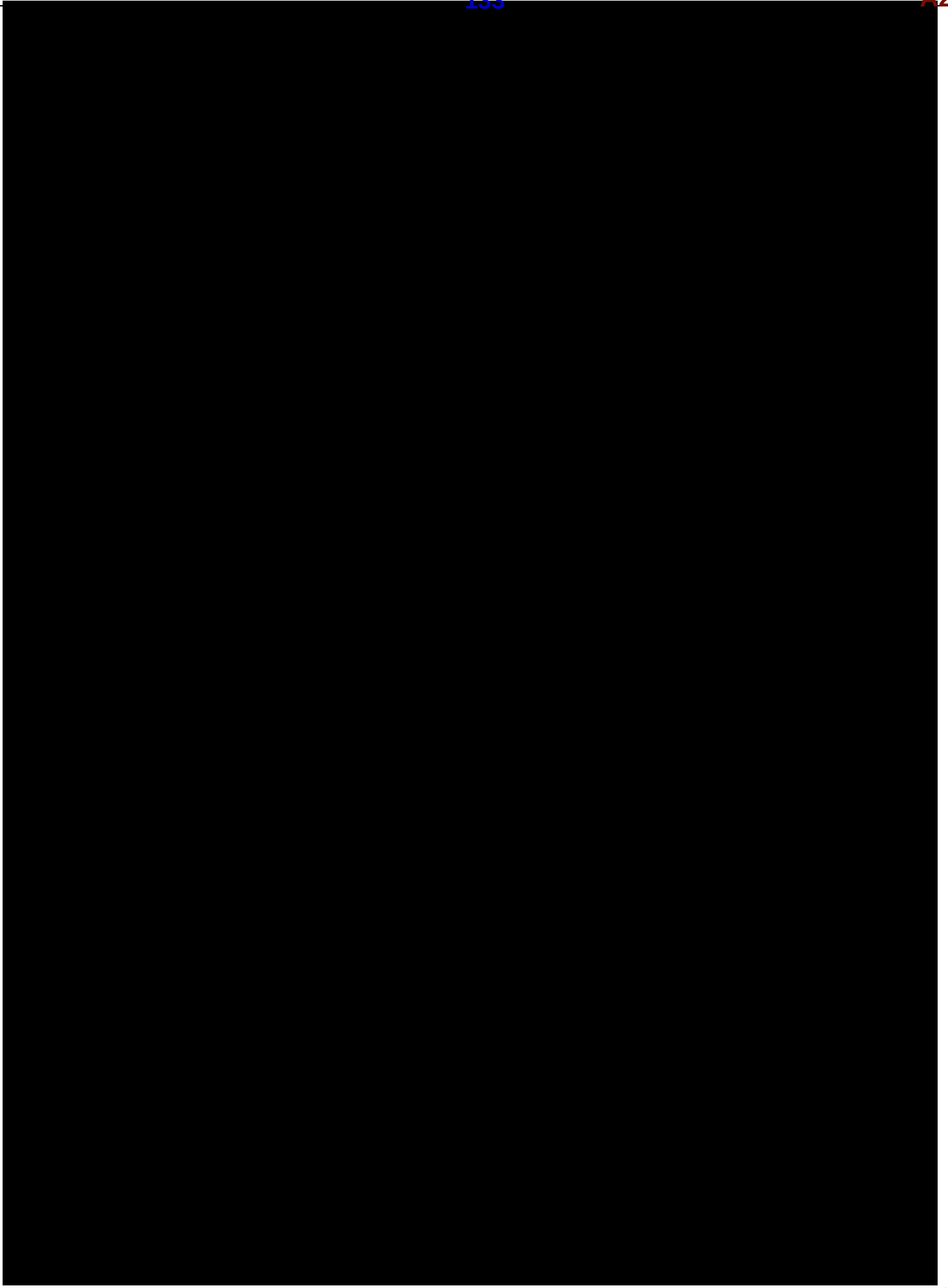
JOHNATHON CRUICKSHANK

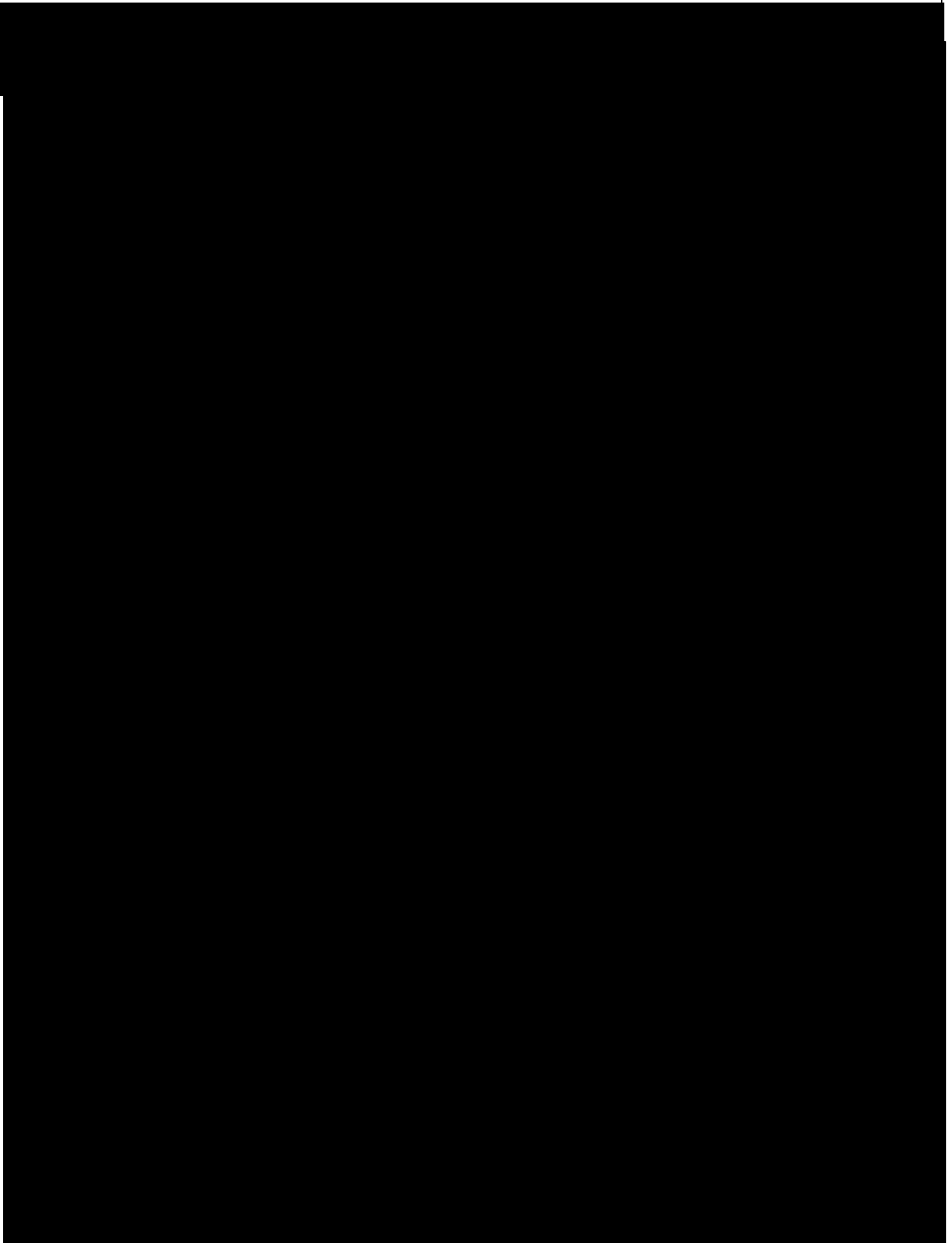
Aaron Moss

AARON MOSS

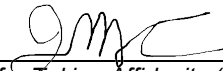
Johnathon Michael Cruickshank, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires July 4, 2028.







This is Exhibit "B" referred to in the Affidavit of Aaron Moss affirmed by Aaron Moss of the City of Cambridge in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on January 16, 2026 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



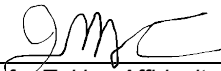
Commissioner for Taking Affidavits (or as may be)

JOHNATHON CRUICKSHANK

Johnathon Michael Cruickshank, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires July 4, 2028.



This is Exhibit "C" referred to in the Affidavit of Aaron Moss affirmed by Aaron Moss of the City of Cambridge in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on January 16, 2026 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



Commissioner for Taking Affidavits (or as may be)

JOHNATHON CRUICKSHANK

Johnathon Michael Cruickshank, a Commissioner, etc.,
Province of Ontario, while a Student-at-Law.
Expires July 4, 2028.

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A2490



A2490

THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and-

Court File No. CV-25-00000750-0000
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT
WATERLOO REGION

AFFIDAVIT OF AARON MOSS

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Lawyers for the Applicant,
The Regional Municipality of Waterloo

Court File No. CV-25-00000750-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

THE REGIONAL MUNICIPALITY OF WATERLOO

Applicant

and

PERSONS UNKNOWN AND TO BE ASCERTAINED

Respondents

5TH AFFIDAVIT OF PETER SWEENEY

I, Peter Sweeney, of the City of Cambridge, in the Regional Municipality of Waterloo, AFFIRM:

1. I am the Commissioner of Community Services for the Applicant, the Regional Municipality of Waterloo (the “**Region**”). As such, I have knowledge of the matters to which I depose below. Where my knowledge is based on information and belief, I indicate the source, and believe it to be true.

2. In this affidavit I use terms as defined in the affidavits I have previously affirmed in support of the Region’s Application, being the 1st, 2nd, 3rd, and 4th Sweeney Affidavits and in other affidavits tendered by the Region in this proceeding.

A. *An Update on Fires at the Encampment in February 2026*

3. As I explained in the 1st Sweeney Affidavit (including at paragraphs 94 and 99), fires are an issue at the Encampment.

4. In mid-February 2026, there were three major fires for which the Region has maintained related incident reports.

5. The first such fire took place on Thursday, February 12, 2026 ("**Fire #1**"), at approximately 9:30 am. I attach the incident report documenting Fire #1 as **Exhibit "A"**, which I obtained from Regional staff. I also attach various photos I understand were taken by security personnel and/or Regional staff associated with the incident report as **Exhibit "B"**. As the incident report indicates, Fire #1 took place in the middle of the Encampment, it involved at least one tent, and it was possibly caused by a propane tank. Two individuals are documented as suffering injuries from Fire #1.

6. The second fire occurred later that same day, at 11:40 am on Thursday, February 12, 2026 ("**Fire #2**"). The associated incident report is attached as **Exhibit "C"**. The incident report indicates that Fire #2 occurred in a tent located behind the garbage bins onsite.

7. The third fire occurred on February 14, 2026 at approximately 4:00 pm ("**Fire #3**"). The associated incident report is attached as **Exhibit "D"** and indicates that Fire #3 took place inside a sand structure at the Encampment. I attach various photos associated with the incident report as **Exhibit "E"**, demonstrating the post-Fire #3 state of that structure.

B. Reply to the 3rd Escobar and Nind Affidavits

8. I have reviewed the 2nd Supplementary Responding Application Record dated February 20, 2026.

9. Regarding the Affidavit of Sara Escobar ("**3rd Escobar Affidavit**") contained therein, I note the following.

10. At paragraph 7 of the 3rd Escobar Affidavit, Ms. Escobar explains that the Region has "351 beds in the emergency shelter system". This is not correct. The Region has 356 permanent emergency shelter beds in the system. That number (which does not include motels, A Better Tent City, or the 120 transitional housing beds operated by SHIP at University Avenue & Frederick Street) is based on the following breakdown:

Shelter	Capacity
Cambridge Shelter Corp	80
YWCA Cambridge	20
House of Friendship	100
One Roof	24
SHIP – Edith Mac	30
SHIP – 84 Frederick	22
Erb's Rd	50
Safe Haven	10
Bridge Care	20
Total	356

11. I attach as **Exhibit "F"** a summary report compiled by the Region (dated February 20, 2026) documenting the capacity of various shelter service providers. As evidenced by this report, when A Better Tent City and the 120 transitional housing beds I refer to above are included, the total capacity rises to 526.

12. As this report also details, when winter warming centre capacity and emergency shelter winter overflow capacity are included, an additional 177 places are added, bringing the total (not including motels) to 703 places. This number does not include

longer-term housing options such as subsidized housing, affordable housing, supportive housing, and the like.

13. None of the numbers set out above includes motels, the capacity for which fluctuates based on various factors, including need. Typically, motels operate around an over 100-person capacity per day, and serve families, couples, and individuals.

14. At paragraph 16, Ms. Escobar asserts that “[t]here is only one affordable [housing] building for older adults in the entire Region”. This is also incorrect: there are 46 dedicated senior sites in the Region. Seniors can also apply for non-senior sites and are not restricted to seniors-specific housing.

15. At paragraph 27, Ms. Escobar explains her understanding that USWs “support people who are unsheltered, and once someone comes indoors the supports stop”. In the Affidavit of Carine Lee Nind (which is also contained in the 2nd Supplementary Responding Application Record), at paragraph 14, Ms. Nind asserts that “the supports in place to get someone housed end as soon as the person is housed” and that there “are no follow up supports provided to make sure the candidate [for housing] remains successfully housed”.

16. To be clear, USW support continues when someone comes “indoors” but remains in the emergency shelter system. Where someone is housed in a market housing unit with the assistance of a Canada-Ontario Housing Benefit (a rental subsidy), USWs will support the person with light touch support regarding that program’s requirements for up to one year to ensure a smooth transition. Individuals in scattered site supporting housing

(such as through Starling or Cambridge Shelter Corp.) receive ongoing, regular support for a minimum of one year following being housed there. Individuals in fixed site supporting housing receive ongoing support for as long as they are living in the unit and engage with the staff team within their building. For those in transitional housing, they will receive 24/7 support from the staff team of the building they are in. Individuals in co-operative housing continue to receive support from the Region through a Tenancy Liaison Specialist, an employee of the Region who provides consultation, information, and support regarding landlord and tenant relationship management. This person also helps facilitate the resolution of any tenancy related issues.

17. In any event, the Amended By-law ensures that the Region will continue to “[o]ffer social service supports, in the same nature as provided at 100 Victoria Street, to a Resident once moved to Alternative Accommodation” (as set out in paragraph 3 of Schedule “C” to the Amended Bylaw).

AFFIRMED by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

65F69FB6EFF940B...

Commissioner for Taking Affidavits
(or as may be)

GRETA HOAKEN
(LSO # 87903I)

Signed by:

Peter Sweeney

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Peter Sweeney

This is Exhibit "A" referred to in the 5th Affidavit of Peter Sweeney affirmed by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

65F69FB6EFF940B...

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)

Date and Time:	Thursday February 12, 2026 at ~0931hrs
Call Type:	Fire
Location:	100 Victoria Street North- Echo 1
Reported by:	O/S Guard
Involved/Responding Security:	O/S Guard
Involved Subject:	UNKNOWN
Injuries:	1 Male - Burns on face 1 Female- [REDACTED] - Unknown injuries
Description of Event:	UPDATE 1: • Large tent fire in the middle of the encampment O/S Guard contact 911. Possible cause due to propane tank. • 0935hrs- KFD #P12 #A12, #T13 and #R11 on site. • 0940hrs- 2 WRPS cruisers on site. • 0950hrs- EMS #2180 and #2516 on site. UPDATE 2: • 1006hrs- Fire extinguished. Male in EMS care. • 1020hrs- All emergency services off site. Male was not transported and female was last seen at the soup kitchen. CCTV Review: Large fire in middle of the encampment. **END OF INCIDENT**
Date and time event closed:	Thursday February 12, 2026 at ~1020hrs
Report to Follow:	Yes

This is Exhibit "B" referred to in the 5th Affidavit of Peter Sweeney affirmed by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

65F69FB6EFF940B...

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)











This is Exhibit "C" referred to in the 5th Affidavit of Peter Sweeney affirmed by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

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Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)

Date and Time:	Thursday February 12, 2026 at ~1140hrs
Call Type:	Fire
Location:	100 Victoria Street North- Echo 1
Reported by:	O/S Guard
Involved/Responding Security:	O/S Guard
Involved Subject:	UNKNOWN
Injuries:	Not reported
Description of Event:	UPDATE 1: • O/S Guard report tent fire behind the garbage bins. WRPS drove by and extinguished the fire. KFD will be attending. • 1139hrs- KFD #P12 on site. UPDATE 2: • 1208hrs- KFD off site. • 1215hrs- E1 report Police will remain on site and waiting for additional units to investigate arson. UPDATE 3: • 1255hrs- WRPS still on site investigating. UPDATE 4: • 1307hrs- Forensics identification Unit on site. UPDATE 5: • 1308hrs- Detectives on site. • 1407hrs- Detectives off site. • 1412hrs- All WRPS off site and facilities on site. CCTV Review: Large amount of smoke behind garbage bins. WA-26-021160 **END OF INCIDENT **
Date and time event closed:	Thursday February 12, 2026 at ~1412hrs
Report to Follow:	No

This is Exhibit "D" referred to in the 5th Affidavit of Peter Sweeney affirmed by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

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Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)

Date and Time:	Saturday, February 14, 2026, at 1554hrs
Call Type:	Fire
Location:	Echo 1 – 100 Victoria St. N, Kitchener, ON
Reported by:	On site SECURITY
Involved/Responding Security:	On site SECURITY
Involved Subject:	NA
Injuries:	NA
Description of Event:	UPDATE 1: On site Security contacting fire department for fire inside the sand structure 1558hrs: Fire truck # P12 on site 1559hrs: Fire truck # A12 on site 1604hrs: Fire department has extinguished the fire Onsite SECURITY reported that there are no injuries and there does not appear to be any damage Onsite SECURITY informed that it was a pile of wood that was on fire and the fire was getting big very quickly. Residents tried extinguishing the fire with snow, but it was not working 1620hrs: Detectives/Forensics on site to investigate the fire UPDATE 2: 1627hrs: Fire captain off site 1633hrs: Fire truck # A12 off site 1634hrs: Fire truck # P12 off site 1708hrs: Detectives/Forensics off site Occurrence #: WA26-022287
Date and time event closed:	Saturday, February 14, 2026, at 1708hrs
Report to Follow:	Yes

This is Exhibit “E” referred to in the 5th Affidavit of Peter Sweeney affirmed by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

65F69FB6EFF940B...

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)







This is Exhibit "F" referred to in the 5th Affidavit of Peter Sweeney affirmed by Peter Sweeney of the City of Cambridge, in the Regional Municipality of Waterloo, before me at the City of Toronto, in the Province of Ontario, on February 27, 2026, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Signed by:

Greta Hoaken

65F69FB6EFF940B...

Commissioner for Taking Affidavits (or as may be)

GRETA HOAKEN (LSO #87903I)



ES PROGRAM OCCUPANCY/CAPACITY REPORT

Region of Waterloo

A SUMMARY OF THE OCCUPANCY REPORT OVER THE PAST FIVE DAYS

Service Provider	Capacity	Feb-15	Feb-16	Feb-17	Feb-18	Feb-19	5-day Av (%)
Cambridge Shelter Corporation	80	70	70	71	72	71	89%
YWCA Cambridge *	20	20	20	20	20	20	100%
House of Friendship ShelterCare	100	97	98	99	98	98	98%
oneRoof	24	13	13	13	12	13	53%
Services and Housing in the Province (SHIP Edith MacIntosh)	30	35	34	35	36	35	118%
ES-SHIP 84 Frederick	22	27	25	26	28	28	124%
Erb's Rd	50	48	48	48	48	48	96%
SafeHaven 2.0	10	5	5	5	5	5	50%
YW Family Motels	-	33	33	33	23	21	-
Motels RoW (Region of Waterloo)	-	78	78	77	78	78	-
ES- CSC BridgeCare	20	9	9	9	9	9	45%
University Avenue TH (UA) ^a	80	74	74	74	76	77	95%
TH- SHIP 84 Frederick	40	20	20	20	20	20	50%
A Better Tent City (ABTC)	50	50	50	50	50	50	100%
Family & Motel Total		103	103	103	95	93	
All Shelters Total (Excluding Family & Motel)	526	468	466	470	474	474	85%

a. TH = Transitional Housing

* YWCA Cambridge data in this chart reflects the original program only; Winter Overflow data is reported separately on the next page.



ES PROGRAM OCCUPANCY/CAPACITY REPORT

Region of Waterloo

Seasonal Winter Programs

Warming Center Provider	Capacity	Most recent records available					5-day Av (%)
Warming Space - Porchlight (Cambridge)	30	45	48	45	43	48	153%
Warming Space - Thresholds (Kitchener)	30	35	30	34	27	33	106%
Warming Space – The Working Centre (SJK)	100	90	81	81	81	102	87%

Emergency Shelter Winter Overflow Provider	Capacity	Feb- 15	Feb- 16	Feb- 17	Feb- 18	Feb- 19	5-day Av (%)
Cambridge Shelter Corporation– ES Winter Overflow	12	10	10	10	10	10	83%
YWCA Cambridge- ES Winter Overflow	5	5	5	5	5	5	100%



ES PROGRAM OCCUPANCY/CAPACITY REPORT

Region of Waterloo

KEY INSIGHTS

Key Notes:

- **Warming Center Note:** Please note that for some warming spaces, in addition to the occupancy figures shown in this report, there were instances where individuals were turned away from the warming center due to capacity constraints. As a result, the reported occupancy numbers may underestimate actual demand and the level of capacity pressure experienced during this period.

High Demand Locations:

Several shelters remained at or over full capacity, indicating continued system pressure:

- **ES-SHIP 84 Frederick** increased to **124% (+6%)**, now the highest-pressure site this week.
- **SHIP Edith MacIntosh** remained significantly over capacity at **118% (-5%)**, though slightly lower than last week.
- **YWCA Cambridge** returned to **100%**, reflecting continued strong winter demand.
- **House of Friendship ShelterCare** held steady at **98%**, maintaining near-full utilization.
- **Erb's Rd** increased slightly to **96% (+1%)**, continuing its steady upward trend.
- **University Avenue TH (UA)** rose to **95% (+2%)**, showing gradual growth in occupancy.

Available Capacity:

A number of shelters continued to operate under full capacity, offering space for referrals:

- **Cambridge Shelter Corporation** increased to **89% (+2%)**, but remains below peak levels seen earlier this winter.
- **oneRoof** declined sharply to **53% (-16%)**, marking the largest week-over-week drop across all providers.
- **SafeHaven 2.0** remained stable at **50%**, consistent with its long-term trend.
- **TH-SHIP 84 Frederick** held at **50%**, reflecting stable transitional housing utilization.
- **BridgeCare** declined slightly to **45% (-3%)**, remaining among the lower-utilization sites.

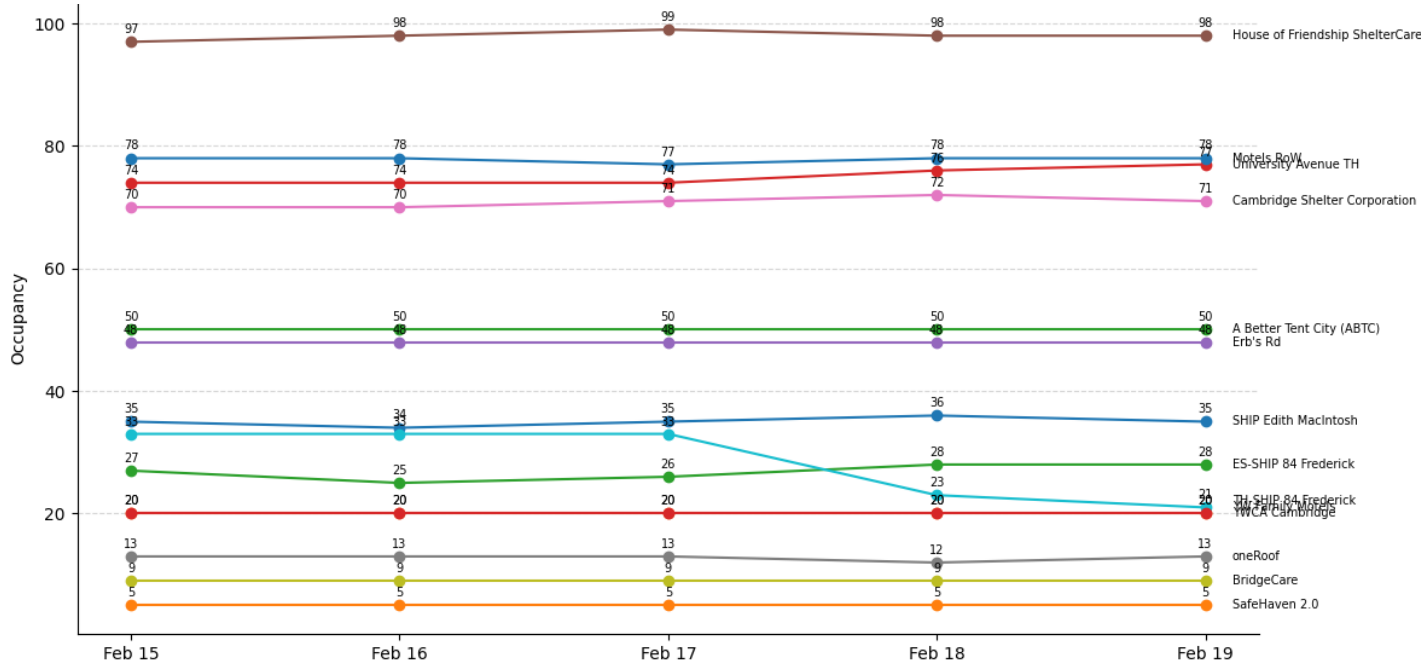
Trend Insights:

- The most notable change this week is the continued increase at ES-SHIP 84 Frederick, now operating well above capacity.
- MacIntosh remains consistently over capacity, reinforcing ongoing demand pressure in the system's highest-acuity sites.
- oneRoof's significant drop (-16%) stands out and may warrant monitoring to determine whether this reflects short-term turnover or a broader utilization shift.
- Overall, most core shelters (ShelterCare, Erb's Rd, UA, YWCA) show stable but elevated occupancy, suggesting sustained winter demand conditions across the system.



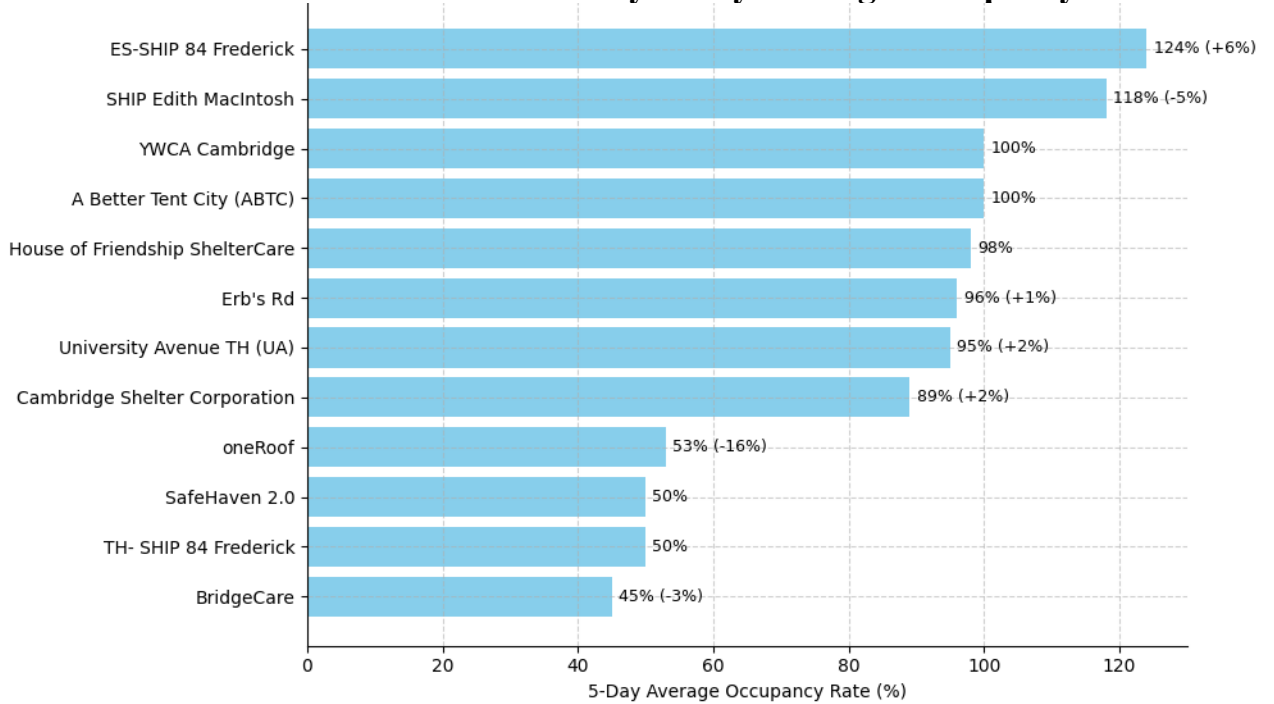
ES PROGRAM OCCUPANCY/CAPACITY REPORT

Daily Occupancy Trend by Service Provider



*The chart above helps visualize how each provider's occupancy count changed day by day over the past week

Service Providers Ranked by 5-Day Average Occupancy



*The bar chart above ranking service providers by their 5-day average occupancy rate (%), along with changes from the previous week

THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and- PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

Court File No. CV-25-00000750-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

PROCEEDING COMMENCED AT
WATERLOO REGION

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THE REGIONAL MUNICIPALITY OF WATERLOO
Applicant

-and-

Court File No. CV-25-00000750-0000
PERSONS UNKNOWN AND TO BE ASCERTAINED
Respondents

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDING COMMENCED AT
WATERLOO REGION

SUPPLEMENTARY APPLICATION RECORD

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