

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

**KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO,
SHAWN ARNOLD, CASSANDRA JORDAN, JULIA LAUZON, AMMY LEWIS,
ASHLEY MACDONALD, COREY MONAHAN, MISTY MARSHALL,
SHERRI OGDEN, JAHMAL PIERRE, and LINSLEY GREAVES**

Applicants

-and-

CITY OF HAMILTON

Respondent

APPLICANTS' APPLICATION RECORD

VOLUME 8 – TAB 94-98

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TAB (EXHIBIT LETTER)	Document
APPLICATION RECORD VOLUME 8	
94.	Form 53 Acknowledgement of Expert's duty dated June 13, 2022
95.	Transcript of the Cross Examination of Stephen Hwang dated Aug 28, 2024
a.	Exhibit 1 – The Relationship Between Homelessness and Health: An Overview of The Research in Canada”
DR. AMEIL JOSEPH	
96.	Affidavit of Ameil Joseph dated June 14, 2022
a.	Exhibit A – Curriculum Vitae of Dr. Ameil Joseph (P 10/38)
97.	Form 53 Acknowledgement of Expert's Duty – Ameil Joseph dated June 14, 2022
98.	Form 53 Acknowledgement of Expert's Duty – Dr. Ameil Joseph dated June 5, 2024

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO, SHAWN
ARNOLD, ET AL.**

Applicants

-and-

CITY OF HAMILTON

Respondent

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Stephen Hwang. I live at Toronto, in the Province of Ontario.
2. I have been engaged by or on behalf of the Hamilton Community Legal Clinic 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.

Date June 13, 2022



Signature

COURT FILE NO. CV-21-77187

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO
MUSCATO, SHAWN ARNOLD, BRADLEY CALDWELL CHRISTINE DELOREY,
GLEN GNATUK, TAYLOR GOGO-HORNER, CASSANDRA JORDAN,
JULIA LAUZON, AMMY LEWIS, ASHLEY MACDONALD, COREY MONAHAN,
MISTY MARSHALL, SHERRI OGDEN, JAHMAL PIERRE, LINSLEY
GREAVES and PATRICK WARD

Applicants

-AND-

CITY OF HAMILTON

Respondent

The Cross-Examination of Dr. Stephen Hwang, on an Affidavit dated February 7, 2023 taken upon affirmation in the above action this, 28th of August, 2024, conducted via videoconference hosted by the offices of Nimigan Mihailovich Reporting Inc.

APPEARANCES:

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1 2009, Chapter 2.1: "The Relationship Between Homelessness and Health: An Overview of the Research in Canada", Authored by C. James Frankish, Stephen W. Hwang and Darryl Quantz.	9

GUIDE TO UNDERTAKINGS, ADVISEMENTS, and REFUSALS:

This should be regarded as a guide and does not
necessarily constitute a complete list:

UNDERTAKINGS:
None noted.

UNDER ADVISEMENTS:
None noted.

REFUSALS:
[1] 15/24

--- Commencing at 2:15 p.m.

DR. STEPHEN HWANG,
THE WITNESS HEREINBEFORE NAMED,

Having been duly sworn by me to testify to the truth,
testified on their oath as follows, to wit:

CROSS-EXAMINATION BY MR. DIACUR:

1 Q. Sir, can you tell us where you are participating from today?

A. I'm in Toronto, Ontario.

2 Q. Okay. And are you in your office?

A. I'm actually in my home.

3 Q. Okay. Well, I want to confirm that you are alone in the room and that there will be no interruptions.

A. That is correct.

4 Q. And you understand you are not to receive any assistance in giving your answers?

A. Yes.

5 Q. And I will have questions for you affidavit in this matter sworn February 27, 2023.

Do you have a copy of that available to you?

A. Yes, I do.

6 Q. Okay. My intention would also be to put it up on the screen. I'm going to raising several of the paragraphs that are in the affidavit. I will bring you to

A6441

the point on the affidavit I'm asking you about before I ask you about it, but feel free to refer to either the copy you have or the copy that's on the screen.

Would you just confirm that you've been affirmed today to tell the truth?

A. Yes, I have.

7 Q. And, sir, what do you understand your role in this litigation?

A. I'm here to provide expert evidence based on my research and clinical expertise.

8 Q. And to provide opinion evidence that's fair, objective, and nonpartisan?

A. Yes.

9 Q. And to provide opinion evidence that is related only to matters within your expertise?

A. Yes, that's correct.

10 Q. Okay. So briefly before we go to your affidavit there is a document I would like to show you. I have a couple of questions for you about it. It is an article that I understand you participated in authoring and so I will put it up on the screen now and blow it up. Let me know if you can see that.

A. Yes, I can see it.

11 Q. And it is entitled: "Chapter 2.1". But the authors are listed as C. James Frankish, Stephen W.

Hwang and Darryl Quantz.

That includes you?

A. Yes, it does.

12 Q. Okay. And was this a chapter in a larger book?

A. Yes.

13 Q. Okay. Well, I just wanted to clarify because I referenced it as an article. But it is, in fact, a chapter in a larger monograph?

A. Yes.

14 Q. And I'll understand, I will take you to it. It is at the bottom of the first page. This was published in 2009 by the University of Toronto; is that right?

A. That's correct.

15 Q. And the question I have for you stems from part of this chapter and it's actually at the top of page 5 which I will scroll down to.

So it's on the screen now and it's this paragraph that begins:

"There is no single pathway to homelessness[...]"

It states:

"Homelessness is the result of a complex interaction of factors at the individual level such as adverse

childhood experiences, low educational attainment, lack of job skills, family breakdown, mental illness, and substance abuse; and at the societal level such as poverty, high housing costs, labour market conditions, decreased public benefits, and racism and discrimination[...]"

So my first question is is that an accurate representation of the pathways to homelessness?

A. Yes, I would say that it is.

16 Q. And it remained so and it wasn't just at that time, but at today we could say the same?

A. I would say, yes.

17 Q. And I understand from the wording of that "such as" that these are examples of the pathways and may not be comprehensive.

Is that fair to say?

A. Yes.

18 Q. But is it the idea that these are the principal pathways or the most common pathways to homelessness?

A. Yes. I would say they are among the most salient.

19 Q. Are there any that are newer that wouldn't

A2157

have been listed in 2009?

A. I would say not. I would say perhaps the relative importance of certain factors has increased or decreased over time, but these remain the major factors.

20 Q. Okay. Thank you for that.

So my intention, counsel, would be to mark that as Exhibit 1 to this examination and it is that article identified or the chapter identified as:

"The Relationship Between Homelessness and Health: An Overview of the Research in Canada."

-- EXHIBIT NO. 1: 2009, Chapter 2.1: "The Relationship Between Homelessness and Health: An Overview of the Research in Canada", Authored by C. James Frankish, Stephen W. Hwang and Darryl Quantz.

BY MR. DIACUR:

21 Q. So I will stop sharing that document and I will start sharing your affidavit because as I have a few questions for you about that.

Can you see this affidavit of Stephen Hwang sworn February 27, 2023?

A. Yes, I can.

22 Q. And so I'm going to scroll down to paragraph 5 of this document and you indicate, in your opinion:

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"[...]Homelessness has major health indications[...]"

Would you agree that as a general proposition the state of being homeless itself is bad for you?

A. Yes, certainly. It results in adverse health events.

23 Q. And you indicate that, quote:

"[...]People who become homeless often have physical and mental health problems which worsen over the period that they become homeless."

Would you say that physical and mental health problems are/remain among the principal causes of homelessness?

A. That would really require a more nuanced explanation of what we consider to be causes of homelessness.

24 Q. Okay. Well, it was certainly on the list of pathways of homelessness that we just looked at.

A. Yes.

25 Q. Is that fair?

A. If I may just explain myself.

26 Q. Okay. Yes, please. That nuance is what we are here for.

A. There are individual characteristics that increase a person's likelihood of becoming homeless as prepared to others in the population. However, the prevalence of homelessness in any given community is really driven by societal-level factors such as the availability or lack thereof of affordable housing.

So as affordable housing becomes less and less available, more and more people will lose the competition for housing, so to speak; and those who have physical and mental health problems are among those who are most vulnerable to that loss, but it does not mean that health problems alone are the sole cause of their homelessness.

27 Q. Right. So the pathways that we were just discussing they can interact with each other. They can be more or less important but there can be more than one of them in an individual's case?

A. That's correct.

28 Q. Okay. And you indicate that the deterioration in health that you identified during homelessness is due to several factors. You list them.

Lack of stable housing, which we were just discussing: An adverse social environment; the narrow possibility of maintaining health promoting behaviours while homeless, including sleep; barriers to accessing

appropriate healthcare; and --

MR. CHOUDHRY: Mr. --

MR. DIACUR: -- increased exposure vis a vis violence and the elements; is that accurate?

MR. CHOUDHRY: Mr. Diacur?

MR. DIACUR: Yes.

MR. CHOUDHRY: I'm sorry, sir. I think you were recording or reading from part of the affidavit which is not on the screen.

MR. DIACUR: Yes. No, I am more just summarizing what it states. I just wanted to confirm with him --

MR. CHOUDHRY: Sure.

MR. DIACUR: -- that that is all accurate.

But, yes. Fair enough, counsel. It is still part of that paragraph 5; lack of stable housing adverse social environment and so forth on the screen now.

MR. CHOUDHRY: Yes.

BY MR. DIACUR:

29 Q. Now, in terms of that list, lack of stable housing, et cetera, are those the factors or is there anything to be added to that list?

A. These are listed because they are the most important factors. It is certainly not intended to imply there are no other factors.

A2158

30 Q. Okay. And that's really what I'm getting at. So it is not a comprehensive list, it's the most important of them?

A. Yes.

31 Q. Okay. And would you say that it's the case that the things on a list, to a greater or lesser extent, affect all homeless individuals?

A. No. I would say that one would have to apply the general categories to the individual's situation.

32 Q. No, understood. That's helpful. You also mentioned, and I will scroll down to this, a number of health conditions that can result from homelessness, and in particular exposure to the elements. So --

A. Yeah.

33 Q. -- for example, and I will put this on the screen. Hypothermia -- I should just say, for the record, this is paragraph 7 of your affidavit.

But you identify hypothermia. You identify trench foot or immersion foot. You mentioned respiratory tract infections. And you mention sunburn, heatstroke, and sleep interruption as issues that affect homeless individuals.

Now, you would agree that the risk of these

A6443

conditions goes up simply from being in a homeless state; correct?

A. Well, some of the factors would be more or less applicable depending on the person's circumstances because homelessness, as has already been mentioned, takes many different forms; and thus one couldn't say that all of these factors apply equally to everyone who is unhoused.

34 Q. Yeah, no. And I'm not saying that they apply equally but I'm saying the risk of these conditions would go up for a homeless individual because they are in a homeless state.

Would that be accurate?

A. I think that in general that would be correct.

35 Q. Have you provided medical treatment to any of the individual applicants in this matter at any time?

A. No, I have not.

36 Q. And are you aware of them, any of them, having suffered from hypothermia, or trench foot, immersion foot, respiratory tract infection, sunburn heatstroke, or sleep interruption?

A. No.

37 Q. All right.

MR. CHOUDHRY: Sorry. And just for the

record, we will provide a stipulation that Dr. Hwang hasn't reviewed the medical records of any of the applicants.

MR. DIACUR: I appreciate that. That's really where I'm going with that.

MR. CHOUDHRY: Yeah, he is simply an expert witness.

BY MR. DIACUR:

38 Q. Yes. No, understood. I just want to confirm.

So in this same paragraph you do indicate that a prohibition on erecting rudimentary shelter such as a tent or a tarp or cardboard barriers, there may be health impacts of that.

Is that fair?

A. Yes. That's absolutely correct.

39 Q. To your knowledge, is there presently such a prohibition on raising such rudimentary shelters in the City of Hamilton?

MR. CHOUDHRY: Objection. His knowledge does not extend to the policies of the City of Hamilton. It's about the health issues and his expertise that he is testifying about here.

---REFUSAL

MR. DIACUR: Yes, well. And I'm trying to test the limits of the opinion.

MR. CHOUDHRY: Yes. So he --

MR. DIACUR: I am just confirming if he's giving any opinion about anything that's occurring in the City of Hamilton at all.

MR. CHOUDHRY: No.

BY MR. DIACUR:

40 Q. All right. And I'm going to scroll down -- I should say scroll up because. I just went past it.

There's a citation from an article from the International Journal of Biometeorology in 1991. The article is entitled, "Accidental Hypothermia and Death From Cold in Urban Areas."

My understanding is that that was a study that was done, or that article was based on a study that was done in Tokyo, Japan; is that right?

A. That's correct. But I could add that I myself have conducted research in this area more recently and have published studies examining hypothermia among people who have experienced homelessness in the City of Toronto.

41 Q. Understood. I'm just trying to establish the scope of that study however.

And I understand that that study indicated

A2159

that there were two principal causes of accidental hypothermia and death from cold in urban areas. It was inebriation as well as homelessness.

Is that fair?

A. In that particular study those were the factors that they identified, yes.

42 Q. Have you found the same thing to be true in your own work?

A. In my own work, we examined the risk of hypothermia among people exhibiting homelessness versus those not experiencing homelessness; and found that there was a highly increased risk among those experiencing homelessness.

And we also examined the correlation with weather conditions on the day of the injury; and we found that while colder temperatures certainly increase the risk, many of the injuries or hypothermic injuries occurred above the freezing point or when it was not extremely cold and simply between negative 10 and 0 degrees centigrade.

We did not --

43 Q. No. I understand. Sorry, I didn't mean to cut you off.

A. We did not examine other factors, other clinical factors.

A6444

44 Q. I understand that a similar finding was made in that study based on the Tokyo review, that it wasn't always below 0 when hypothermic injuries can occur.

But just to be clear, the inebriation, among either homeless individuals or those who were sheltered is not something that you looked at in your own research?

A. In our research, we looked simply at the risk among people experiencing homelessness.

45 Q. And in terms of the article that cited here from 1991, can it be concluded that inebriation and falling asleep in an unsafe place, even in weather that is not considered freezing, can and has caused hypothermia in the past?

A. I would say based on my clinical experience and based on studies, that is correct that decreased level of consciousness increases the risk of injury due to weather conditions.

46 Q. So I have a couple of questions for you about the other -- I should say the exhibits to your affidavit other than your CV. And so that is Exhibits B and C to your affidavit which I will scroll down to.

It will just take me a moment to get to it, but Exhibit B first. And, as I said, it's taking me a

moment to get there because of the very impressive CV that is attached to your affidavit.

So we are now at Exhibit B to your affidavit sworn February 27, 2023. There's an article that you authored entitled "Homelessness and Health" that I understand was published in January of 2001.

Can you see that okay?

MR. CHOUDHRY: Dr. Hwang, sir, can you hear us?

Jordan, let's give him a minute.

---OFF THE RECORD AT 2:33 p.m.

---RESUMING AT 2:35 p.m.

BY MR. DIACUR:

47 Q. So, sir, we are at Exhibit B to your affidavit of February 27, 2023. It's an article that you authored and I pointed out that it looks like it was published in January of 2001; is that correct?

A. That's correct.

48 Q. And so from the fact that this article is attached as an exhibit from your affidavit, can we conclude that there is no better or more contemporary study that you can point to on the subjects of homelessness and health and that's why a 23-year-old article is being relied upon?

A. This is actually a classic article that's

been cited probably a thousand times in the literature. There are probably more recent articles that could be cited, but none of them actually have the broad scope that this one does. They've tended more recently to focus on very narrow areas of help.

49 Q. Understood. Okay. But is it fair to say that this article from 2001 and its findings may no longer be applicable to contemporary Ontario?

A. I think it would be correct to say that one should assess whether the findings are still relevant or not. But many of them I would say still are.

50 Q. Okay. And then just a couple of questions about Exhibit C to your which I will scroll down to. So Exhibit C to your affidavit of February 27, 2023.

It is a chapter, again, from a larger book: "The Handbook of Urban Health: Populations, Methods, and Practice," edited by Galea and Vlahov. And it does indicate that it was published in 2005; is that accurate?

A. That's correct.

51 Q. And the extract is chapter 2 entitled, "Homeless People" by Stephen W. Hwang and James R. Dunn.

So you are the co-author of this chapter?

A. That's correct.

52 Q. And there is a section of this that I have a question for you about. It's on page 27 of the extract

A2160

so I will scroll down to that. So this is page 27. This is a statement about the social welfare systems under the subheading 3.4.

You indicate:

"Social welfare systems in urban centres have a major impact on both the prevalence of homelessness and the health of homeless people. However, these systems are usually governed at the state or national level, rather than at the municipal level."

Is it your understanding that that is true

in Ontario?

A. Yes, it is.

53 Q. With, for example, ODSF and Ontario Works being provincial programs?

A. Yes, absolutely.

54 Q. And, again, this is a chapter from a book

in 2005. Is it the case that there is no better study or more contemporary study on this chapter and that's why a 19-year-old chapter is being relied upon?

A. Well, there perhaps would be more recent papers. But this is the one that I wrote and I believe that the point made in this particular section still holds true today.

A6445

55 Q. Is it the case that the entire chapter would be applicable to contemporary Ontario or are there parts that would not be?

A. I would need -- you would need to ask me about specific sections. I wouldn't be able to generalize about the entire chapter.

56 Q. But it's possible that there are parts of this chapter that would no longer be applicable?

A. That possibility would be one that could be discussed on a point-by-point basis but I would not make a broad generalization.

57 Q. Okay. Well, I really appreciate your time.

Thank you, Doctor. Those are all of my questions for you.

MR. CHOUDHRY: Dr. Hwang, I just need a couple of minutes to review my notes and so I'm going to go off camera for a minute. You are still under oath, sir, and so as a consequence all the conditions apply to that. You must still remain where you are unless you have to go to the washroom and please don't communicate with anyone and I will be back within a couple of minutes, okay.

THE WITNESS: Of course.

MR. CHOUDHRY: Thank you very much.

---OFF THE RECORD AT 2:40 p.m.

---RESUMING AT 2:42 p.m.

MR. CHOUDHRY: Dr. Hwang, I don't have any questions on redirect so from our perspective this cross-examination has been concluded.
--- The examination concluded at 2:43 p.m.

I hereby certify the foregoing is a full, true, and correct transcription of all of my oral stenographic notes to the best of my ability so taken at the Cross-Examination of DR. STEPHEN HWANG, given under oath before me on the 28th of August, 2024.

Amy Armstrong, CVR-RVR

Certified Realtime Verbatim Reporter #7305

Certified Commissioner of Oaths

Certified this 29th of August, 2024

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Chapter 2.1

The Relationship Between Homelessness and Health: An Overview of Research in Canada

C. JAMES FRANKISH, STEPHEN W. HWANG,
AND DARRYL QUANTZ

Canada has long had an international reputation for high quality of life. For a growing number of Canadians, homelessness has become a grim reality and obtaining shelter part of a daily struggle (Begin et al., 1999). Research on homelessness is essential for policy-makers, program planners, service providers, and community groups. This knowledge can play an important role in public education and awareness campaigns, policy decisions, resource allocation, program development, and program or policy evaluation (Quantz & Frankish, 2002). The identification of needs and priorities for research on homelessness is, therefore, a valuable undertaking.

The two primary goals of this article are to provide an overview of previous research on homelessness and the relationship between homelessness and health (with a main focus on Canada), and to spur discussion regarding strategic directions for future research. The National Homelessness Initiative has called for a comprehensive Canadian research agenda to “lay the foundation for understanding the root causes of homelessness, support policy development and serve as a resource for

accountability and reporting.” Development of this agenda will require active engagement by a wide range of stakeholders, including homeless people, those at risk of becoming homeless, service providers and advocates for homeless people, government representatives, researchers and research funding agencies.

Literature review

A variety of strategies were used to identify literature on homelessness that reflected diversity in both geographical and topical focus. This was deemed essential considering that many important sources of information are found in reports from government and community agencies, in addition to the peer-reviewed academic literature. This article is not a comprehensive review of the literature on homelessness in Canada, but rather an effort to frame the different types and areas of research for the purpose of developing future work.

An initial search strategy involved the use of electronic databases, including major social sciences, health and humanities databases. A second strategy sought out examples of literature from government, community, advocacy and service websites. Examples of homelessness research, program descriptions and policy documents were collected. Canadian literature was the primary target of these searches, but review papers from international sources were also included for comparison purposes and to provide additional examples of interventions. Only documents that identified homelessness as a major focus were collected. Papers and reports on housing policy and programs were only included if they focused on homelessness. General reports on housing policy and programs were excluded. Only literature and reports published since 1990 in English were reviewed.

Collected documents were reviewed and categorized. Research was defined broadly to include the systematic generation of new knowledge through a variety of means, including descriptive reports. A more restrictive definition (for example, one based on specific methods such as controlled trials) would have excluded a large proportion of the literature on homelessness in Canada. Research within the following categories were included:

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- conceptual research (examining the definition/meaning of homelessness);
- environmental scans (documenting the extent of homelessness and health and social issues related to homelessness);
- methods research (focusing on the development of new tools for studying homelessness);
- needs assessments (focusing on the needs of the homeless as expressed by the homeless and service providers);
- evaluation research (describing the process and outcomes of programs and policies);
- intervention research (examining the effectiveness of programs and services).

The scope of homelessness in Canada

Many efforts have focused on obtaining a clearer understanding of the nature and extent of homelessness in Canada. Canada's first efforts to provide an estimate of the homeless population began in 1987 through the work of the Canadian Council on Social Development (Begin et al., 1999). Further efforts at measuring homelessness have been undertaken by Statistics Canada. Data from the 2001 Census indicated that over 14,000 individuals were homeless in this country (Statistics Canada, 2002). Most advocates and researchers, however, believe that these numbers vastly under-represent the problem, and new strategies are necessary to accurately capture usable information. Other strategies include the development of the Homeless Individuals and Families Information System (HIFIS) that focuses on capturing more complete information on shelter users in cities across Canada (Canada Mortgage and Housing Corporation, 1999). Specific cities in Canada have also initiated local homelessness counts in an attempt to measure the numbers of homeless and at-risk persons in their jurisdictions.

Examples from large urban areas include a report on homeless and at-risk persons in the Greater Vancouver region (Woodward et al., 2002), the Toronto Report Card on Homelessness (City of Toronto, 2000), and the City of Calgary Homeless Count (Stroik, 2004). A number of smaller cities and regions have produced similar reports.

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The challenges associated with obtaining a clear picture of the scope of homelessness in Canada included the lack of a consistent definition of homelessness, difficulty in identifying homeless persons, the transient nature of homelessness, difficulty in communicating with homeless persons, and lack of participation by local agencies (Bentley, 1995). The definition of homelessness is particularly important. Homelessness can be viewed along a continuum, with those living outdoors and in other places not intended for human habitation at the extreme, followed by those living in shelters. These individuals are referred to as being absolutely homeless. Homelessness also includes people who are staying with friends or family on a temporary basis, often referred to as “couch surfing” or being “doubled up.” Those at risk of being homeless include persons who are living in substandard or unsafe housing and persons who are spending a very large proportion of their monthly income on housing. The definition of homelessness is not trivial. It can have profound consequences for policy, resource allocation, and parameters used to evaluate the success of homelessness initiatives. This article focuses on research and interventions related to absolute homelessness. Much of this information has implications for those who are at risk.

Other important aspects of homelessness in Canada are the impact of urbanization, the heterogeneity of the homeless population, and the complexity of the causes of homelessness. Canada is experiencing a rapid and continuing trend towards urbanization, as indicated by the fact that almost 80 percent of Canadians now live in cities with populations of 10,000 or more. Although homelessness is a problem in rural areas of Canada, it has become an obvious crisis in large urban areas, where availability of affordable housing is limited due to a loss of rental units and a shortage of social housing (Woodward et al., 2002).

Heterogeneity within the homeless population is important to recognize. Homelessness affects single men and women, street youth, families with children, people of all races and ethnicities, lifelong Canadians, immigrants and refugees, and these groups often face different health issues (Hwang, 2001). For most individuals, homelessness represents a transient one-time crisis or an episodic problem; for a distinctly different subgroup of individuals, homelessness is a chronic condition (Kuhn & Culhane, 1998).

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There is no single pathway to homelessness. Homelessness is the result of a complex interaction of factors at the individual level such as adverse childhood experiences, low educational attainment, lack of job skills, family breakdown, mental illness and substance abuse (Herman et al., 1997; Koegel et al., 1995; Susser et al., 1993) and at the societal level, such as poverty, high housing costs, labour market conditions, decreased public benefits, and racism and discrimination (Jencks, 1994; O'Flaherty, 1996; Schwartz & Carpenter, 1999) (see Figure 1).

Research on homelessness has often reflected disciplinary traditions, with health researchers focusing on individual risk factors and social scientists looking at marginalization, exclusion and economic forces. This is important because the formulation of the causes of homelessness can become highly politicized and can influence public perceptions and policies related to homelessness.

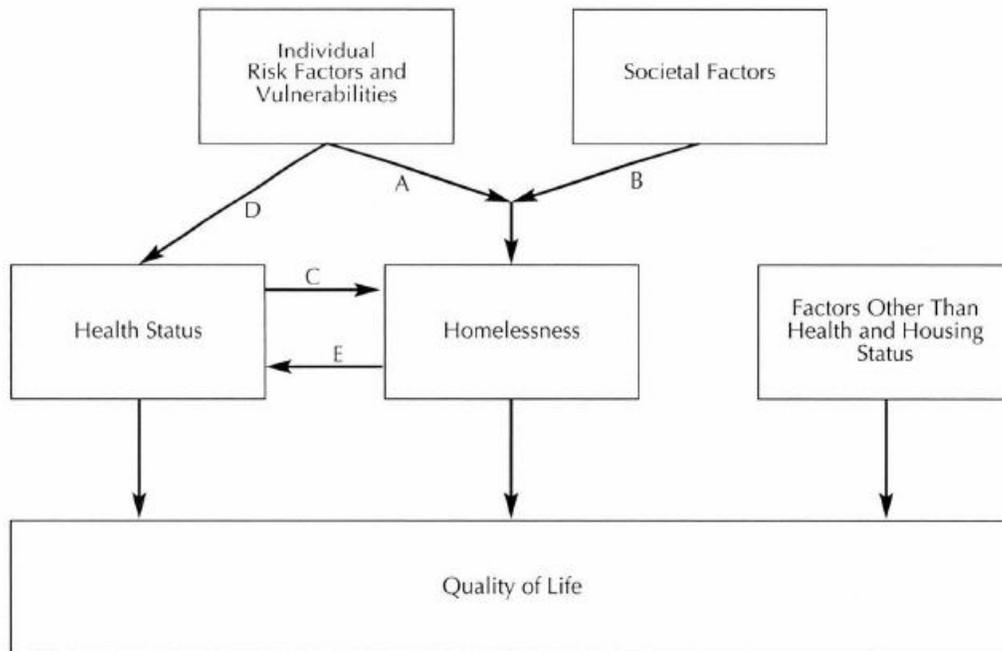


Figure 1. Causal pathways relating homelessness, health, and quality of life.

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The health status of homeless persons

Causal Pathways

Homelessness is clearly associated with poor health. In reviewing the research in this area, a schema of causal pathways underlying this association may be useful. Homelessness has a direct adverse impact on health (Figure 1, arrow C). Crowded shelter conditions can result in exposure to tuberculosis or infestations with scabies and lice, and long periods of walking and standing and prolonged exposure of the feet to moisture and cold can lead to cellulitis, venous stasis and fungal infections (Stratigos & Katsambas, 2003). However, the relationship between homelessness and ill health is far more complex (Hwang, 2002). Many risk factors for homelessness, such as poverty and substance use (Figure 1, arrow A), are also strong independent risk factors for ill health (Figure 1, arrow D). Many people who are homeless remain at risk for poor health even if they obtain stable housing. In addition, certain health conditions (particularly mental illness) may contribute to the onset of homelessness and then in turn be exacerbated by the homeless state (Figure 1, arrows C and E). Finally, improved health and adequate housing are means of achieving the ultimate goal of improved quality of life. Researchers are now recognizing the need to understand and measure the impact of interventions on quality of life, in addition to housing and health outcomes (Lehman et al., 1995).

Specific Health Conditions

Homeless people are at greatly increased risk of death. Mortality rates among street youths in Montreal are nine times higher for males and 31 times higher for females, compared to the general population (Roy et al., 1998a). Men using homeless shelters in Toronto are two to eight times more likely to die than their counterparts in the general population (Hwang, 2000, 2002).

The prevalence of mental illness and substance abuse is much higher among homeless adults than in the general population. Contrary to popular misconceptions, only a small proportion of the homeless population suffers from schizophrenia. The lifetime prevalence of schizophre-

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nia is only 6 percent among Toronto's homeless (Canadian Mental Health Association, 1998). Affective disorders are more common, with lifetime prevalence rates of 20-40 percent (Fischer & Breakey, 1991; Sussner et al., 1993). Alcohol use disorders are widespread, with lifetime prevalence rates of about 60 percent in homeless men (Fischer & Breakey, 1991). Cocaine and marijuana are the illicit drugs most often used by homeless Canadians (Smart & Adlaf, 1991). Patterns of substance abuse and mental illness vary across subgroups of homeless people: single women are more likely to have mental illness and less likely to have substance use disorders than single men (Fischer & Breakey, 1991). Female heads of homeless families have far lower rates of both substance abuse and mental illness than other homeless people (Shinn et al., 1998).

Homeless people are at increased risk of tuberculosis (TB) due to alcoholism, poor nutritional status and AIDS (Advisory Council for the Elimination of Tuberculosis, 1992). In addition, the likelihood of exposure to TB is high in shelters due to crowding, large transient populations, and inadequate ventilation (Nolan et al., 1991). Canadian data on the incidence and molecular epidemiology of TB among homeless people are lacking. In the United States, more than half of TB cases among homeless people represent clusters of primary tuberculosis, rather than reactivation of old disease (Barnes et al., 1996). Treatment of active TB in the homeless is complicated by loss to follow-up, non-adherence to therapy, prolonged infectivity and drug resistance (Pablos-Mendez et al., 1997). Directly observed therapy results in higher cure rates and fewer relapses (Advisory Council for the Elimination of Tuberculosis, 1992). Homeless persons with positive skin tests without active TB may be considered for directly observed prophylaxis (Nazar-Stewart & Nolan, 1992).

Among homeless youth in Canada, risk factors for HIV infection include survival sex, multiple sexual partners, inconsistent use of condoms and injection drug use (Roy et al., 1999). Infection rates were 2.2 percent and 11.3 percent among homeless youths seeking HIV testing at two clinics in Vancouver in 1988 (Manzon et al., 1992). In contrast, the prevalence of HIV infection was only 0.6 percent in a group of homeless youths surveyed in Toronto in 1990 (Wang et al., 1991). In a 1997 study of homeless adults in Toronto, the HIV infection rate was 1.8 percent,

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with increased risk observed among individuals with a history of using IV drugs or crack cocaine (Goering et al., 2002). A study of homeless adults and runaway youth in 14 US cities in 1989–92 found HIV infection rates ranging from 0 to 21 percent with a median of 3.3 percent (Allen et al., 1994).

Sexual and reproductive health are major issues for street youth. Studies of street-involved youth in Montreal have documented high rates of involvement in survival sex, sexually transmitted diseases and unplanned pregnancy (Roy et al., 1998b, 1999, 2003). Anecdotal reports suggest that pregnancy is common among street youths in Canada; in the US, 10 percent of homeless female youths aged 14–17 years are currently pregnant (Greene & Ringwalt, 1998).

Injuries and assaults are a serious threat to the health of homeless people. In Toronto, 40 percent of homeless persons have been assaulted and 21 percent of homeless women have been raped in the past year (Crowe & Hardill, 1993). Unintentional injuries due to falls or being struck by a vehicle, as well as drug overdoses, are leading causes of mortality among homeless men in Toronto (Roy et al., 1998a).

Homeless adults suffer from a wide range of chronic medical conditions, including seizures, chronic obstructive pulmonary disease and musculoskeletal disorders (Crowe & Hardill, 1993). Hypertension and diabetes are often inadequately controlled (Hwang & Bugeja, 2000; Kinchen & Wright, 1991). Homeless people in their forties and fifties often develop health disabilities that are commonly seen in persons who are decades older (Gelberg et al., 1990). Oral and dental health is poor (Gibson et al., 2003; Lee et al., 1994; Pizem et al., 1994).

Homeless people face many barriers that impair their access to health care, even under the Canadian system of universal health insurance. Many homeless persons do not have a health card, are unable to make or keep appointments, or lack continuity of care due to their transience (i.e., no permanent address or telephone). Homelessness entails a daily struggle for the essentials of life. Competing priorities may impede homeless people from obtaining needed health services (Gelberg et al., 1997). Access to mental health care and substance abuse treatment remains a crucial issue (Wasylenki et al., 1993). Obtaining prescription medications can be problematic and adhering to medical recommenda-

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tions regarding rest or dietary modification is often impossible (Hwang & Bugeja, 2000; Hwang & Gottlieb, 1999). Studies from the United States have shown that homeless adults have high levels of health-care utilization and often obtain care in emergency departments (Kushel et al., 2002; Kushel et al., 2001). Homeless people are hospitalized up to five times more often than the general public (Martell et al, 1992) and stay in the hospital longer than other low-income patients (Salit et al., 1998).

Interventions to reduce homelessness and improve the health of homeless persons

This section provides an overview of the wide array of interventions reported within the literature that have attempted to decrease the prevalence of homelessness and improve the health of homeless people. We have classified these interventions into four clusters using a taxonomy derived from the literature, theory and past experience:

- biomedical and health care strategies;
- educational and behavioural strategies;
- environmental strategies;
- policy and legislative strategies.

For each cluster, we provide a brief description, examples of interventions of that type, and a summary of research gaps and opportunities within that cluster. These clusters are not mutually exclusive; some interventions may fit under more than one cluster.

Biomedical and Health Care Strategies

This cluster of strategies focuses on medical interventions to improve health status and includes primary health-care programs, clinical services through outreach programs, psychiatric treatment teams and substance abuse treatment. Interventions that are purely biomedical, however, may improve the health of homeless people but fail to address their homelessness. Thus, interventions that combine health care with housing and other social services need to be considered.

Only a small number of studies have examined the effectiveness of biomedical or health care interventions for homeless people using a rigorous controlled design. Most of these studies have focused on homeless

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persons with mental illness or substance abuse. For example, studies have confirmed the effectiveness of the Assertive Community Treatment (ACT) model for homeless people with severe mental illness. ACT involves a team of psychiatrists, nurses, and social workers that follows a small caseload of clients in the community and provides high-intensity treatment and case management (Lehman et al., 1997; Wasylenki et al., 1993). Compared to usual care, patients receiving ACT have fewer psychiatric in-patient days, more days in community housing, and greater symptom improvement.

A recent example of a combined housing and health service program is the New York City Housing Initiative (Metraux et al., 2003). This program made resources available to create 3,300 housing units and social services support for mentally ill homeless persons. Over two years, people in the program stayed in shelters an average of 128 days fewer than similar people in a control group. The treatment of substance abuse in homeless persons has been the subject of a number of studies; a recent review of the literature is available (Zerger, 2002).

Gaps in this area include a lack of research on interventions for homeless youth or families with children, limited research on interventions to address health problems other than mental illness or substance abuse, and little or no data on the effectiveness of various models of primary care delivery for the homeless. Opportunities for future research include a focus on “harm-reduction” programs that seek to minimize adverse health impacts among homeless substance users rather than focusing exclusively on abstinence. Examples include “safe injection sites” for drug users and shelter-based controlled drinking programs in which residents are provided with alcohol on a metered schedule.

Educational and Behavioural Strategies

This cluster of strategies seeks to prevent homelessness or improve the health status of homeless persons through educational programs and behavioural change. Educational programs may focus on homeless people, individuals at risk of homelessness, or the general public. Efforts to promote behavioural change in the homeless include harm-reduction programs, counselling, and referral services. Education of health care workers, shelter workers, and service providers is included in these

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strategies. For example, the Streethealth Coalition in Ottawa provides prevention and education on infectious diseases and health conditions often found in the homeless (Canada Mortgage and Housing Corporation, 1995). The Federation of Non-Profit Housing Organizations of Montreal promotes education on a range of basic life skills. Ontario's Urban Aboriginal homelessness strategy includes culturally appropriate programs, such as cultural counselling and programs, and employment services.

Examples of programs targeting homeless or at-risk individuals include tenants' rights organizations, eviction prevention services, and groups such as the Safe Homes for Youth in Ottawa, which provides education and support for high-risk youth (Canada Mortgage and Housing Corporation, 1995). Alternatively, educational initiatives may focus on increasing public and government awareness of homelessness issues. Examples include a public awareness campaign in Ontario to aid the public in assisting homeless persons (Provincial Task Force on Homelessness, 1998) and efforts by advocacy groups such as the Canadian Housing and Renewal Association, the Centre for Equality Rights in Accommodation and the Housing and Homelessness Network in Ontario to promote changes in government policy related to homelessness.

Very little evaluation research has been undertaken on health education programs for the homeless (May & Evans, 1994). This constitutes a major research gap. Reports of educational and behavioural interventions have often been limited to basic program information. More in-depth descriptions of development and implementation processes are needed; such information could provide a valuable resource for service providers seeking to begin similar initiatives. Opportunities for future research include a need for conceptual research on educational and behavioural interventions for homeless people, studies on how to make these interventions more accessible and appealing for the homeless population, and rigorous studies to evaluate the outcomes of such programs. Such efforts could benefit from attention to three key factors: motivation of individuals toward change through altered knowledge, attitudes, beliefs and values; enabling individuals to take action through skill building and availability and accessibility of supportive resources; and reward or reinforcement of positive action (Green & Kreuter, 1999).

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Environmental Strategies

Environmental strategies are attempts to alter the social, economic, or physical environment in a specific setting to create a supportive environment that enables and facilitates behaviour change. This approach recognizes that the environment or context in which homelessness occurs may be altered to enhance desired behaviours or limit undesirable actions. The environment or context may vary in scale from a single program (e.g., a supportive housing site or outreach program) to a specific neighbourhood to an entire city, province, or country.

Examples of environmental strategies at the program level are Street City in Toronto, which provided services to homeless persons in an environment designed to engage individuals unaccustomed to living indoors (Canada Mortgage and Housing Corporation, 1995), and the Lookout Emergency Aid Society in Vancouver, which provided both short-term shelter as well as long-term supportive housing for adult men and women who were unable independently to meet basic daily needs (Canada Mortgage and Housing Corporation, 1999). A macro-level example is the federal government's Supporting Community Partnerships Initiative (SCPI), which seeks to promote cooperation and coordination at a local level and to provide "communities with the tools and resources needed to set their own course of action" to respond to homelessness in their community.

Research undertaken in environmental strategies has largely taken the form of environmental scans and needs assessments. Two reviews have documented and categorized a number of Canadian programs/projects that included environmental strategies (Canada Mortgage and Housing Corporation, 1995, 1999). A number of projects have provided examples of community development processes in the homeless population. Researchers have outlined lessons learned while conducting community-based research on homelessness in Toronto (Boydell et al., 2000). Others have looked at factors that restrict or facilitate community participation by disadvantaged persons (Boyce, 2001). Opportunities for research include conceptual work to organize and frame these efforts, in-depth evaluations to ensure that programs have measurable

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outcomes, and translation of information into a form useful for planning (Quantz & Frankish, 2002).

Policy and Legislative Strategies

This cluster includes efforts to reduce homelessness through policies and legislation related to poverty and its amelioration, social housing, public health, immigration and law enforcement. Recognizing that a variety of policy, regulatory, legislative and political factors create a climate that has an enormous impact on homelessness and its management, these strategies focus on the creation of “healthy public policies.”

Examples of current initiatives include the government of Alberta’s framework outlining policy responses to homelessness with respect to housing and support services, local capacity development and governmental coordination (Alberta Community Development, 2000). The 1999 Vancouver Agreement is an example of collaboration at the federal, provincial and municipal levels to focus on economic, social and community development in the Downtown Eastside neighbourhood, where homelessness is a major issue. Examples of public health policies that have been implemented or considered include safe-injection sites, needle exchange programs and other harm reduction policies.

These strategies are foundational to all others, because the absence of a strong policy-legislative approach to homelessness will seriously limit and undermine efforts in other areas. There is a need for work to examine the impact of various health and social policies on the lives of homeless people. Particularly vital (Classer et al., 1999) areas include welfare policy as it affects adults and families with children, policies that impact young women (Novac et al., 2002), and practices in the child welfare system that may contribute to youth homelessness (Appathurai, 1991; Kufeldt, 1991). Comparing policies in different jurisdictions and their impact on homelessness can provide important insights (Classer et al., 1999; Eberle et al., 2001). Government frameworks on homelessness call for efforts to ensure accountability in reaching specific targets and goals. But, there has been relatively little work on policy evaluation in this area. Future research has the potential to provide essential information to guide future policy-making.

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Strategic Directions for Future Research on Homelessness

Based on our review, we conclude that Canadian research in the area of homelessness and health faces important challenges. First, the complexity of the issue of homelessness requires the involvement of a wide range of stakeholders, including all levels of government, service providers, health professionals, biomedical/social science researchers, community groups and homeless people themselves. Both horizontal integration (across various sectors such as health, law, housing, social services) and vertical integration (across federal, provincial, territorial, and local governments, and within communities) are needed.

Second, the diversity of values, beliefs and perspectives on homelessness must be acknowledged, and public discourse is needed on the causes of homelessness in Canada and the appropriate response to this problem.

Third, consensus needs to be reached on the definition of homelessness and the measures by which efforts to reduce homelessness or improve the quality of life of homeless people will be judged.

Fourth, researchers need to design and conduct studies on homelessness that are policy-relevant and develop strategies to translate their research into policy and practice. There has been little research evaluating the effects of policy on homelessness or quality of life among the homeless and the vast majority of programs for homeless people have not been evaluated. Many of the evaluations that have been conducted are of modest quality, but at the present time, the resources and expertise that would allow for a robust evaluation are often not available at the local level.

These challenges should not deter or diminish current interests and efforts around research on homelessness and health in Canada. Rather, they call for renewed commitment, strategic planning and wise investment of human and fiscal resources. Within all six categories of research there is significant need for further development. Conceptual research on the definition and meaning of homelessness can provide greater clarity in ongoing discussions of homelessness among advocacy groups and policy-makers. Environmental scans that document the extent of homelessness and the health problems of homeless people are useful, but they

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remain primarily descriptive in nature. There is a need to move from this understanding to outcome measures and interventions. Methods research could make significant contributions through the development of valid/precise measures of quality of life in homeless people and individuals at risk. Needs assessment research needs to be systematically linked to objectives and interventions. Finally, more high-quality evaluation and intervention research is urgently needed.

Community involvement is vital in any work on homelessness and its conceptualization, measurement or change. While this may seem self-evident, the reality is that many groups often have limited capacity for engagement in these efforts. Concrete efforts are needed to ensure that communities are able to contribute to, and participate effectively in, the study of homelessness and use of research findings. The primary need is capacity-building to allow communities to initiate projects in equitable partnerships with government and academia. Resources must be made available to both promote research by various community groups and to teach research skills such as proposal writing and research design. Potential strategies include workshops, access to research courses at academic institutions, the development of easy-to-use research information, and financial support to allow community members to participate in these activities.

The issue of dissemination remains a key challenge in homelessness research. The question is how we can best communicate the lessons, experiences and best practices of dealing with homelessness. How can this information be communicated in a variety of forms and media that are appropriate to their target audiences? Significant barriers exist, including time, personnel, research capacity and resources.

We suggest three strategic priorities towards a better understanding of homelessness and the implementation and evaluation of efforts to reduce homelessness and improve the lives and quality of life among the homeless. The first priority is a nationwide effort to achieve a core, consensus definition and set of indicators related to the definition and extent of homelessness. Second, we need clear definitions and measures for a) the health status of homeless (and at-risk) groups; b) the use of the health and social services by homeless people; and c) relations between homelessness and broader, non-medical determinants of health (e.g., income,

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education, employment, social support, gender, culture, etc.). This effort to create a common dataset would not preclude communities from collecting additional data of local interest and value.

A third priority must be the development of research infrastructure. This effort would include the development of demonstration projects or surveillance systems that could reliably collect data on the indicators of homelessness. Government-funded projects that purport to address either the processes or outcomes of homelessness should be subjected to an “evaluability” assessment. Groups such as the Canadian Consortium for Health Promotion Research could assist all levels of government in determining whether current projects/programs are in fact, evaluable. We suspect that many projects and programs presently lack the necessary and sufficient conditions to be fairly evaluated. This effort could move research toward a model of program evaluation that sets realistic expectations in terms of measurement of focused aspects of homelessness, and one that provides sufficient time and resources to allow for appropriate assessment of homelessness interventions and their effects.

We encourage investment of the needed resources toward the science and application of research on homelessness. Building on its traditions in health promotion and its strengths in population health research, Canada is well placed to be a world leader in intervention research on homelessness. This can be a vehicle for building community health. These efforts may generate additional benefits, including commitment to reducing health disparities, new partnerships across academic disciplines, and intersectoral work on the determinants of health.

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ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

**KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO,
SHAWN ARNOLD, ET AL.**

Applicants

-and-

CITY OF HAMILTON

Respondent

AFFIDAVIT OF AMEIL JOSEPH

SWORN JUNE 14, 2022

1. I, AMEIL JOSEPH, of the City of Hamilton in the Province of Ontario, AFFIRM AND STATE:
2. I am an Associate Professor in the School of Social Work at McMaster University in Hamilton, Ontario. I hold a Professorship in Equity, Identity, and Transformation with the Faculty of Social Sciences at McMaster University and am Academic director of Community Engaged Research and Relationships with the Office of Community Engagement at McMaster University. I have over a decade of professional experience in

the mental health field, in Assertive Community Treatment, Supportive Housing, Crisis Respite, Early Intervention, Settlement and governance settings. I also serve on the Board of Directors for the Disability Justice Network of Ontario and helped to found Hamilton's first Anti-Racism Resource Centre. A copy of my CV is attached hereto as Exhibit "A".

3. I study the historical legacies of colonial and eugenic policies on racialized groups, disabled people, newcomers/immigrants, people with mental health issues, and the confluence of ways they are impacted by criminal justice, immigration, and mental health systems, practices, policies, and law. I am particularly interested on how the historical trajectories of dehumanization, exclusion, and rationalized violence shape contemporary policies, programs, and services for these populations. I have written a book, several chapters in edited collections, and peer-reviewed journal publications on these matters.
4. With respect to homelessness in Canada, it has been documented that people with disabilities and mental health needs, LGBTQ2s populations, racialized groups, and Indigenous people are disproportionately underhoused, unhoused, and experience barriers to access affordable, permanent, stable, and supportive housing.¹
5. In Canada, those who have a disability are also "more likely to have experienced hidden homelessness. More particularly, those who reported at least three disabilities were four times more likely to have experienced hidden homelessness (26%) than those with no

¹ Caryl Patrick, *Aboriginal homelessness in Canada: A literature review* (Toronto: Canadian Homelessness Research Network Press, 2014); Stephen Gaetz, et al., "Without a Home: The National Youth Homelessness Survey," *Canadian Observatory on Homelessness Press*, 2016, <https://www.homelesshub.ca/sites/default/files/attachments/WithoutAHome-final.pdf>; Samantha Rodrigue, "Hidden homelessness in Canada Insights on Canadian Society," *Statistics Canada Catalogue no. 75-006-X*, November 15, 2016, <https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14678-eng.htm>; Stephanie Baker Collins, and Ann Fudge Schormans, "Making Visible the Prevalence of Self-Identified Disability Among Youth Experiencing Homelessness," *Journal of Social Distress and Homelessness* (2021): 1-9, <https://doi.org/10.1080/10530789.2021.1940719>.

reported disability (6%)” (1).² With respect to youth, an “examination of the percentage of youth in homeless shelters in three sites in southern Ontario reveals that 80% of youth identify with at least one disability” (6).³

6. Indigenous people are 8 times more likely to experience homelessness in urban centres, as well as experience the continuing legacies of colonial oppression and exclusion, racism and discrimination when accessing all aspects of social life.⁴ A national survey on youth homelessness in Canada has revealed that 29.5% of youth who were homeless were of the LGBTQ2S community, 30.6% were Indigenous, and 28.2% were racialized.⁵ While this data reveals the inequities for marginalized groups with respect to housing and homelessness, a respectful attention to the social, historical, and political contexts of exclusion is often underappreciated for the ways they underpin contemporary systemic inequities across systems and services that render these groups at greater risk of harm.
7. Historically, immigration, criminal justice, and institutions including mental health systems and healthcare systems have produced and reproduced a devastating legacy of discrimination, prejudice and exclusion for racialized people, disabled people, and people with mental health issues.⁶ Eugenic policies in Canada have scaffolded racism, sanism, and ableism into policy, practice, and law. Specifically, eugenics is understood as the “the study of the agencies under social control that may improve or impair the racial qualities of future generations” (17).⁷

² Rodrigue, “Hidden Homelessness in Canada”, 1.

³ Baker Collins, and Fudge Schormans, “Making Visible the Prevalence”, 6.

⁴ Patrick, “Aboriginal Homelessness in Canada”.

⁵ Gaetz et al., “Without a Home”.

⁶ Ameil J. Joseph, *Deportation and the confluence of violence within forensic mental health and immigration systems* (Springer, 2016).

⁷ Ian Robert Dowbiggin, *Keeping America sane: Psychiatry and eugenics in the United States and Canada, 1880-1940* (Cornell University Press, 1997).

*Internal citation omitted. Original quote Francis Galton (1907), *Inquiries into Human Faculty and its Development*.

8. In 1910, House of Commons debates revealed that early 20th century health professionals and government officials propounded the belief that persons with disabilities were *undesirable immigrants* because they were by nature *degenerates, dangerous and dishonest* in disposition.⁸ These discriminatory ideas were forged into the Immigration Act of 1910 where the construct of *Prohibited Classes* was established, conflating the erroneous idea that newcomers/immigrants were carriers of some imagined threat of hereditary defectiveness. Under section 3 of the Immigration Act of 1910, the “prohibited classes” are identified in the following order: “Persons mentally defective”, “Diseased persons”, “Persons physically defective”, “Criminals”, “Prostitutes or pimps”, “Procurers”, “Beggars and vagrants”, “Charity immigrants” and “Persons not complying with regulations” (208-209).⁹ These prejudicial and discriminatory ideas have and continue to shape contemporary policy, practice and law in Canada.¹⁰
9. These ideas, emerge within the historical context of nation building in Canada where histories of head taxes on Chinese people, chattel slavery, the internment of Japanese peoples, turned away ships with South Asian and Jewish immigrants, residential schools, reserve systems, medical inadmissibility policies for immigrants, and the claiming of lands from Indigenous peoples contour the realities for newcomers/immigrants, racialized people, disabled people, people with mental health issues, and Indigenous people.¹¹
10. These specific policy trajectories as well as their embedded discriminatory ideas have and continue to pervasively structure the contemporary realities of longstanding and

⁸ Ena Chadha, "'Mentally Defectives' Not Welcome: Mental Disability In Canadian Immigration Law, 1859-1927," *Disability Studies Quarterly* 28, no. 1 (2008).

⁹ “An Act Respecting Immigration,” (Acts of the parliament of the dominion of Canada, Ottawa, 1910), 208-209, https://www.canadiana.ca/view/oocihm.9_07184.

¹⁰ Joseph, “Deportation and the Confluence”.

¹¹ Ameil Joseph, "Making Civility: Historical Racial Exclusion Technologies within Canadian Democracy," In *Civil Society Engagement*. Edited by Patricia Daenzer, (Routledge, 2017), 17-30.

widespread inequities in healthcare, education systems, housing, employment, food security, access to water, environmental inequities, mental health, criminal justice systems, immigration systems, property ownership, and income.¹² These systemic structural inequities compound the negative impacts of encampment evictions for racialized, disabled, LGBTQ2S, Indigenous people and people with mental health issues.

11. Racialized people with mental health issues are often more likely to be criminalized, deported, detained, and to experience violence within current health, mental health, social services, immigration, and legal systems.¹³ The lack of attention to the historical, colonial context of these contemporary forms of injustice and their impacts has been documented for the ways these omissions can reinforce legacies of harm.¹⁴

¹² John Yinger, "Measuring Racial Discrimination with Fair Housing Audits: Caught in the Act," *The American Economic Review* 76, no. 5 (1986): 881-893; Kenneth Wayne Taylor, "Racism in Canadian Immigration Policy," *Canadian ethnic studies = etudes ethniques au Canada* 23, no. 1 (1991): 1-20; Robert D. Bullard, "Anatomy of Environmental Racism and the Environmental Justice Movement," *Confronting environmental racism: Voices from the grassroots* 15 (1993): 15-39; Gloria Ladson-Billings, and William F. Tate, "Toward a Critical Race Theory of Education," *Teachers college record* 97, no. 1 (1995): 47-68; Angela J. Davis, "Benign Neglect of Racism in the Criminal Justice System," *Michigan law review* 94, no. 6 (1996): 1660-1686; William A. Darity, and Patrick L. Mason, "Evidence on Discrimination in Employment: Codes of Color, Codes of Gender," *Journal of Economic Perspectives* 12, no. 2 (1998): 63-90; Nancy A. Ross, et al., "Relation Between Income Inequality and Mortality in Canada and in the United States: Cross Sectional Assessment Using Census Data and Vital Statistics," *Bmj* 320, no. 7239 (2000): 898-902; Sukhdeo Thorat, and Joel Lee, "Caste Discrimination and Food Security Programmes," *Economic and Political Weekly* 40, no. 39 (2005): 4198-420; Diana Burgess, et al., "Effects of Perceived Discrimination on Mental Health and Mental Health Services Utilization Among Gay, Lesbian, Bisexual and Transgender Persons," *Journal of LGBT health research* 3, no. 4 (2007): 1-14; Sheryl Nestel, "Colour Coded Health Care the Impact of Race and Racism on Canadians' Health," *Wellesley Institute*, January 2012, <https://www.wellesleyinstitute.com/wp-content/uploads/2012/02/Colour-Coded-Health-Care-Sheryl-Nestel.pdf>; Brenna Bhandar, "Colonial lives of property," In *Colonial Lives of Property* (Duke University Press, 2018); Sue Jackson, "Indigenous Peoples and Water Justice in a Globalizing World," *The Oxford handbook of water politics and policy* (2018): 120; Ameil Joseph, "Equity Data as an Ethical Necessity: Understanding the Viral Confluence of Injustice Through COVID-19," *Canadian Dimension*. June 16, 2020, accessed June 13, 2022, <https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>.

¹³ Joseph, "Deportation and the Confluence".

¹⁴ Ameil J. Joseph, "The Necessity of an Attention to Eurocentrism and Colonial Technologies: An Addition to Critical Mental Health Literature," *Disability & Society* 30, no. 7 (2015): 1021-1041.

12. Hamilton is known for having the highest number of per-capital police reported hate crimes of any city in Canada.¹⁵ Also, 27.7% of people living in Hamilton have a disability.¹⁶ (Statistics Canada, 2019). These historical and contemporary contexts of inequity impact Hamilton specifically in ways that have differential effects on Hamilton's population.
13. These specific, known, and documented realities frame how racialized people, disabled people, Indigenous people, and people with mental health issues become more at risk of being homeless as well as how systems view them through a gaze that deems them as threat, risk, burden, or in terms of inferiority and undeservingness. With respect to encampment evictions, this particular intervention continues a historical process of impacting racialized people, Indigenous people, disabled people, and people with mental health issues in ways that channel and exacerbate the harms of disproportionate criminalization, dehumanization, and systemic inequity.
14. The eviction of people from encampments is not a benign endeavour that occurs outside of these social, historical, and contemporary realities. For these reasons, encampment evictions culminate and consolidate historical and contemporary inequities that convene a confluence of systemic injustices for equity seeking populations that exacerbate vulnerabilities and magnify harms. The impacts of encampment evictions are thereby disproportionately harmful for equity seeking groups and therefore deeply and profoundly unjust.

¹⁵ Meagan Deuling, "Hamilton Has the Highest Rate of Hate Crimes in Canada: Report | CBC News," *CBC news*, July 23, 2019, <https://www.cbc.ca/news/canada/hamilton/hate-crime-statistics-canada-hamilton-1.5221663>; Don Mitchell, "Hamilton Has Highest Rate of Police-Reported Hate Crime in Canada: StatsCan – Hamilton," *Global News*, July 24, 2019, <https://globalnews.ca/news/5672816/hamilton-highest-rate-of-hate-crime-in-canada/>.

¹⁶ Statistics Canada, "Persons with and Without Disabilities Age 15 Years and Over, Census Metropolitan Area," *Statistics Canada Table no. 13-10-0750-01*, December 3, 2019, <https://doi.org/10.25318/1310075001-eng>.

15. I make this Affidavit in support of the Notice of Application, and for no improper purpose.

Sworn remotely by Ameil Joseph at the City of Hamilton, in the Province of Ontario, before me on June 14, 2022 by “zoom” videoconference, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Stephanie Cox
Commissioner for Taking Affidavits
Stephanie Cox, LSUC 65464F



Ameil Joseph

Bibliography

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- Burgess, Diana, Richard Lee, Alisia Tran, and Michelle Van Ryn. "Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons." *Journal of LGBT health research* 3, no. 4 (2007): 1-14.
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- Joseph, Ameil J. "The necessity of an attention to Eurocentrism and colonial technologies: An addition to critical mental health literature." *Disability & Society* 30, no. 7 (2015): 1021-1041.

Joseph, Ameil J. *Deportation and the confluence of violence within forensic mental health and immigration systems*. Springer, 2016.

Joseph, Ameil. "Making Civility: Historical Racial Exclusion Technologies within Canadian Democracy." In *Civil Society Engagement*, pp. 17-30. Routledge, 2017.

Joseph, Ameil. "Equity Data as an Ethical Necessity: Understanding the Viral Confluence of Injustice through Covid-19." *Canadian Dimension*, June 16, 2020.
<https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>.

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<https://globalnews.ca/news/5672816/hamilton-highest-rate-of-hate-crime-in-canada/>.

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Patrick, Caryl. *Aboriginal homelessness in Canada: A literature review*. Canadian Homelessness Research Network, 2014.

Rodrigue, S. "Hidden homelessness in Canada Insights on Canadian Society." (2016).

Ross, Nancy A., Michael C. Wolfson, James R. Dunn, Jean-Marie Berthelot, George A. Kaplan, and John W. Lynch. "Relation between income inequality and mortality in Canada and in the United States: cross sectional assessment using census data and vital statistics." *Bmj* 320, no. 7239 (2000): 898-902.

Statistics Canada. Table 13-10-0750-01 Persons with and without disabilities aged 15 years and over, census metropolitan areas, 2019, DOI: <https://doi.org/10.25318/1310075001-eng>

Taylor, Kenneth Wayne. "Racism in Canadian immigration policy." *Canadian Ethnic Studies= Etudes Ethniques au Canada* 23, no. 1 (1991): 1.

Thorat, Sukhdeo, and Joel Lee. "Caste discrimination and food security programmes." *Economic and Political Weekly* (2005): 4198-4201.

Yinger, John. "Measuring racial discrimination with fair housing audits: Caught in the act." *The American Economic Review* (1986): 881-893.

THIS IS EXHIBIT "A" TO THE
AFFIDAVIT OF AMEIL JOSEPH
AFFIRMED REMOTELY BEFORE ME AT
THE CITY OF HAMILTON DURING A "ZOOM" VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG. 431/20,
ADMINISTERING OATH OR DECLARATION REMOTELY
THIS 14TH DAY OF JUNE, 2022

Stephanie Cox

STEPHANIE COX

LSO NO. 65464F

Commissioner for Taking Affidavits, etc

1. Name

AMEIL J. JOSEPH

2. Business Address

McMaster University
 School of Social Work
 Faculty of Social Sciences
 905-525-9140 X23792
 Email: ameilj@mcmaster.ca

Associate Professor
 1280 Main Street West
 Office: KTH 309
 Hamilton, Ontario, L8S 4M4
 Citizenship: Canada

3. Educational Background

Doctor of Philosophy (PhD): Social Work: York University, Toronto, ON	2014
Master of Social Work (MSW): Wilfrid Laurier University, Kitchener, ON	2007
Social Work Diploma: Renison University College, Waterloo, ON	2004
Bachelor of Arts, Psychology: University of Waterloo, Waterloo, ON	2003

4. Current Status at McMaster

Associate Professor- Tenured, School of Social Work	July 1, 2019- Present
Professorship in Equity, Identity and Transformation, Faculty of Social Sciences	July 1, 2021- Present
Assistant Professor- Tenure Track, School of Social Work	July 1, 2014-June 30, 2019

5. Professional Organizations

International Association of Trauma Professionals: Certified, Grief Counselling Specialist	2020-Present
Archives of Ontario: Registered researcher	2012-Present
Canadian Association for Social Work Education: Member	2011-Present
Ontario College of Social Workers and Social Service Workers: Registered Social Worker	2007-Present
Mental Health Commission of Canada: Network of Ambassadors Member	2016-Present

6. Employment History

a. *Academic*

Academic Director, Community-Engaged Research and Relationships Office of Community Engagement McMaster University	July 2021-Present
Research Assistant Professor Sarah Maiter, York University, Toronto, ON Critical Race Research, methodological issues	May-August 2014
Research Coordinator- Toronto-York site The Self-Other Issue in the Healing Practices of Racialized Minority Youth	Fall 2009-Fall 2010

Social Sciences and Humanities Research Council (SSHRC) Funded Standard Research Grant **A6484**
Primary Investigator: Prof. Martha Kuwee Kumsa, Wilfrid Laurier University

Research Assistant/Volunteer Coordinator

November 2003-April 2005

The Canadian Early Childhood Language Project
Canadian Institutes of Health Research (CIHR) Funded
Primary Investigator: Prof. Daniela O'Neill, University of Waterloo

b. Consultations

Ontario Ministry of Education: Fact/lens-checking: December 2021-Present
Grade 10 Civics and Citizenship

Government of Canada, Consultation on National Anti-Racism Strategy January 23, 2019
Lincoln Alexander Centre, Hamilton, ON

Niles, C., Jama, S., Joseph, A.J. October 25, 2018
Disability Justice Network of Ontario & The Ontario Council of Agencies Serving Immigrants:
A round-table discussion on supporting newcomers with in/visible disabilities access safe, affordable, and
accessible housing, Hamilton, Ontario

Ontario Anti-Racism Directorate Consultation with the Anti-Racism Resource Centre February 9, 2017
City Hall, Hamilton, ON

Ontario Anti-Racism Secretariat Roundtable discussion with Andrea Horwath MPP February 5, 2016
Immigrants Working Centre, Hamilton, ON

Joseph, A. J., Dei-Amoah, M., Cameron, R.W., Komlen, M., Otite, Y. November 18, 2015
Hamilton's Anti-Racism Resource Centre: Presentation to the City of Hamilton's General Issues
committee. City Hall, Council Chambers, Hamilton, ON.

Toronto Central LIHN consultation with Community Mental Health May 2, 2013
and Addictions Boards and Executive Directors-St. Paul's Church, Toronto, ON

Think Tank on Racialized Populations and Mental Health and Addictions ED use March 26, 2013
Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, ON

Community of Interest for Racialized Populations and Mental Health and Addictions Jan. 30, 2013
Canadian Mental Health Association: Ontario Division, Toronto, ON

ODSP Roundtable on Mental Health Conditions and Disability Nov. 27, 2012
Ministry Of Community and Social Services: Toronto, ON

Central Local Health Integration Network: Health Equity Roundtable May 19, 2011
York University: Toronto, ON

Central Local Health Integration Network: Creating Quality in the Transitions of Care March. 3, 2011
Westin Prince Hotel: Toronto, ON

c. Other/Professional

Canadian Mental Health Association (CMHA), Toronto, ON:
Social Work Practice Lead

Dec. 2012- September 2013

Canadian Mental Health Association, Toronto, ON

February 2009 – September 2013

Social Worker; MSW, RSW– Mood and Psychosis Early Intervention Team

Canadian Mental Health Association, Toronto, ON

July 2007 – February 2009

Social Worker; MSW, RSW– Assertive Community Treatment Team; West Metro

Waterloo Regional Homes for Mental Health, Kitchener, ON
 (Now: Thresholds Homes and Support)

March 2004 – July 2007

Mental Health Worker

Waterloo Regional Police Service, Cambridge, ON

September – December 2006

Community Resources Department - MSW Internship

Kitchener-Waterloo Multicultural Centre, Kitchener, ON

June – December 2006

Settlement Worker

Grand River Hospital, Kitchener, ON

January – June 2006

Social Work Department – MSW Internship

Waterloo Regional Homes for Mental Health, Kitchener, ON
 (Now: Thresholds Homes and Support)

May – November 2005

Crisis Respite Program Implementation Team

7. Scholarly and Professional Activities

a. Editorial boards

2022-present-*Qualitative Research (Journal Editorial Board Member)*

2020 Hamilton Anti-Racism Conference- editorial committee

2021- present- Editorial Advisory Board members for the new book series *The Politics of Mental Health and Illness*, published by Palgrave Macmillan.

2021-present-Co-editor, Special Issue on History and Social Work in *Critical and Radical Social Work*

b. Grant & Personnel Committees

N/A

c. Executive Positions

N/A

d. Journal Referee

Social Work

2022

1 review <i>Hypatia</i>	2019
1 review <i>Canadian Social Work Review/ Revue Canadienne de Service Social</i>	2019
1 review <i>Psychology of Violence</i>	2018 and 2019
2 reviews <i>New Horizons in Adult Education and Human Resource Development</i>	2018
1 review <i>Social Theory and Health</i>	2017
1 review <i>Canadian Journal of Disability Studies</i>	2016 and 2017
For special issue and general 2 reviews <i>Qualitative Research, Cardiff University</i>	2016 and 2020
2 reviews <i>Social and Legal Studies, Edinburgh</i>	2016
For Special Issue on Prof. Penelope Pether's work 1 review <i>British Journal of Social Work</i>	2015, 2019, 2020, 2021
4 reviews <i>Journal of Progressive Human Services</i>	2012-2013
8 reviews	

e. *External Grant Reviews*

N/A

8. Areas of Interest

Critical Mental Health, Forensic Mental Health, Postcolonial Theory and Social Work, Critical Race Theory, Critical Disability Studies, Social Justice, Violence, Ethics, Confluence, Historiography and Social Work.

9. Honours and Awards

John C. Holland Awards: Vince Morgan Ally Award	Community Award	2021
Early Career Research Award, Faculty of Social Sciences, McMaster University	\$500	2019
Barbara Godard Prize for the Best York University Dissertation in Canadian Studies Robarts Centre for Canadian Studies , York University	\$500	2014
Fourth International Conference on Health, Wellness & Society Graduate Student Award	\$300	2013-2014
Nathanson Graduate Fellowship - Osgoode Hall Law School, York University (Nathanson Centre on Transnational Human Rights, Crime and Security)	\$15000	2013-2014
Kent Haworth Archival Research Fellowship - Archives of Ontario	\$1365	2012-2013

Doctoral Ontario Graduate Scholarship – York University	\$30000(Total) 2012-2017	A6487
Doctoral Fellowship - York University	\$80600(Total) 2009-2014	
PhD Graduate Scholarship – York University	\$3000	2009-2010
Bettina Russell Social Justice Award - Wilfrid Laurier University	\$1248	2007
Helmut Braun Memorial Award - Centre for Community Based Research	\$1000	2006

10. Courses Taught

a. Undergraduate

Course Instructor September 2019-December 2019
 SW 4J03: Social Change: Social Movements and Advocacy
School of Social Work: McMaster University, Hamilton, ON

Course Instructor Jan. 2017- Apr. 2017, Sept. 2018- Dec. 2018, Sept. 2021-Dec. 2021
 SW 4Y03: Critical Issues in Mental Health & Addiction:
 Mad & Critical Disability Studies Perspectives for SW
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2016- April 2017, September 2018- April 2019
 SW 2A06: Theory, Process & Communication Skills for Social Work
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2015- December -2015, January 2018- April 2018, January 2020-March 2020, January 2022-April 2022
 SW 4C03: Racism and Social Marginalization in Canadian Society (changed to SW 4C03 Critical Perspectives on Race, Racialization, Racism and Colonization in Canadian Society in 2018)
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2014-April 2015, September 2015- April 2016
 SW 4D06/4DD6: General Practice II/Field Practicum II
School of Social Work: McMaster University, Hamilton, ON

Course Instructor Spring, Fall, 2013, Winter, Spring, 2014, Spring 2015, Fall 2015
 CINT 907 Teamwork for Community Services
Interdisciplinary Studies: Toronto Metropolitan University, Toronto, ON

Course Instructor Fall 2013
 CINT 905 Conflict Resolution in Community Services
Interdisciplinary Studies: Toronto Metropolitan University, Toronto, ON

Course Instructor Spring 2013
 CSWP 900 Race and Ethnicity
School of Social Work: Toronto Metropolitan University, Toronto, ON

Tutorial Leader Fall/Winter 2011/12 & 2012/13 & 2013/14
 SOWK 1011 Introduction to Critical Social Work
School of Social Work: York University, Toronto, ON

b. *Graduate*

Course Instructor Jan. 2020- Apr. 2020, Sept. 2021-Dec. 2021
 SW 721: Changing Communities: Tensions and Possibilities for Citizenship and Social Justice
School of Social Work: McMaster University, Hamilton, ON

c. *Postgraduate*

N/A

d. *Other***Course Instructor**

SW 705: Directed Readings Course January 2022-April 2022
 Critical (Historiographical) Analysis of Homelessness as Discourse
School of Social Work: McMaster University, Hamilton

SW 705: Directed Readings Course September 2021-December 2021
 Critical Analysis of Motherhood, Race, and Substance Use
School of Social Work: McMaster University, Hamilton

Course Instructor

GLOBHTH 715: Directed Reading/Independent Study September 2021-December 2021
 Critical race, Afrocentricity and Intersectionality epistemologies and methodologies
 Faculty of Health Sciences, Ph.D. Program Global Health: McMaster University, Hamilton, ON

Course Instructor

September 2019-December 2019

SW 705: Directed Readings Course:
 Critical Discourse Analysis of Ontario's Long-Term Care Act and its Impact on older LGBTQ+ people in care
School of Social Work: McMaster University, Hamilton, ON

Course Instructor

September 2019-December 2019

SW 705: Directed Readings Course: Critical Analysis of South Asian Culture, Violence and Trauma
School of Social Work: McMaster University, Hamilton

Course Instructor

September 2018-December 2018

SW 705: Directed Readings Course: Critical Analysis of Children's Participation in Child Custody and Access Disputes
School of Social Work: McMaster University, Hamilton, ON

Course Instructor

January 2016-May 2016

SW 705: Directed Readings Course: Critical Analysis of Refugee Experiences
School of Social Work: McMaster University, Hamilton, ON

11. Contributions to Teaching Practice

a. *Pedagogic innovation and/or development of technology-enhanced learning*

(2021) Hamilton Health Sciences- Presidents Advisory Committee on Equity, Diversity, and Inclusion

Developed a series of 5 training workshops for members and leadership

A6489

(2021) Faculty of Health Sciences: Equity, Advocacy, And Allyship Program

Co-developed curriculum, delivered workshop for the Faculty of Health Sciences on Equity, and “Thinking Respectfully about Identity and Difference”.

(2017) Three short videos contributed to deBie, A. & Brown, K. (2017). Forward with Flexibility: A Teaching and Learning Resource on Accessibility and Inclusion. <https://flexforward.pressbooks.com/front-matter/forward-with-flexibility/>

- Disabled Student’s Participation in Education <https://youtu.be/bOEb3pKZBU4>
- Our Responsibility as Educators <https://youtu.be/Fp2cg3Ei3io>
- Seeking Ongoing Feedback from Students <https://youtu.be/8-Wulenc1-U>

b. *Leadership in delivery of educational program*

Lead the organization and development of an event/symposium with colleagues to examine the politics of anti-oppression in education.

- Anti-Oppression: A Critique and Reimagining Event Date: April 18, 2016 1pm-4pm
CIBC Hall, McMaster University

c. *Course/curriculum development*

- Redeveloped SW 721 Changing Communities: Tensions and Possibilities for Citizenship and Social Justice, course design, readings, lectures.
- Redeveloped SW 4J03 Social Change: Social Movements and Advocacy, entire course design and readings, lectures.
- Developed new course: SW 4Y03: Critical Issues in Mental Health & Addiction: Mad & Critical Disability Studies Perspectives for SW, McMaster University, Hamilton, ON, 2016
- Redeveloped SW 2A06 Theory, Process and Communication Skills for Social Work in consultation with prior instructors: McMaster University, Hamilton, ON, 2016
- Developed Graduate Directed Reading Course SW 705: Directed Readings Course: Critical Analysis of Refugee Experiences in collaboration with MSW student. McMaster University, Hamilton, ON, 2015
- Developed SW 4C03 Racism and Social Marginalization in Canadian Society for Fall 2015 and taught first run of this course: McMaster University, Hamilton, ON
- Met with Undergraduate course 4D06 instructors to revise and redevelop course/curriculum, suggested and incorporated new provocative readings: McMaster University, Hamilton, ON, 2014
- Developed Undergraduate course: CSWP 900 Race and Ethnicity, School of Social Work: Toronto Metropolitan University, Toronto, ON for Spring 2013
- Developed interactive course website using blackboard software for a 13-week online Undergraduate course on interdisciplinary teamwork in community services. Toronto Metropolitan University, Toronto, ON, 2013-2015
- Contributed to revisions of Undergraduate course outline for SOWK 1011 Introduction to Critical social Work to include updated research and literature relevant to the field. York University, Toronto, ON. 2009-2013

d. *Development/evaluation of educational materials and programs*

Book Proposal Reviewer: *More than a Diagnosis, More than a Clinician:*

2019

How the Stories of Clinicians and the Individuals We Work With Shape Us and Our Practice

A2205

By Jennifer Gerlach, Routledge

A6490

Book Proposal Reviewer: *Critical Clinical Social Work: Counterstorying for Social Justice* 2018
By Catrina Brown and Judy MacDonald, Canadian Scholars Press

Book Proposal Reviewer: *Troubling Care: A Theory of Institutional Violence*, 2017
by Kate Rossiter and Jennifer Rinaldi, Routledge

Book Reviewer: *Working with People: Communication Skills for Reflective Practice* 2016
by Louise Harms and Joanna Pierce, Oxford University Press

e. *Other*

Deep Diversity Leadership Training- Anima Leadership 2019
Employment Equity Facilitators Training 2019

12. Supervisorships

a. *Master*

Completed: 14 In progress: 4

Gessie Stearns MSW Thesis School of Social Work, McMaster University	2021-Present
Minju Kim MSW Thesis School of Social Work, McMaster University	2021-Present
Nickay Palmer MA, Gender Studies and Feminist Research, McMaster University	2019-2020
Chriselle Vaz MSW Thesis School of Social Work, McMaster University	2019-2020
Shangaari Kanesalinkam MSW Thesis School of Social Work, McMaster University	2019-Present
Fatemah Shamkhi MSW Thesis School of Social Work, McMaster University	2019-2020
Kendra Mackenzie MSW Thesis School of Social Work, McMaster University	2019-2020
Alison Jones MSW Thesis School of Social Work, McMaster University	2018-Present
Amarachi Chukwu MA, Gender Studies and Feminist Research, McMaster University	2017 - 2018
Laura Stothart MSW Thesis School of Social Work, McMaster University	2017- 2018
Beshele Caron MSW Thesis School of Social Work, McMaster University	2017- 2018
Kattawe Henry MA Gender Studies and Feminist Research, McMaster University	2016 - 2017
Teagan Rooney MSW Thesis School of Social Work, McMaster University	2016 - 2017
Amy Rector MSW Thesis School of Social Work, McMaster University	2016 - 2017
Sarah Adjekum MSW Thesis School of Social Work, McMaster University	2015 - 2016
Gillian Martel MSW Thesis School of Social Work, McMaster University	2015 - 2016
Heston Tobias MA MRP Cultural Studies and Critical Theory, McMaster University	2016 – 2016
Jeffrey Corrin MSW Thesis School of Social Work, McMaster University	2014 - 2020

b. *Doctoral*

In progress: 3

Kusum Bhatta Ph.D. Thesis School of Social Work, McMaster University	2021-Present
Shaila Kumbhare Ph.D. Thesis School of Social Work, McMaster University	2019-Present
Michelle Hayes Ph.D. Thesis School of Social Work, McMaster University (withdrawn)	2017-2019
Nicholas Carveth Ph.D. Thesis School of Social Work, McMaster University	2015-Present

A2206

c. *Post-doctoral/fellowship*

N/A

d. *Clinical/Professional*

Field Supervisor: BSW Field Placement September 2019- April 2020
Hamilton Center for Civic Inclusion & McMaster University, School of Social Work

Graduate placement supervisor: GENDRST 707 September 2019- December 2019
Hamilton Center for Civic Inclusion & McMaster University, Gender Studies and Feminist Research

Field Supervisor: BSW Field Placement 3DD6 September 2017- April 2018
Self-Directed Placement, McMaster University, School of Social Work

University of Toronto: Master of Social Work –Field Placement Supervisor Sept. 2010-April 2011
CMHA Toronto Early Intervention, Provision of Clinical and Professional Supervision

Ryerson University: Internationally Educated Social Work Professionals Bridging Program
Post-Master of Social Work –Canadian Field Placement Supervisor April-June 2011
CMHA Toronto Early Intervention, Provision of Clinical and Professional Supervision

e. *Supervisory Committees*

Mercy Lilian Gichuki. Ph.D. Global Health, McMaster University	March 2021-Present
Aisha Wilks. Ph.D. English and Cultural Studies, McMaster University	November 2021- Present
Chavon Niles. Ph.D. Department of Social Justice Education, Ontario Institute for Studies in Education University of Toronto	June 2020-November 2020
Ciceley Janet Lawson. Ph.D. Social Work, McMaster University	2020- Present
Nishi Singh. MA in Globalization Studies, McMaster University	Completed 2015

f. *Other – second reader on thesis, Undergraduate Student Research Awards*

Pamandeep Jhajj MSW Thesis School of Social Work, McMaster University	Completed 2019
Alex Wilson Interdisciplinary Science 4A12 Thesis, McMaster University	Completed 2018
Chriselle Vaz Undergraduate Student Research Award, McMaster University	2018 & 2019
Monique Pitt MSW Thesis School of Social Work, McMaster University	Completed 2017
Brittany Madigan. MSW Thesis School of Social Work, McMaster University	Completed 2015
Joel Martin. MSW Thesis School of Social Work, McMaster University	Completed 2015
Madhav Khurana MSW Thesis School of Social Work, McMaster University	Completed 2016

13. Lifetime Research Funding

Type: 2021 SSHRC Partnership Grant
Agency: Social Sciences and Humanities Research Council
Amount: \$2.5 Million
Purpose: Research
Recipients: Bonny Ibhawoh (PI) (Ameil Joseph's role: Co-Investigator, McMaster University)

Title: Participedia Phase 2: a global network and crowdsourcing platform for researchers, practitioners, and policymakers working on public participation and democratic innovations A6402

Type: 2020 SSHRC Partnership Engage Grant (March competition)

Agency: Social Sciences and Humanities Research Council

Amount: \$24984

Purpose: Research

Recipients: Ameil Joseph (PI) & the Disability Justice Network of Ontario

Title: "What happened to you?": The disablement of youth across socioeconomic indicators

Type: 2020 Mitacs Accelerate Research Grant

Agency: Mitacs

Amount: \$45000

Purpose: Research

Recipients: Ameil Joseph (PI), Shaila Kumbhare (Intern), CMHA Hamilton (Agency partner)

Title: Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Type: 2020 McMaster COVID-19 Research Fund

Agency: McMaster University

Amount: \$29000

Purpose: Research

Recipients: Ameil Joseph (PI), CMHA Hamilton (Agency partner)

Title: Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Type: 2020 McMaster Institute for Health Equity Seed Grant

Agency: McMaster Institute for Health Equity

Amount: \$6000

Purpose: Research

Recipients: Ameil Joseph & Bernice Downey (Co-PIs)

Title: Hamilton Public Health Equity Data Community Advisory Research Project

Type: 2020 SSHRC Partnership Engage Grant (June competition)

Agency: Social Sciences and Humanities Research Council

Amount: \$22228

Purpose: Research

Recipients: Diana Singh (PI), Ameil Joseph (Co-applicant), James Gillett (Co-applicant), CMHA Hamilton (Agency partner)

Title: COVID-19 - Emotions Matter: Skill Building, Emotional Resilience and Social Support for Care Workers

Type: SSHRC Insight Grant 2018 (funded years May 15, 2018-March 31, 2021)

Agency: Social Sciences and Humanities Research Council

Amount: \$70862

Purpose: Research

Recipients: Ameil Joseph

Title: The ethics and social relations of undesirability: exploring the experiences of immigration detention and deportation for Canadian immigrants with histories of mental health issues

Type: Fall 2019 SSHRC Explore – Major Collaborative Project Seed Grant

Agency: Arts Research Board, McMaster University

Amount: \$9000
 Purpose: Research
 Recipients: Vanessa Watts (PI), Amber Dean (Co-applicant), Ameil Joseph (Co-applicant)
 Title: (Re)imagining Critical Approaches to Social Justice in Higher Education

Type: 2017/2018 Scholar in Community Fellowship
 Agency: Faculty of Social Sciences, McMaster University
 Amount: \$15000
 Purpose: Research
 Recipients: Ameil Joseph
 Title: *Hamilton's Anti-Racism Resource Centre Foundational Research Project*

Type: Priority Areas for Learning and Teaching Research Grant, 2017
 Agency: Paul R. MacPherson Institute for Leadership, Innovation & Excellence in Teaching, McMaster University
 Amount: \$5000
 Purpose: Research (or Pedagogical Research)
 Recipients: Ameil Joseph
 Title: *Enhancing teaching capacity for universal design, accessibility and inclusion through a critical engagement with the confluence of mental health, madness, sanism, eugenics, ability and colonization in the classroom*

Type: Fall 2015 (now named SSHRC Explore) Standard Research and Creative & Performing Arts Grant competition,
 Agency: Arts Research Board, McMaster University
 Amount: \$5950
 Purpose: Research
 Recipients: Ameil Joseph
 Title: *Exploring social relations at the confluence the mental health, criminal justice, and immigration systems*

Conference and Publication Grants

Fall 2019 SSHRC Exchange - Conference Attendance and Representational Activities Grant \$3957
 Arts Research Board, McMaster University, Hamilton, ON
Crime, Justice and Social Harms in Oxford University, Keble College, UK.

Spring 2017 (now named SSHRC Exchange) Conference Attendance
 and Representational Activities Grant competition, \$1070
 Arts Research Board, McMaster University, Hamilton, ON
Interrogating Social Work's Role in "Nation" Building CASWE-ACFTS 2017 Conference, Toronto, ON

Fall 2015 (now named SSHRC Exchange) Scholarly Publications Grant competition, \$842
 Arts Research Board, McMaster University, Hamilton, ON
Deportation and the Confluence of Violence within Forensic Mental Health and Immigration Systems

Fall 2015
 (now named SSHRC Exchange) Conference Attendance
 and Representational Activities Grant competition, \$2,272
 Arts Research Board, McMaster University, Hamilton, ON

Fall 2014

(now named SSHRC Exchange) Conference Attendance
and Representational Activities Grant competition,
Arts Research Board, McMaster University, Hamilton, ON

\$1,630

The International Journal of Arts & Sciences (IJAS) International Conference for Social Sciences and Humanities in Harvard university, Boston, MA

Total \$241995

14. Lifetime Publications

a. Peer Reviewed

i) Books

Joseph, A.J. (2015). *Deportation and the confluence of violence within forensic mental health and immigration systems*. Basingstoke: Palgrave-Macmillan.

ii) Contributions to Books

Joseph, A.J. (2022). *Maddening intersectionality with assemblages, conviviality and confluence for epistemic dissidence*. In, LeFrançois, B & Shaikh, S. (eds). *Critical Social Work*, Fernwood Press.

Joseph, A.J. (2021). The subjects of oblivion: subalterity, sanism, and racial erasure. In Beresford, P., Russo, J., & Boxall, K. (eds). *Routledge International Handbook of Mad Studies*. Routledge.

Joseph, A.J., Double, D. (2020). *Critical perspectives in mental health*. In Savelli, M. Gillett, J. & Andrews, G. (eds). *Introduction to Mental Health and Illness: Critical Perspectives* (pp. 240-256). Oxford University Press.

Joseph, A.J. (2020). Excavating hostility and rationalizing violence through anti-immigrant confluent discourses of racial threat, risk, burden and lack. In Spivakovsky, C., Steele, L. & Weller, P. (eds). *The Legacies of Institutionalisation Disability, Law and Policy in the 'Deinstitutionalised' Community*. (pp.107-122.). Hart-Bloomsbury Publishing.

Joseph, A.J. (2019). Contemporary forms of legislative imprisonment and colonial violence in forensic mental health. In Daley, A., Costa, L., Beresford, P. (eds.). *Madness, violence and power: A radical anthology*. Toronto: UofT Press.

Joseph, A. J. (2018). Traditions of Colonial and Eugenic Violence: Immigration Detention in Canada. In Kilty, J. M., & Dej, E. (eds.). *Containing Madness: Gender and 'Psy' in Institutional Contexts* (pp. 41-65). Palgrave Macmillan, Cham.

Joseph, A.J. (2017). Making Civility: Historical Racial Exclusion Theories within Canadian Democracy. In Daenzer, P. (eds.), *Civil Society Engagement: Achieving Better in Canada*. (pp. 17-30). New York: Routledge.

Joseph, A.J., (2017). Pathologizing distress: The Colonial Master's Tools and Mental Health Services for "Newcomers/Immigrants". In Baines, D. (ed.), *Doing Anti-Oppressive Practice: Social Justice Social work*, (3rd Edition, pp. 233-251). Halifax, Canada: Fernwood.

Joseph, A.J. & Maiter, S. (2015). Post-national Belonging: Strategies of Racialized Youth in Multicultural Western Contexts. In Baffoe, M. Asimeng-Boahene, L. & Ogbuagu, B. (eds.), *Settlers in Transition: Pathways and Roadblocks to Settlement and Citizenship of New Comers in New Homelands*. (pp.23-31). Ronkonkoma: Linus Learning.

iii) Journal Articles

Joseph, A.J. (2021). Simulating the Other in Social Work Pedagogy: Pathologizing the oppressed through neoliberal/colonial practice teaching. *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcab048>

Adjekum, S. A., & Joseph, A. J. (2021). Violence by any other name: constructing immigration crises, the threat of the sick refugee and rationalising immigration detention through moral panic. *Critical and Radical Social Work*. <https://doi.org/10.1332/204986021X16355210292075>

Joseph, A.J., Janes, J., Badwall, H., Almeida, S. (2019). Preserving white comfort and safety: the politics of race erasure in academe. *Social Identities: Journal for the Study of Race, Nation and Culture*. <https://doi.org/10.1080/13504630.2019.1671184>

Joseph, A.J. (2019) Constituting "lived experience" discourses in mental health: The ethics of racialized identification/representation and the erasure of intergeneration colonial violence. *Journal of Ethics in Mental Health*. <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20i.pdf>

Tobias, H., & Joseph, A.J. (2018). Sustaining systemic racism through psychological gaslighting: Denials of racial profiling and justifications of carding by police utilizing local news media. *Race and Justice*. <http://journals.sagepub.com/doi/full/10.1177/2153368718760969>

Maiter, S., & Joseph, A. J. (2016). Researching racism: The colour of face value, challenges and opportunities. *British Journal of Social Work*, 47(3), 755-772.

Joseph, A.J. (2015). Beyond intersectionalities of identity or interlocking analyses of difference: confluence and the problematic of "anti"-oppression. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 4(1), 15-39.

Joseph, A. J. (2015). The necessity of an attention to Eurocentrism and colonial technologies: an addition to critical mental health literature. *Disability & Society*, 30(7), 1021-1041.

Lamoureaux, A., Joseph, A., (2014). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. *Social Work in Mental Health*, 12(3), 212-230.

Joseph, A. J. (2014). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. *Critical Criminology*, 22(2), 273-293.

Joseph, A. J. (2013). Empowering alliances in pursuit of social justice: Social workers supporting psychiatric-survivor movements. *Journal of Progressive Human Services*, 24(3), 265-288.

Maiter, S., Joseph, A., Shan, N., Saeid, A., (2013). Doing participatory qualitative research: Development of a shared critical consciousness with racial minority research advisory group members. *Qualitative Research*, 13(2), 198-213. A0496

Joseph, A. J. (2010). Advocacy in social work: Recovery-focused systems for people living with serious mental health issues. *Canadian Social Work*, 12(2), 25-42.

iv) Journal Abstracts

N/A

v) Other, including Proceedings of Meetings

Joseph, A.J. (2019). Big data and social services: Public overseers of human suffering for private gain. Pp.77-87. Digitization and Challenges to Democracy, *Institute on Globalization & the Human Condition, Globalization Working Papers* 19(1). McMaster University, Hamilton, ON.

<https://globalization.mcmaster.ca/research/publications/working-papers/2019/working-paper-oct-2019.pdf>

Joseph, A. J. (2012). Ancestries of racial and eugenic systems of violence in the mental health sector. In I. Needham, K. McKenna, M. Kingma, N. Oud (Ed.), *Third International Conference on Violence in the Health Sector, Vancouver, BC*. (pp. 234-238). The Netherlands: Kavanah.

http://www.oudconsultancy.nl/Resources/Proceedings_3rd_Workplace_Violence_2012.pdf

Vaz, C., & Joseph, A.J. (2018, November). Negotiating Conflicting Understandings of Intimate Relationships: Exploring Meaning Making, Isolation and Identity in Cross Cultural Contexts for South Asian University Students. Poster session presented at the *2018 Undergraduate Student Research Award Poster Session*, McMaster University, Hamilton, ON.

b. *Not Peer Reviewed*

i) Books

N/A

ii) Contributions to Books

N/A

iii) Journal Articles

N/A

iv) Journal Abstracts

N/A

v) Other, including Proceedings of Meetings

Canadian Federal Government Policy Briefs

The Standing Senate Committee on Legal and Constitutional Affairs
 RE: Bill C-7: An Act to amend the Criminal Code (medical assistance in dying)
 January 27, 2021

https://sencanada.ca/content/sen/committee/432/LCJC/Briefs/Brief_AmeilJoseph_e.pdf

Standing Committee on Citizenship and Immigration
 Federal Government Policies and Guidelines Regarding Medical Inadmissibility of
 Immigrants. Published on: Monday, November 20, 2017 to 8:32 p.m. (EST)

<http://www.ourcommons.ca/Committees/en/CIMM/StudyActivity?studyActivityId=9719668>

Website Creation:

[Home - A Way Through \(mcmaster.ca\)](#) : Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Contribution to feature film/Documentary

The World is Bright (Documentary film) <https://www.theworldisbright.ca/impact/expert-interviews/>
<https://boxoffice.hotdocs.ca/websales/pages/info.aspx?evtinfo=125201~741853d5-bf72-40a5-a015-09aded779383>

Knowledge Exchange

Television/Live Interviews

- [Science table finds lower-income and racialized communities are more frequently ending up in the ICU - CHCH](#) (2021, November 13).
- Hamilton vaccination program to prioritizes black & other racialized populations ages 18+ in hot spots, CHCH Evening News (2021, April 23). <https://www.chch.com/hamilton-vaccination-program-to-prioritizes-black-other-racialized-populations-ages-18-in-hot-spots/>

Related pieces:

- <https://www.cbc.ca/news/canada/hamilton/hamilton-bipoc-vaccine-priority-1.5989119>
- 'Good public health policy': The success of vaccine clinics for Black, racialized Canadians, CTV News. <https://www.ctvnews.ca/health/coronavirus/good-public-health-policy-the-success-of-vaccine-clinics-for-black-racialized-canadians-1.5416822>
- <https://www.thespec.com/news/hamilton-region/2021/04/29/racist-backlash-to-hamiltons-effort-to-vaccinate-black-and-racialized-residents-condemned.html>
- <https://www.thespec.com/news/hamilton-region/2021/04/26/hamilton-covid-vaccines-latest-news.html>

- White Supremacy in Hamilton. *The O Show*, Cable 14 (2021, January 12). <https://cable14now.com/video-on-demand/video/?videoId=5591> A6498
- COVID-19 Stay-at-home order, policing. *CHCH evening news* (2021, January 13). <https://www.chch.com/news/evening-news/>
- Sir John A. Macdonald statue in Hamilton vandalized. *CHCH* (2020, November 9). <https://www.chch.com/sir-john-a-macdonald-statue-in-hamilton-vandalized/>
- What is Antifa? *CTV Newsday* (2020, June 1). <https://link.quibi.com/PGREjSUCZ6>
- Group urging council to reverse decision to take over setting up anti-racism centre. *CBC*. (2019, December 11). <https://www.cbc.ca/news/canada/hamilton/harrc-1.5391472>
- Hate speech and Anti-Racism in Hamilton. *Vital Signs*, Cable 14. (2019, October 9). <https://www.cable14.com/tv-shows/vital-signs>
- Hate in Hamilton. *The O Show*, Cable 14. (2019, September 17). <https://www.cable14.com/tv-shows/o-show-the>
- Hate in Hamilton: what went wrong and how we make it right. *CBC*. (2019, August 7). <https://www.cbc.ca/news/canada/hamilton/hamilton-hate-live-1.5218029>
- Diversity and Representation. *City Matters*, Cable 14. (2019, April 10). <https://cable14now.com/video-on-demand/video/?videoId=4271>
- Diversity advocates call recently appointed member to Hamilton Police Board a missed opportunity. *CHCH evening news* (2019, April 6). <https://www.chch.com/diversity-advocates-call-recently-appointed-member-to-hamilton-police-board-a-missed-opportunity/>
- Stoney Creek hate crime exemplifies disturbing trends in racism. *CHCH evening news* (2018, July 29). <http://www.chch.com/stoney-creek-hate-crime-exemplifies-disturbing-trends-racism/>
- What you need to know about political extremism in 2017, *Your Morning with Ben Mulroney*, *CTV* (2017, February 15) <http://www.ctvnews.ca/politics/is-antifa-activism-a-necessary-answer-to-the-alt-right-1.3327449>
- Race and Identity, *The Morning Show*, *Global T.V. National* (2015, June 16). <http://globalnews.ca/video/2057575/race-and-identity-interview-with-ameil-joseph/>

Radio Interviews

- CBC Radio, Ontario Today -(2022, May 18): The racist ideas behind the Buffalo shooting: Are you confronting them? <https://www.cbc.ca/listen/live-radio/1-45/clip/15913452>
- CBC Radio. Ontario today with Rita Celli. (2020, June 17). Renaming Dundas Street: Is it a way to right a wrong? <https://www.cbc.ca/listen/live-radio/1-45-ontario-today/clip/15782717-renaming- Dundas-street-is-it-a-way-to-right-a-wrong>
- AM900 CHML/Global News, the Bill Kelly Show. (2020, June 11). Calls for police to be defunded, Petition to rename Dundas St. & Liberal government did not get support to update rules on CERB. <https://omny.fm/shows/bill-kelly-show/the-bill-kelly-show-podcast-calls-for-police-to-be?t=17m33s>
- AM900 CHML/Global News, the Bill Kelly Show. (2019, December 11). McMaster's Ameil Joseph talks about the city's decision to take over the Hamilton Anti-Racism Resource Centre (HARRC). <https://globalnews.ca/news/6282905/city-takes-over-hamilton-anti-racism-resource-centre/>
- AM900 CHML/Global News, the Bill Kelly Show. (2019, September 19). Three instances of Justin Trudeau in brownface have emerged. <https://www.iheart.com/podcast/256-bill-kelly-show-31080203/episode/three-instances-of-justin-trudeau-in-49416209/>
- Newstalk 1010 Moore in the Morning. (2018, September 30). The Rise of Hate. <http://www.iheartradio.ca/newstalk-1010/audio/the-rise-of-hate-1.8470727?mode=Article&autoplay=1.8470727>

- AM900 Radio Interview with Anthony Urciuoli (2016, November 26). Anti-Racism **A6199** Initiative <https://omny.fm/shows/anthony-urciuoli-show/disappointing-ticket-sales-for-the-grey-cup-game-m?t=29m31s>
- 60 Seconds with Ameil Joseph PACBIC (President's Advisory Committee on Building Inclusive Community) (2016, November 8), Morningfile, CFMU 93.3 <https://www.youtube.com/watch?v=mW-BMRylrQI>

Magazine Articles:

- Joseph, A.J., (2020). Equity data as an ethical necessity: Understanding the viral confluence of injustice through COVID-19. *Canadian Dimension*. <https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>
- Joseph, A.J., (2016). Putting alt-Right's Racism in Context. *Our-Times: Canada's Independent Labour Magazine*. http://ourtimes.ca/Between_Times/article_513.php

Newspaper Articles:

- Joseph, A.J. (2022, May 5). A Way to End Hatred in Hamilton. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2022/05/05/a-way-to-end-hatred-in-hamilton.html>
- Joseph, A.J., Jama, S. & Linton, M. (2022, January 23). [Our long-term care system must be dismantled | TheSpec.com](#)
- Joseph, A.J. (2021, December 3). [Misusing the language of safety and social justice | TheSpec.com](#)
- Joseph, A.J., Dampney, K. (2021, June 7). [It's time to be honest about racism in Hamilton | TheSpec.com](#)
- Joseph, A.J. (2020, October 18). Systemic injustices, policing, and mental health. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/10/18/systemic-injustices-policing-and-mental-health.html>
- Joseph, A.J. (2020, September 27). Hamilton police not mental health professionals. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/09/27/hamilton-police-not-mental-health-professionals.html>
- Joseph, A.J., (2020, June 15). How Much More Do You Need to See: Black Lives Matter. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/06/15/how-much-more-do-you-need-to-see-black-lives-matter.html>
- Joseph, A.J., (2019, April 12). Police board ignores city's promises of inclusion and diversity with latest appointment. *Hamilton Spectator*. <https://www.thespec.com/opinion-story/9281084-police-board-ignores-city-s-promises-of-inclusion-and-diversity-with-latest-appointment/>
- Joseph, A.J., (2016, December 30). Hamilton Police Still not Getting it On Racism. *Hamilton Spectator*. <http://m.thespec.com/opinion-story/7041880-hamilton-police-still-not-getting-it-on-racism>
- Joseph, A.J. (2014, November 14). *ARRC more than a 'hotline': Centre will be step toward equity, social justice and preventing racial tension*. *Hamilton Spectator*, Retrieved December 10, 2014 from <http://www.thespec.com/opinion-story/5013061-arrc-more-than-a-hotline/>

Online Publications

- Joseph, A.J., Kumbhare, S. (2021). [Mental health, grief, loss, and bereavement through COVID-19 - Academic Matters](#)

- Joseph, A.J., Daniel, J., Ibhawoh, B., Deen, J., Coleman, D., Abebe, A., Ogunkoya, F., Kamari, L. (2021). [Beyond cohorts and clusters: redressing systemic anti-Blackness in higher education — University Affairs](#)
- Joseph, A.J., (2021). Expanding MAiD could worsen discrimination against people with disabilities. <https://ipolitics.ca/2021/02/19/expanding-maid-could-worsen-discrimination-against-people-with-disabilities/>
- African & Caribbean Faculty Association of McMaster (2020) <https://dailynews.mcmaster.ca/articles/statement-on-the-killing-of-george-floyd-and-racial-justice/> (writer 95%)
- Joseph, A.J., (2018). Erasing race but not racism in the Peter Khill trial. *The Conversation*. <http://theconversation.com/erasing-race-but-not-racism-in-the-peter-khill-trial-99337> also published on CBC, <https://www.cbc.ca/news/canada/hamilton/erasing-race-but-not-racism-in-the-peter-khill-trial-1.4736894>
- Joseph, A. J., (2017). We must speak out against racism. *University Affairs/Affaires Universitaires*. <https://www.universityaffairs.ca/opinion/in-my-opinion/must-speak-racism/>
- Joseph, A.J. (2015) Speaking voice into the silence and naming the deception of “hoaxes”: Islamophobia and other forms of racism at McMaster University. *PACBIC Dialogues*. <https://pacbic.mcmaster.ca/documents/PACBICameilSpeakingvoiceintothesilence12112015.pdf>
- Joseph, A.J. (2015). Food justice or/= Social justice? Systemic exclusion and discrimination: Do we respond by raising issues of access and equity or advocate for transformation. *PACBIC Dialogues*. <https://pacbic.mcmaster.ca/documents/PACBICameilFoodJusticeorSocialJustice.pdf>

c. *Accepted for Publication (in final form)*

d. *Submitted for Publication*

Joseph, A.J. (Submitted). *The Said and the Unsaid: Confronting Racism in Social Work as “uncanny”*. In Webb, S. (eds). *The Routledge Handbook of Critical Social Work* (2nd Ed.)

e. *Unpublished Documents*

Joseph, A.J. (2019). Hamilton Anti-Racism Resource Centre, Findings and Analysis report 2018-2019. (32 pages)

Joseph, A.J. (2019). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2018 (annual report, 19 pages)

Joseph, A.J. (2018). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2017 (annual report, 21 pages)

Joseph, A.J. (2017). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2016 (annual report, 19 pages)

15. Presentations at Meetings

a. *Invited*

Joseph, A.J. (2022, January 12). *Race, Racism, Racialization and Colonialism: The Context for Governance in Education*. HWDSB, Board of Trustees, Hamilton, ON

Joseph, A.J. (2021, December 16). *Confronting and Defying Racism in Mental Health*. Mental Health and Addiction Program Rounds, St. Joseph's Healthcare, Hamilton, ON.

Joseph, A.J. (2021, September 23). *Understanding Inequity in Healthcare Education*. ReThink Clinical Reasoning Conference. Faculty of Health Sciences, McMaster University.
<https://youtu.be/nG8d8CJNAWE>

Joseph, A.J. (2021, October 28). *Thinking Respectfully about Identity and Difference (3-hour workshop)*. Faculty of Health Science, Equity Advocacy and Allyship Program.

Joseph, A.J. (2021, October 26; 2021, November 17). *Racism in Healthcare: Are we talking about the same things? Anti-Black Racism and Black Exclusion in Medicine Professional Competencies Curriculum*, McMaster MD Program, McMaster University.

Joseph, A.J. (2021, October 21). *Racism, Race, and Racialization in Healthcare & Emergency Medicine*. FRCPC, Emergency Medicine Residency Program, McMaster University

Joseph, A.J. (2021, June 23). *Compositional Diversity and Community*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 14). *Professional Practice, Education, and Research*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 13). *White supremacy, Critical Race Theory and Wokeness*. The Communal with Kojo Dampety, Hamilton, ON. <https://www.youtube.com/watch?v=s1RWhKUjuoo&t=3s>

Joseph, A.J. (2021, June 11). *System Interaction and Culture*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 9). *Equity through Organizational Commitment and Integration*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, May 19). *Equity, Diversity, and Inclusion in Healthcare: Are we talking about the same thing?* Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2019, November 29). *Responding to hate in Hamilton*. CityLab, McMaster University, Hamilton, ON.

Joseph, A.J. (2019, November 28). *The erasure of experience and the subjects of oblivion: speaking back to the obliviousness of whiteness. Let's Talk About Race!*, McMaster University, Hamilton, ON.

Joseph, A.J. (2019, September 28). *Navigating racial issues in healthcare. 6th Annual Canadian Haemoglobinopathy Conference*, The Canadian Haemoglobinopathy Association, Hamilton, ON.

Joseph, A.J. (2019, May 23). The subjects of oblivion: subalterity and contemporary technologies of transnational eugenics, sanism, and racial eradication. *Southwestern Ontario Disability Scholars Workshop*, Windsor Law, University of Windsor, Windsor, ON. A6502

Joseph, A.J. (2019, May 8). Confronting and Challenging racism in Healthcare: The Ethical Necessity of anti-Racism for Practice. *Ethics and Diversity Grand Rounds*, Hamilton Health Sciences, Hamilton ON.

Joseph, A.J. (2019, February 15). Dismantling Racism in Hamilton. *Vital Signs*, Hamilton Community Foundation. Mulberry Café, Hamilton, ON, <https://youtu.be/trJvha3rRv8>

Joseph, A.J. (2018, November 29). Freedom of Speech and Race. *Let's Talk About Race!*, McMaster University, Hamilton, ON.

Joseph, A.J. (2018, November 10). Criminalization and Racialization of Poverty and Mental Health. *Town of Ajax 3rd Annual Diversity Conference*, Ajax Convention Centre, Ajax, ON.

Joseph, A.J. (2018, September 15). Big data and social services: Public overseers of human suffering for private gain. *Digital Democracy: Transformations and Public Contestations*. Institute on Globalization and the Human Condition, McMaster University, Hamilton, ON.

Joseph, A.J. (2018, April 11). From the insidious to the brazen: Realities of racism and resistance *The Trump Talks: Free Public Lecture Series*, McMaster Centre for Continuing Education, Hamilton, ON

Joseph, A.J. (2017, October 24). Overseers of Violence: Big Data & the Role of the Social Worker. *Legacies of Social Welfare Work in Canada Conference*. Wilfrid Laurier University, Brantford, ON.

Joseph, A.J. (2016, November 25). Respecting the Histories of Anti-racist Activism in Hamilton: Working towards collective action together. *Anti-Racism Action Initiative Community Meeting*. Hamilton Central Public Library, Hamilton, ON.

Joseph, A.J. (2016, March 9). The criminalization/racialization of poverty. *The Criminalization of Poverty - Race, Poverty, and Policing in Hamilton Event*, McMaster Community Poverty Initiative. McMaster University, Hamilton, ON

Joseph, A.J. (2016, January 19). Food justice is social justice: beyond the food security talk. *Feeding Our Faiths 2016*, McMaster Students Union Diversity Services, Interfaith Committee. McMaster University, Hamilton, ON

Invited Keynotes/Plenaries

Joseph, A.J. (2022, June 8). Data and Justice: Mobilizing Solidarities for Action. Action Now-Building Equitable Futures Together: Primary Health Conference. Alliance for Healthier Communities, Delta Hotels by Marriot Toronto Airport and Conference Centre. Toronto, ON

Joseph, A.J. (2022, February 16). Challenging Systemic Racism for Health Equity in Hamilton: Mobilizing Solidarities for Action. McMaster Institute for Health Equity, McMaster University. <https://youtu.be/bWai1Prl0ms>

Joseph, A.J. (2022, February 17). Confronting and Resisting Racism in Mental Health & Pediatrics. Department of Pediatrics, Grand Rounds, Faculty of Health Sciences, McMaster University. https://www.macvideo.ca/media/Bridging+the+GapA+Confronting+and+Resisting+Racism+in+Mental+Health+%7C+Dr.+Ameil+Joseph+%7C+February+17%2C+2022/1_5mojt3dg

Joseph, A.J., Bedminster, T, Jama, S, Frketich, J. (2021, December 2). *Community Responses to #COVID-19 in Hamilton*. Hamilton Centre for Civic Inclusion, 2020/21 Annual General Meeting. Hamilton, ON

Joseph, A.J. (2021, November 16). *Affordable housing, accessible housing, not-for-profit housing-acknowledging complicities and histories of exclusion*. 2021 Housing Central Conference, BC Not-For-Profit Housing Association. Vancouver, BC.

Joseph, A.J. (2021, June 16). *Courageous solidarities: Listening and supporting the most marginalized in the struggle for a better Hamilton*. Hamilton Community Foundation, Annual General Meeting, Hamilton, ON

Joseph, A.J. (2021, February 10). *Beyond the Individual: Confronting and Challenging Racism in Health and Mental Health*. Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, <https://youtu.be/LV5hk7A83aM>

Joseph, A.J. (2020, October 23). *Race & racism in 2020 and beyond: Confronting individual, systemic, and structural complicities for transformative change. Anti-Racism Day*, Ministry of Economic Development, Job Creation and Trade, Business Partnerships and Programs Division, Toronto, ON.

Joseph, A.J. (2020, September 10). *Appreciating Individual, Systemic, and Structural Inequities in Local, Current and Historical Contexts for Change*. City of Hamilton, Mayor's Task Force on Economic Recovery. Hamilton, ON.

Joseph, A.J. (2020, September 3). *Defunding Harm and Violence. Defunding the Police-Community Teach-in*. City of Hamilton, City Hall Forecourt, Hamilton, ON.

Joseph, A.J. (2020, June 24). *Defying Racism in Hamilton. Hamilton Anti-Racism Conference*, Hamilton Center for Civic Inclusion, Hamilton, ON. <https://youtu.be/Lf1zOaZJyss>

Joseph, A.J. (2019, September 26). *Race and racism in Hamilton. Hamilton Urban Core Community Health Centre, Annual General Meeting*. Hamilton, ON

Joseph, A.J. (2015, May 8). *The untreatable mentally ill, the unrehabilitatable criminal and the undeserving alien: Contemporary eugenic and racial technologies of violence at the confluence of forensic mental health and immigration systems. 8th Annual Social Work Research Symposium: Interdisciplinary Conversations on Social Transformation and Critical Practices*. York University, Toronto, ON.

Joseph, A.J. (2014, November 25). *Violent interventions: Neo-colonization in contemporary forensic mental health and the (re)production of difference. UN International Day of Person with Disabilities Lecture, Office of human rights and equity services, MACCESSIBILITY program, McMaster University, Hamilton, ON.*

Invited Panelist

Wilks, A, Joseph, A.J., Kumbhare, S., Suart, C. (2022, June 1). Reframing Disability in Healthcare. Faculty of Health Sciences, McMaster University, Hamilton, ON. A6504

D'Souza, R. Joseph, A.J., Marshall, L-J, Loen, M. (2022, May 27). The Vax Scene: Understanding Factor in Vaccine Uptake. Canada's Global Nexus for Pandemics and Biological Threats. McMaster University, Hamilton, ON

Joseph, A.J., Dampney, K., Walker, J. (2022, March 25). Data, equity, and justice: respecting relationships for health equity. Greater Hamilton Health Network, Hamilton Centre for Civic Inclusion, Indigenous Health Learning Lodge, McMaster Office of Community Engagement, Hamilton, ON.
<https://www.youtube.com/watch?v=NC5zeLJbCaY>

Joseph, A.J., Jama, S., Linton, M., Clutterbuck, P., Martin, K. (2022, March 10). Town Hall on changes Needed in Home Care and Community Care. Disability Justice Network of Ontario, Seniors for Social Action, Social Planning and Research Council of Hamilton, Hamilton, ON. [Virtual Town Hall on Home Care, Elder Care and Community Care - March 10, 6 to 8 PM \(djno.ca\)](#)

Joseph, A.J., Peters, G., Hawes, S., Ward, K, Theriault, A. (2021, November 16). Disability & Accessibility Panel. 2021 Housing Central Conference, BC Not-For-Profit Housing Association. Vancouver, BC.

Lepofsky, D., McMeekin, G. and Joseph, A.J. (2021, October 28). Disability Justice, Accessibility and Beyond. Access to Justice Week, Faculty of Law, University of Alberta, Alberta.
<https://www.albertaaccesstojustice.com/blog/disability-justice-resources>

Joseph, A.J., McCradden, M., Singh, D. (2021, October 27). Addressing Inequities in AI and Technology as Clinicians and Researchers. The Hospital for Sick Children. Fifth annual Department of Paediatrics and Faculty of Medicine, We All Belong: Equity and Data Justice for Precision Health and Research. Toronto, ON. <http://www.cvent.com/events/we-all-belong-equity-and-data-justice-for-precision-health-and-research/agenda-499720ce21824c0d829adbf31ce32437.aspx>

Joseph, A.J., Elghawaby, A., Hashim, M., & Narro-Pérez, R. (2021, August 3). Responding to Hate in Hamilton. Hamilton Centre for Civic Inclusion, Hamilton, ON.
<https://www.youtube.com/watch?v=aWMB09W8P5g&t=3s>

Disability Justice Network of Ontario. (2021, June 30). [Abolish The Psych Ward Panel featuring Dr. Ameil Joseph and Dr. Syrus Marcus Ware \(djno.ca\)](#)

Art Gallery of Hamilton (2021, May 20). Esmaa Mohamoud Exhibit, Play in the Face of Certain Defeat.
<https://www.artgalleryofhamilton.com/program/free-thursdays-esmaa-mohamoud-panel-talk/>

GritLit Festival (2021, April 17). No Place Like Home: Issues Around Homelessness, Hamilton Ontario

Joseph, A.J., (2020, November 17) Racism in Healthcare: Are we talking about the same things? Anti-Black Racism and Black Exclusion in Medicine, Professional Competencies Curriculum, McMaster MD Program, McMaster University.

From Stories to Action: Addressing Anti-Black Racism in Healthcare. (2020, October 1). Chair's Grand Rounds, Hamilton Health Sciences, Department of Medicine, McMaster University, Hamilton, ON.

Resistance in Academia. (2019, January 31). *Diversity Week Panel*, Diversity Services, McMaster Student Union, McMaster University, Hamilton, ON. A6505

Psychiatric Detention: Problem in Policy & Practice. (2019, March 15). *Detained: From supporting Prisoners to Abolishing Prisons. Journal of Law and Social Policy*, Osgoode Hall Law School, York University, Toronto, ON.

Immigration detention in Canada: A historical confluence of gendered ideas of the dangerous, the racialized, the immigrant, the biologically mad threat. (2017, December 5). *Research Forum on Immigration, Borders, and Social Justice*. McMaster University, Hamilton, ON

Mental health and gender violence. (2017, March 30). *Decolonize and Deconstruct Imagining new approaches to sexuality and consent education*. Brock University, St. Catharines, ON

Decolonizing leadership. (2017, March 29). *Leadership Panel - Diversity/Respect/Bias- Strategic Leaders Program*, McMaster University, Ron Joyce Centre, Burlington, ON.

Critical Race/Decolonial Perspectives for Social Justice Practice. (2017, January 27). *Senior Leadership Panel on Anti-Oppressive Practice in Ontario's Child Welfare Field*. The Catholic Children's Aid Society of Hamilton, Hamilton, ON

Crimes against Humanity, the International Criminal Court and the Rome Statute: Reflecting on Resistance to Historical Technologies of Hatred at State levels. (2016, November 16). *Making History Now: Racism, Resistance and Strategies for Building Alliance in the World of Trump*. McMaster University, Hamilton, ON

Hamilton Living Together Symposium (2016, March 29). *Canadian Race Relations Foundation*, Art Gallery of Hamilton, Hamilton, ON

b. *Contributed*

i) Peer reviewed

Joseph, A.J. & Kumbhare, S. (2021, December 10). Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing. World Pandemic Research Network Conference. [Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing \(wprn.org\)](#)

Joseph, A.J. (2021, June 2). Occidental appropriations of resistance to systemic racism: The erosion of Anti-Racism work & the maintenance of white supremacy. 2021 Canadian Association of Social Work Education, University of Alberta, Alberta, Canada.

Joseph, A.J., Vaz, C., Millard, B., William Gooding, W., & Niles, C. (2020, April 1 -paper written but not presented due to cancellation/COVID-19). Frozen, invisible, indefinite: Immigration detention in Canada and the carceral violence of temporal torment. *Crime, Justice and Social Harms*, Howard League for Penal Reform, Oxford University, Keble College, UK

Joseph, A.J. (2019, July 25). Tradition of Colonial and Eugenic Violence: Immigration Detention in Canada. *XXXVI International Congress on Law and Mental Health*, International Academy of Law and Mental Health, University of International Studies of Rome, Rome, Italy.

Joseph, A.J. (2019, April 29). Invocations of historical colonial, racial, ableist, sanist tropes in contemporary anti-immigration discourse. *Mobilities and Transnationalism in the 21st Century*, University of Iceland, Reykjavik, Iceland. A0500

Joseph, A. J. (2018, June 21). Historical and contemporary uses of immigration detention by the mental health system in Canada: Racist, sanist, and eugenic violence in policy and practice. *Disability and (Virtual) Institutions: Interventions, Integration and Inclusion*, International Institute for the Sociology of Law, Onati, Spain.

Joseph, A. J. (2018, March 2). Immigration detention in Canada: Constituting ideas of "the threat" and "the Canadian public" through racism, sanism and colonial eugenics. *2018 Canadian Association of Cultural Studies: Carceral Cultures Conference*, Simon Fraser University (Downtown), Vancouver, B.C.

Joseph, A., O'Connell, A., Gibson, M., Chapman, C., Good, B., Chambon, A. (2017, May 30). Panel on Critical History as Social Work Practice 1: Epistemic Interventions through Decolonization, *2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON.

Baines, D., Freeman, B., Pon, G., Phillips, D., Clarke, J., Abdillahi, I., Hulko, W., Brotman, S., Ferrer, I., Carter, I., Hanes, R., MacDonald, J., Joseph, A., Barnoff, L., Brown, C., Massaquoi, N., and LaRose, T. (2017, June 1). Panel on Doing Anti-Oppressive Practice: Social Justice Social Work. *2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON.

Singh, N., Wahoush, O., Joseph, A.J. (2016, June, 23). Conceptions of Mental Health Within the Punjabi Sikh Diaspora Community in Ottawa, Ontario. *Mental Health and Cultural Diversity International Conference: Exploring Transformative Practices and Service Models*. De Montfort University, Leicester

Joseph, A.J. (2016, March, 17). Imprisoning the mind and the body: Contemporary forms of legislative imprisonment and colonial violence in forensic mental health. *Experiencing Prison 7th Global Conference*. Inter-Disciplinary.Net., Hilton Hotel Castle District, Budapest Hungary.

Joseph, A.J. (2015 May, 28). Tracing contemporary eugenic and racial colonial technologies of dehumanization at the confluence of mental health, criminal justice and immigration systems. Presented at the *International Journal of Arts & Sciences International Conference for Social sciences and Humanities*. Harvard University, Boston, MA.

Joseph, A.J. (2014, November 3). Theorising violence at the confluence of mental health, criminal justice and immigration systems in Canada. Presented at: *6th Global Conference, Strangers, Aliens and Foreigners*, Inter-Disciplinary.net, Prague, Czech Republic.

Joseph, A.J. (2014, March 15). Civilizing disobedience: Contemporary colonization and the regulation of immigrants and indigenous people with mental health issues. Presented at: *Fourth International Conference on Health, Wellness and Society*, University of British Columbia, Vancouver, BC.

Joseph, A.J. (2013, April 26). The confluence of violence and the accretion of "truth": Reading deportation decisions for racialized people classified with serious criminality and mentally illness in Canada. Presented at: *Social Work's 6th Annual Research Symposium*, York University, Toronto, ON.

Joseph, A., & Maiter, S. (2012, November, 1). Postnational belonging: Strategies of racialized youth in multicultural western contexts. Presented at the *2012 Strangers in New Homelands- 5th Annual*

Conference on the Social Reconstructing of "Home" Among Immigrants in the Diaspora, University of Manitoba, Winnipeg, MB. A6507

Joseph, A. (2012, October, 25). Ancestries of racial and eugenic systems of violence in the mental health sector. Presented at the *2012 Third International Conference on Violence in the Health Sector*, Sheraton Vancouver Airport Hotel, Richmond, BC.

Joseph, A. (2012, March, 31). Authorities on the subject: Colonial ancestries of hierarchy and hegemony in mental health. Presented at the *2012 Canadian Association of Social Work Education Annual Conference*, University of Waterloo & Wilfrid Laurier University, Waterloo, ON.

Lamoureaux, A., Joseph, A., Feris, C. (2012, March, 22). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. Presented at the *2012 Ontario Working Group on Early Psychosis Intervention Conference*, Sheraton Centre Hotel, Toronto, ON.

Joseph, A. (2011, June 2). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. Presented at the *2011 Canadian Association of Social Work Education Annual Conference*, University of St. Thomas, Fredericton, NB.

Maiter, S., Joseph, A., Shan, N., Saeid, A. (2010, May 14). Doing participatory qualitative research: Development of a shared critical consciousness with racial minority research advisory group members. Presented at the *27th Annual Qualitative Analysis Conference*, Wilfrid Laurier University, Brantford, ON.

Joseph, A., (2010, April 16). Empowering alliances in pursuit of social justice: Social workers supporting psychiatric-survivor movements. Presented at: *Social Work's Annual Research Symposium*, York University, Toronto, ON.

i) Not Peer Reviewed

Joseph, A.J. (2022, March 1). Refusing colonial, carceral, eugenic, and surveillance technologies in mental health policy, practice, and law. Guest Lecture. HTH SCI 3RH3 Racism and Health, Faculty of Health Sciences, McMaster University.

Joseph, A.J. (2021, October 25). *From Commitments to Reconciliation: Supporting Decolonizing Work in Community Engaged Research*. Guest Lecture, CMTYENG 2A03, McMaster University

Joseph, A.J. & Kumbhare, S. (2021, July 21). *Loneliness & Mental Health Through COVID-19 and Beyond*. CMHA Ontario, Toronto, ON.

Joseph, A.J. (2021, May 28). Refusing colonial eugenics rationalities in mental health policy, practice, and law. Beyond the Penal and the Carceral: Alternatives to criminalization to address social need. (Panel with Prof. Rinaldo Walcott). Centre for Human Rights and Restorative Justice, McMaster University. ["Beyond the Penal and the Carceral: Alternatives to criminalization to address social need" Panel - YouTube](#)

Joseph, A.J. (2020, December 3). Data colonialism and plantation logics in social services, and public health. *Data & Sovereignty: Resisting Colonial Logics for Racial Justice*, McMaster Institute for Health Equity, The Lewis and Ruth Sherman Centre for Digital Scholarship, The McMaster Indigenous Research Institute, McMaster University, Hamilton, ON.
https://www.macvideo.ca/media/Data+%26+Sovereignty/1_2gxgha0l

Joseph, A.J. & Kumbhare, S. (2020, November 23 & 2021, January 18). *Grief During COVID-19*. CMHA Hamilton, Hamilton, ON. A6508

Joseph, A.J. (2020, November 2). Anti-Racism, Resistance and Change. Invited guest lecture. UNIV 2010, Anti-Discrimination and Anti-Oppression. University of Guelph, Guelph, ON.

Joseph, A.J. (2020, October 27). Race, Racism, Racialization and Colonialism. Invited guest lecture. UNIV 2010, Anti-Discrimination and Anti-Oppression. University of Guelph, Guelph, ON.

Joseph, A.J. (2020, October 21). Relationship, Respect, Complicities, Solidarities & Decolonial Resistance. Invited guest lecture. Advanced Practice. School of Social Work, University of British Columbia., Vancouver, British Columbia.

Joseph, A.J. (2020, November 16, 17, 18, 23). Racism, Race, and Racialization in Healthcare in Canada: Matters of life and death. Invited Guest Lecture. 2RR3 Social Determinant of Health. BScN Program, Faculty of Health Sciences, McMaster University, Hamilton, ON.

Joseph, A.J. (2020, August 12). Confronting and challenging racism: the individual, the systemic, and the structural. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, August 19). Racism and mental health. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, October 7). Confronting and challenging racism: the individual, the systemic, and the structural. CMHA Kenora, Kenora, ON.

Joseph, A.J. (2020, October 14). Racism and mental health. CMHA Kenora, Kenora, ON.

16. Administrative Responsibilities

University:

Selection Committee- Vice-Provost, Teaching and Learning	December 2021-present
McMaster Institute for Health Equity- member	2020-present
Centre for Human rights and Restorative Justice- member	2020-present
Selection Committee - Dean, Faculty of Social Sciences	September 2019-October 2019
University Senate	July 2019- Present
School of Graduate Studies Scholarship Committee: SSHRC CGS-M	2019 & 2020, 2021
Chair: President's Advisory Committee on Building an Inclusive Community (PACBIC)	July 2016- July 2019
Hiring Committee: Executive Assistant to the Associate Vice-President Equity and Inclusion	September 2018

Renaissance Award and Chancellor's Gold Medal Selection Committee	October 2018
2018 Graduatand Awards Selection Committee	May 2018
Hiring Committee: Executive Assistant to the AVP Equity and Inclusion	July 2018-September 2018
Accessibility Policy Development Committee	November 2016-Present
Employment Equity Forum	November 2016 & December 2017
Hiring Committee: AVP/ Vice-Provost Equity and Inclusion	October 2016- December 2017
Hiring Committee: Human Rights Specialist	November 2017
Hiring Committee: Anti-Racism Officer Hamilton Centre for Civic Inclusion/McMaster University/Anti-Racism Resource Centre	November 2017
Hiring Committee: Employment Equity Specialist	March 2017
Hiring Committee: Director of Human Rights and Dispute Resolution	September 2016
Member, President's Advisory Committee on Building an Inclusive Community (PACBIC)	October, 2014-July 2020
President's Advisory Committee on Building an Inclusive Community Race, Racialization and Racism working Group-Co-Convener	September 2015- July 2016
African-Caribbean Faculty Association of McMaster	October, 2014-Present
<u>Faculty:</u>	
Tenure and Promotions, Faculty of Social Science	July 2021-June 2022
Faculty of Social Sciences Equity, Diversity, Inclusion and Indigenous Strategies (EDIIS) Advisory Group	2020- Present
McMaster Faculty of Social Science SSHRC Doctoral Ranking Committee	2017/2018, 2018/2019
<u>Department:</u>	
Hiring Committee, New Tenure-Track Faculty	2021-Present
United in Colour-Faculty Liaison	2019-Present
Graduate Admissions Reviewer, School of Social Work	2018, 2019
Library Liaison School of Social Work	September 2014- Present
School of Social Work's Transformative Social Justice Response Team (TSJRT) (Formerly Anti- Oppression Education Committee)	September 2015-September 2017

Undergraduate Studies Committee, School of Social Work	September 2014-December 2014, September 2015-Present
Graduate Studies Committee, School of Social Work	December 2014-May 2015

17. Other Responsibilities

Hamilton Public Health, COVID-19 Vaccine Readiness Network	December 2020-present
President's Task Force on Equity, Diversity- Hamilton Health Sciences	October 2020-present
Ontario COVID-19 Mental Health Network	March 2020-July 2020
City of Hamilton, Community Advisory Panel Hamilton Anti-Racism Resource Centre, Chair	October 2020-January 2021
Disability Justice Network of Ontario, Advisory Board, Hamilton, ON	2020-present
Disability Justice Network of Ontario, Research Committee, Hamilton, ON	2019-present
CIHR Doctoral Research Awards Committee – B Reviewer Doctoral Research Awards for the Canadian Institute of Health Research	September 2018- August 2019
Houselink Community Homes, Toronto, ON Board of Directors- Vice President (2013), President (2014) Nominations Committee, (Chair) Policy Committee, Sustainable Fundraising Committee Mission: to improve the quality of life of psychiatric consumers / survivors including those who are homeless or otherwise marginalized, through the provision of permanent affordable supportive housing and programs.	July 2011 – June 2014
Local Health Integration Network – Central, Toronto, ON Social Worker; MSW, RSW – Health Professionals Advisory Committee Provided professional advice to Central LHIN on how to achieve patient-centered health care within the local health system for the most diverse and populous LHIN in Ontario. Considered innovative approaches in health service delivery, health promotion and wellness and the utilization of health human resources. (As legislated: Local Health System Integration Act, 2006 - O. Reg. 264/07)	January 2008- March 2011

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO, SHAWN
ARNOLD, ET AL.**

Applicants

-and-

CITY OF HAMILTON

Respondent

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Ameil Joseph. I live in the City of Hamilton, in the Province of Ontario.
2. I have been engaged by or on behalf of the Hamilton Community Legal Clinic 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.

Date June 14, 2022



Signature

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**KRISTEN HEEGSMA, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO,
SHAWN ARNOLD, ET AL.**

Applicants

-and-

CITY OF HAMILTON

Respondent

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Ameil Joseph. I live in the City of Hamilton, in the Province of Ontario.
2. I have been engaged by or on behalf of the Hamilton Community Legal Clinic 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.

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.

Date June 5, 2024



Signature

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**KRISTEN HEEGSMA, DARRIN MARCHAND, GORD SMYTH, MARIO
MUSCATO, SHAWN ARNOLD, ET AL.**

Applicants

-and

CITY OF HAMILTON

Respondent

SUPPLEMENTARY AFFIDAVIT OF AMEIL JOSEPH

SWORN June 7, 2024

I, **AMEIL JOSEPH**, of the City of Hamilton in the Province of Ontario, AFFIRM AND STATE:

1. I am an Associate Professor in the School of Social Work at McMaster University in Hamilton, Ontario. I hold a Professorship in Equity, Identity, and Transformation with the Faculty of Social Sciences at McMaster University and am Academic Director of Community Engaged Research and Relationships with the Office of Community Engagement at McMaster University. I have over a decade of professional experience in the mental health field, in Assertive Community Treatment, Supportive Housing, Crisis Respite, Early Intervention, Settlement and governance settings. I also serve on the Board of Directors for the Disability Justice Network of

Ontario and helped to found Hamilton’s first Anti-Racism Resource Centre. A copy of my CV is attached to my Affidavit of June 14, 2022.

2. Encampment evictions put unhoused people at an increased risk of death.¹ The increased vulnerability of people living unsheltered, who are most impacted by displacement policies, is widely researched.²³⁴⁵ It is widely accepted that increased vulnerability indicates a greater need for immediate housing intervention and support services. The City of Hamilton acknowledges this level of vulnerability and identifies factors leading to increased risk of mortality, as a form of “acuity”. Specifically, high acuity individuals have corresponding “urgent health and safety considerations”. These considerations, in turn, are factors leading to an increased risk of mortality.⁶⁷ Additionally, the City measures an individual’s acuity as a number on the Vulnerability Index – Service Prioritization Detection Assistance Tool (VI-SPDAT) and the Service Prioritization Detection Assistance Tool (SPDAT) to help determine an individual’s priority placement on the By-name priority list. Higher acuity individuals are streamlined into higher service provision level programs due to the City’s recognition that these individuals have

¹ The Office of the Federal Housing Advocate. (2024). Upholding dignity and human rights: the Federal Housing Advocate’s review of homeless encampments – Final report. Ottawa: The Office of the Federal Housing Advocate.

² Montgomery, A. E., Szymkowiak, D., Marcus, J., Howard, P., & Culhane, D. P. (2016). Homelessness, unsheltered status, and risk factors for mortality: findings from the 100 000 homes campaign. *Public Health Reports*, 131(6), 765-772.

³ Chang, J. S., Riley, P. B., Aguirre, R. J., Lin, K., Corwin, M., Nelson, N., & Rodriguez, M. (2022). Harms of encampment abatements on the health of unhoused people. *SSM-qualitative research in health*, 2, 100064.

⁴ Feodor Nilsson, S., Laursen, T. M., Hjorthøj, C., & Nordentoft, M. (2018). Homelessness as a predictor of mortality: an 11-year register-based cohort study. *Social psychiatry and psychiatric epidemiology*, 53, 63-75.

⁵ Barocas, J. A., Nall, S. K., Axelrath, S., Pladsen, C., Boyer, A., Kral, A. H., ... & NHBS Study Group. (2023). Population-level health effects of involuntary displacement of people experiencing unsheltered homelessness who inject drugs in US cities. *Jama*, 329(17), 1478-1486.

⁶ City of Hamilton. (March 2022). City of Hamilton Homeless-Serving Coordinated Access System Process Guide [Process Guide]. <https://www.hamilton.ca/sites/default/files/2023-05/homeless-coordinated-access-guidelines-2022.pdf>

⁷ City of Hamilton. (July 2019). Coming together to end homelessness: Hamilton’s system planning framework. <https://www.homelesshub.ca/sites/default/files/attachments/coming-together-to-end-homelessness-report-final-07252019%20%281%29.pdf>

an increased risk to health and safety, and are in need of more imminent and comprehensive housing intervention. In plain language, the City acknowledges that high acuity individuals are at greater risk of serious harms, such as mortality.

3. The Hamilton Homeless Mortality Data project is a group of healthcare providers that collect data on the deaths of people experiencing homelessness. The Hamilton Homeless Mortality Data project has documented 91 deaths amongst the homeless population from June 2021 to November 2023, where mental illness, stimulant use and opioid use were among the top comorbid conditions. Additionally, the most common “last known living location” of the deceased reported to the Hamilton Homeless Mortality Data project (2024), were reported as “unsheltered”. Of the deceased known to the Hamilton Homeless Mortality Data project, 13% were also reported as having been shelter restricted at the time of death.⁸ The cumulative data to date is attached hereto as Exhibit “A”.

4. The involuntary displacement of unhoused people from encampments increases mortality rates. In a United States study conducted over a 10 year period, involuntary displaced unhoused people experienced an increase in overdose deaths, increased hospitalization, fewer initiations of medications for opioid use disorder and there was an increase in overall deaths of “unsheltered people experiencing homelessness who inject drugs”.⁹

5. Additionally, the involuntary displacement of unhoused people is significantly associated with self-reported infection disease, substance and alcohol use and worsening mental health.¹⁰

⁸ Hamilton Homeless Mortality Data (HHMD). (2024). Deaths in the Hamilton Homeless Population, <https://hamiltonhomelessmortality.weebly.com/>

⁹ Barocas, J. A., Nall, S. K., Axelrath, S., Pladsen, C., Boyer, A., Kral, A. H., ... & NHBS Study Group. (2023). Population-level health effects of involuntary displacement of people experiencing unsheltered homelessness who inject drugs in US cities. *Jama*, 329(17), 1478-1486 at 1449. <https://jamanetwork.com/journals/jama/fullarticle/2803839>.

¹⁰ Meehan AA, Milazzo KE, Bien M, Nall SK, Vickery KD, Mosites E, Barocas JA. Involuntary displacement and self-reported health in a cross-sectional survey of people experiencing homelessness in Denver, Colorado, 2018-2019. *BMC Public Health*. 2024 Apr 25;24(1):1159. doi: 10.1186/s12889-024-18681-w. PMID: 38664800; PMCID: PMC11044435. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11044435/>

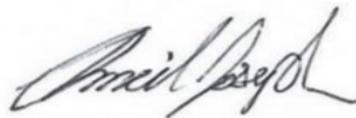
6. I make this Affidavit for no improper purpose.

Affirmed remotely by Dr. Ameil Joseph stated as being located in the City of Hamilton in the Regional Municipality of Hamilton-Wentworth, before me in the City of Toronto on June 7, 2024, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely.



Commissioner for Taking Affidavits

Curtis Sell LSO#:84128A



Ameil Joseph

This is Exhibit 'A' referred to in the affidavit of Dr. Ameil Joseph affirmed before me
this 7th day of June, 2024.

Curtis Bell

EXHIBIT 'A'

A6518

DEATHS IN THE HAMILTON HOMELESS POPULATION

June - November 2021

Total reported deaths: 22*

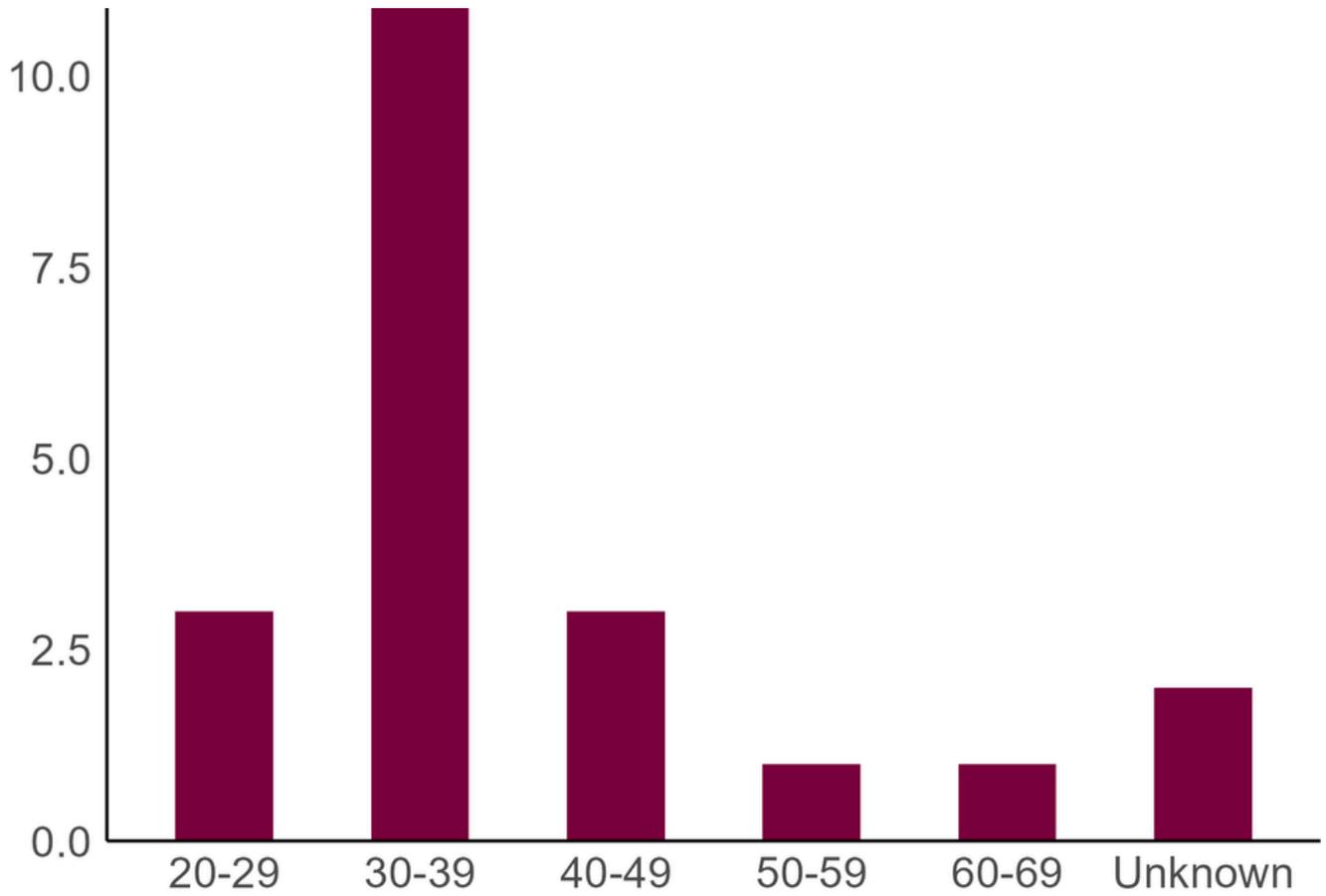
* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

Average age at time of death:

36 years old

A6519

DEATHS IN THE HAMILTON HOMELESS POPULATION

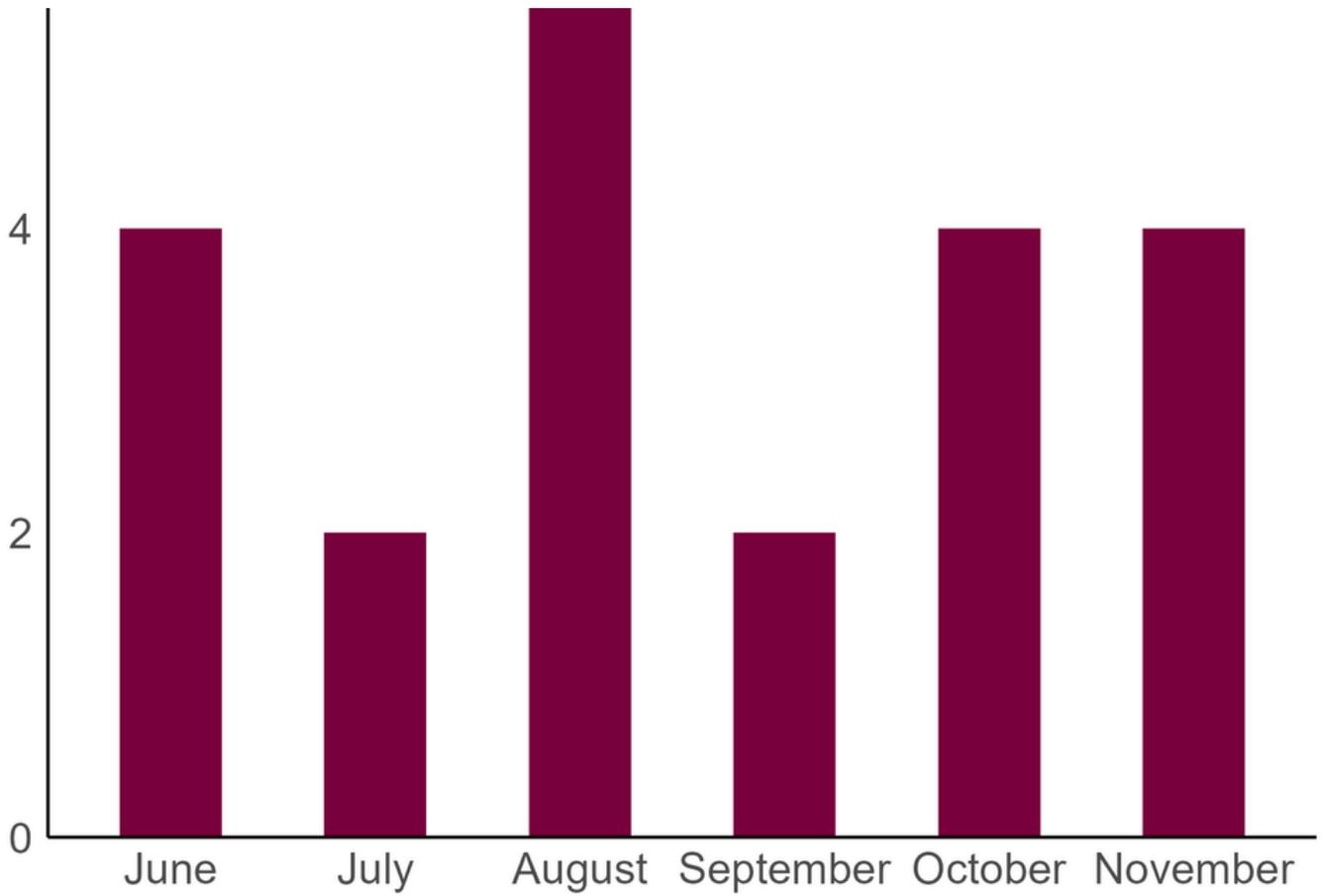


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DEATHS IN THE HAMILTON HOMELESS POPULATION

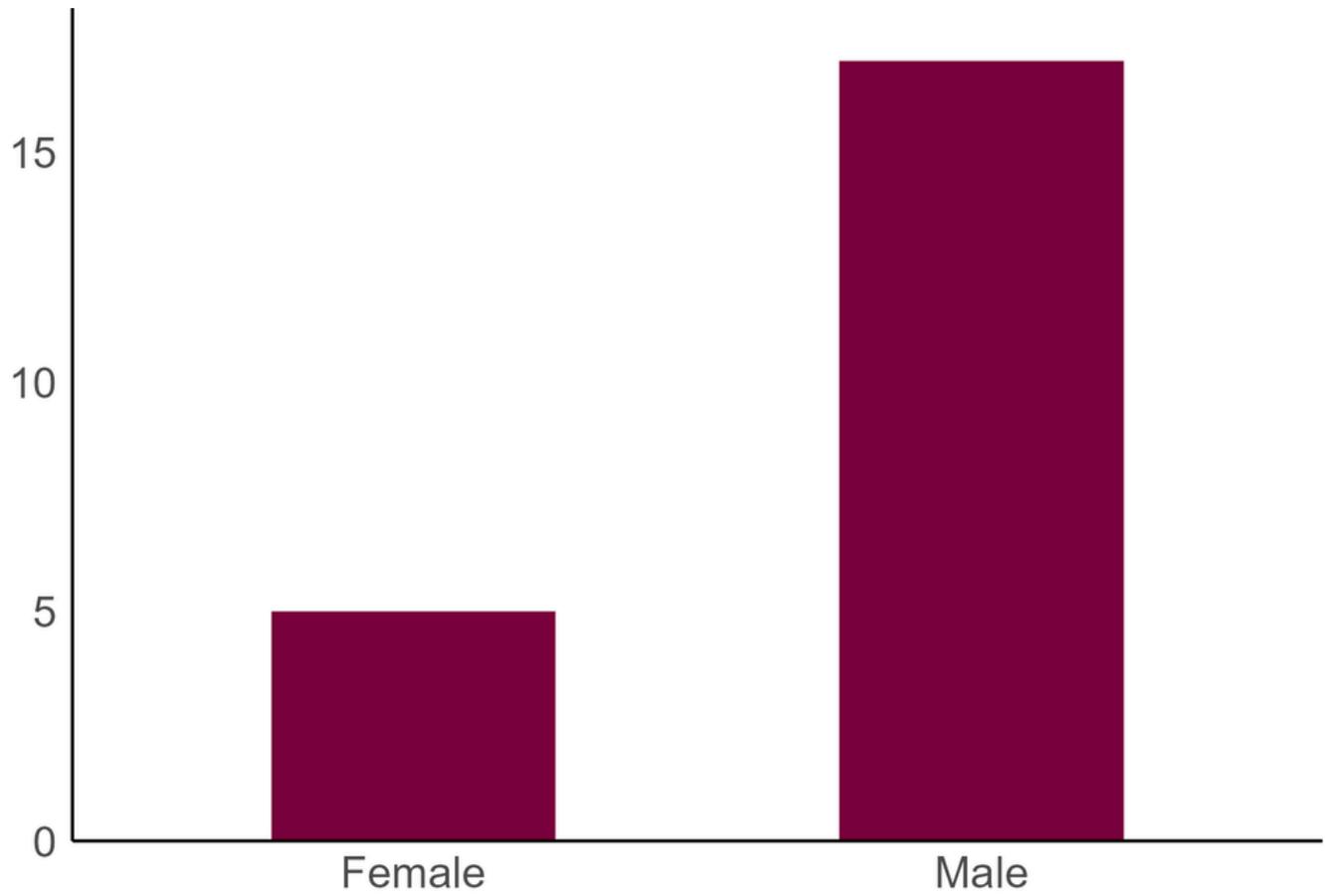


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DEATHS IN THE HAMILTON HOMELESS POPULATION

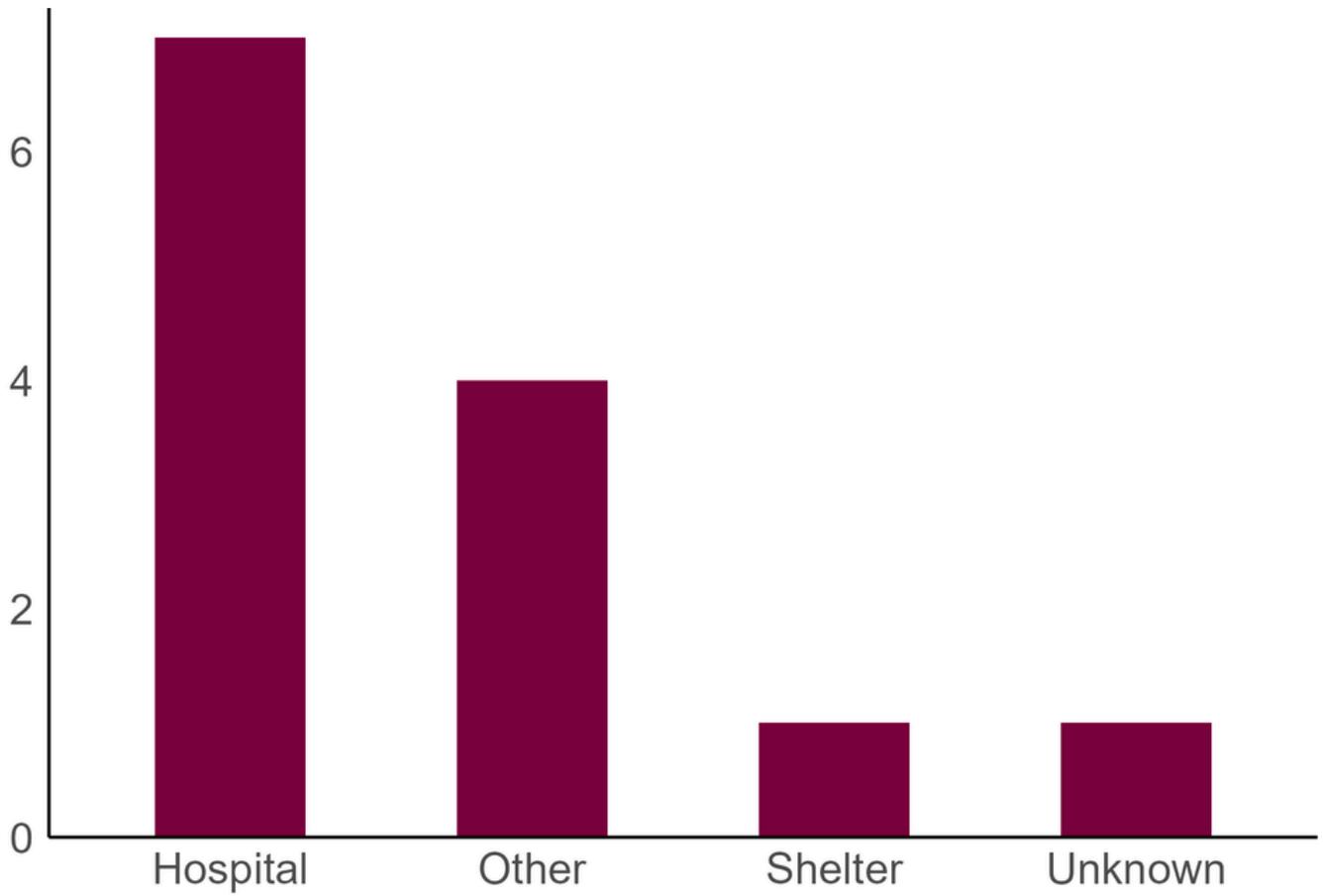


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DEATHS IN THE HAMILTON HOMELESS POPULATION

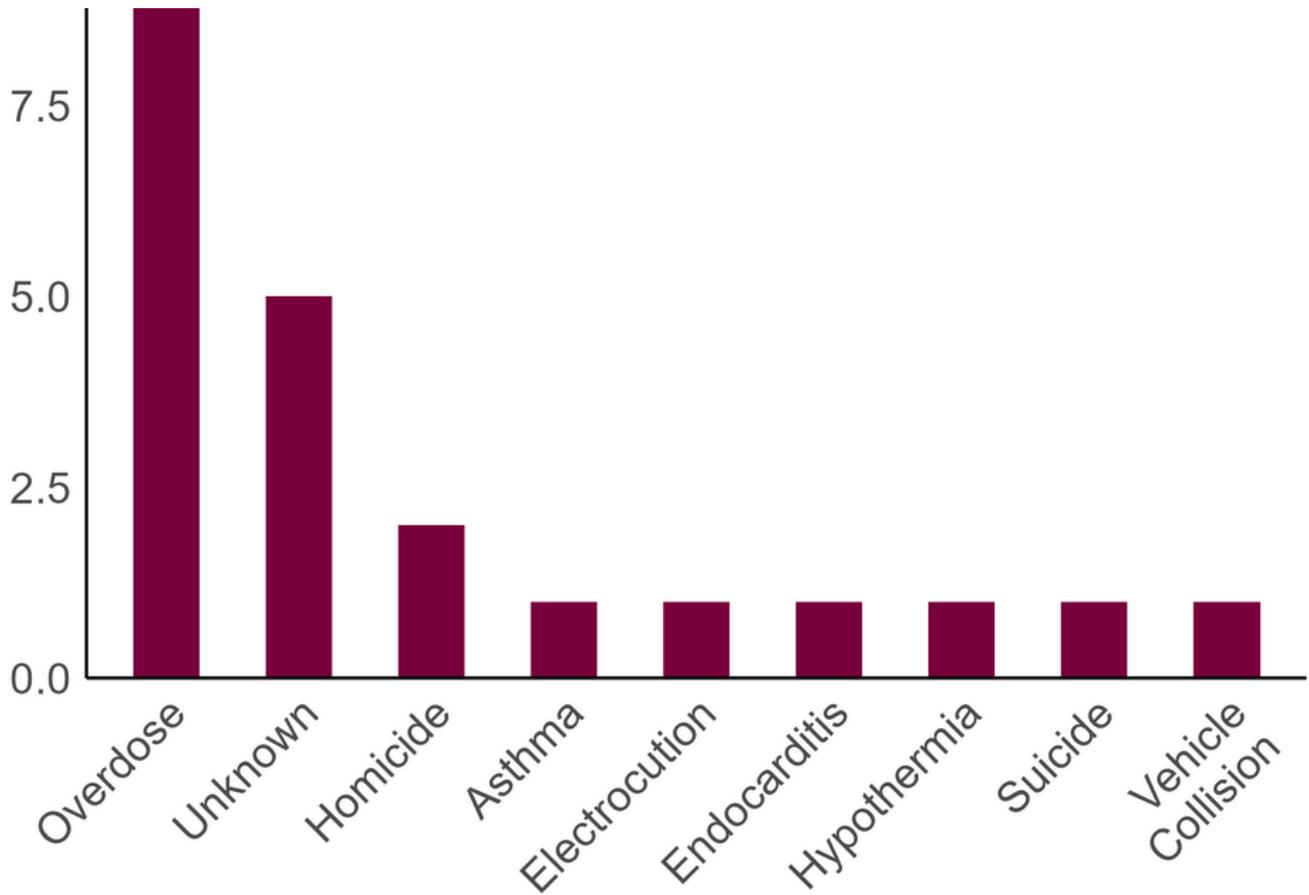


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DEATHS IN THE HAMILTON HOMELESS POPULATION

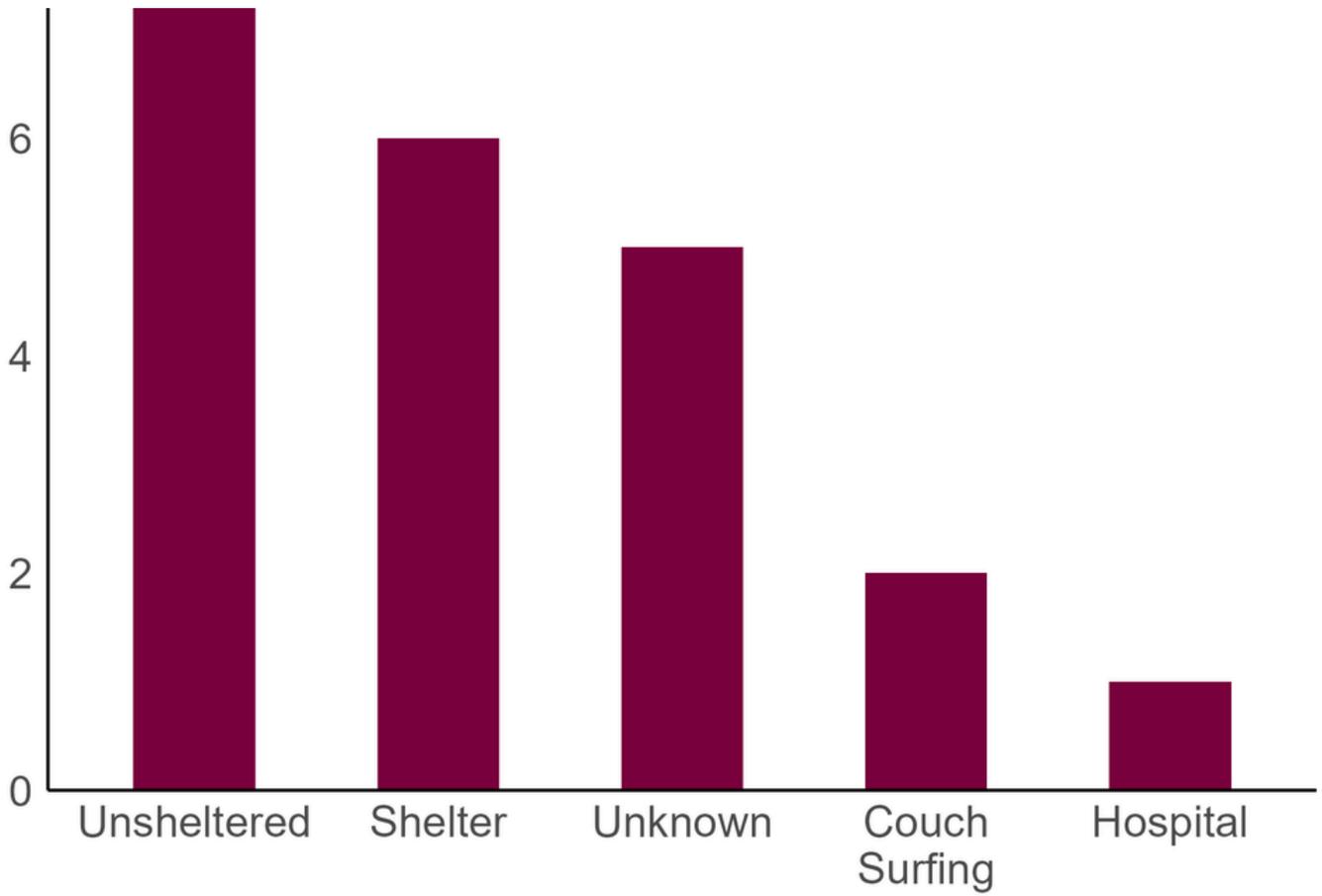


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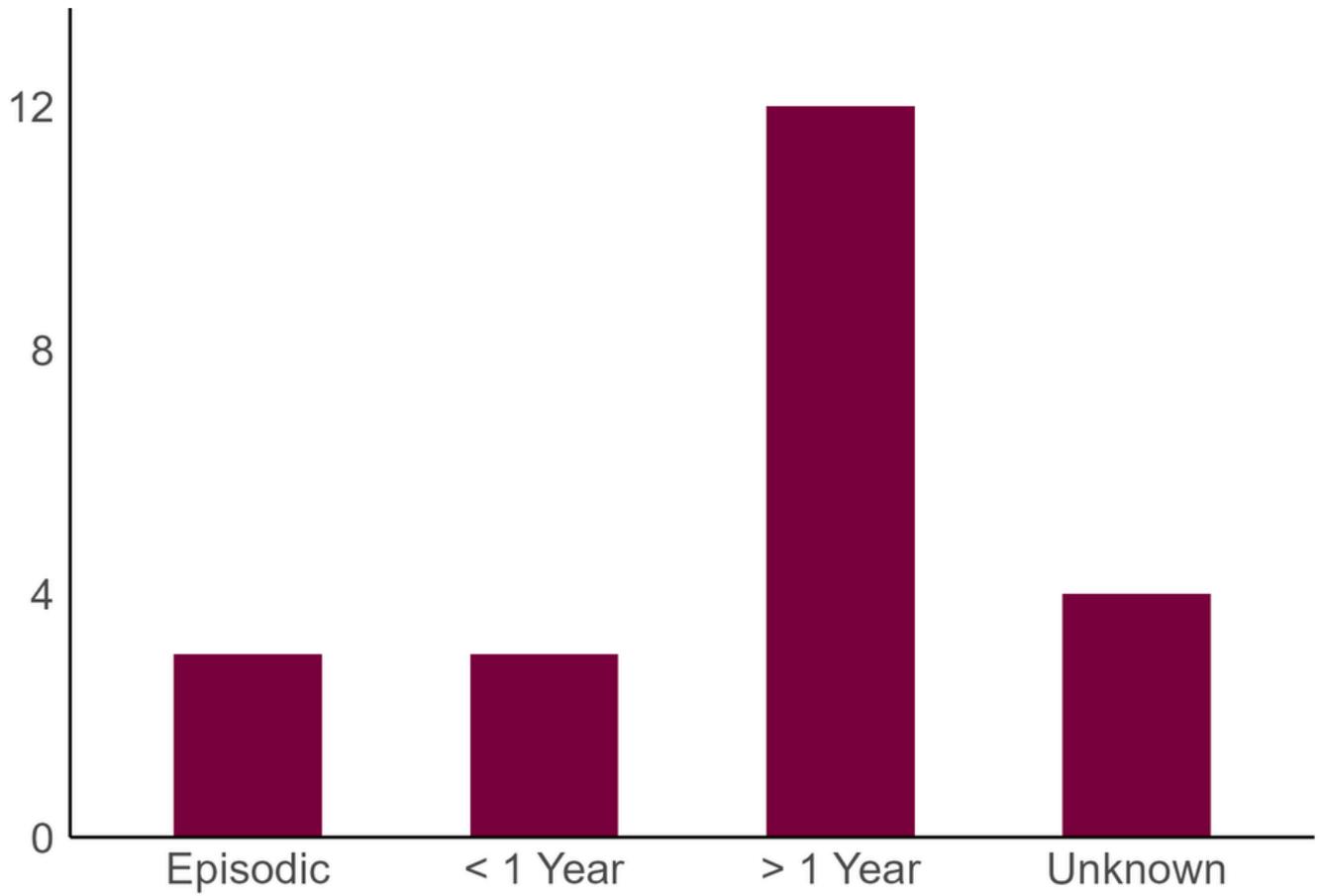


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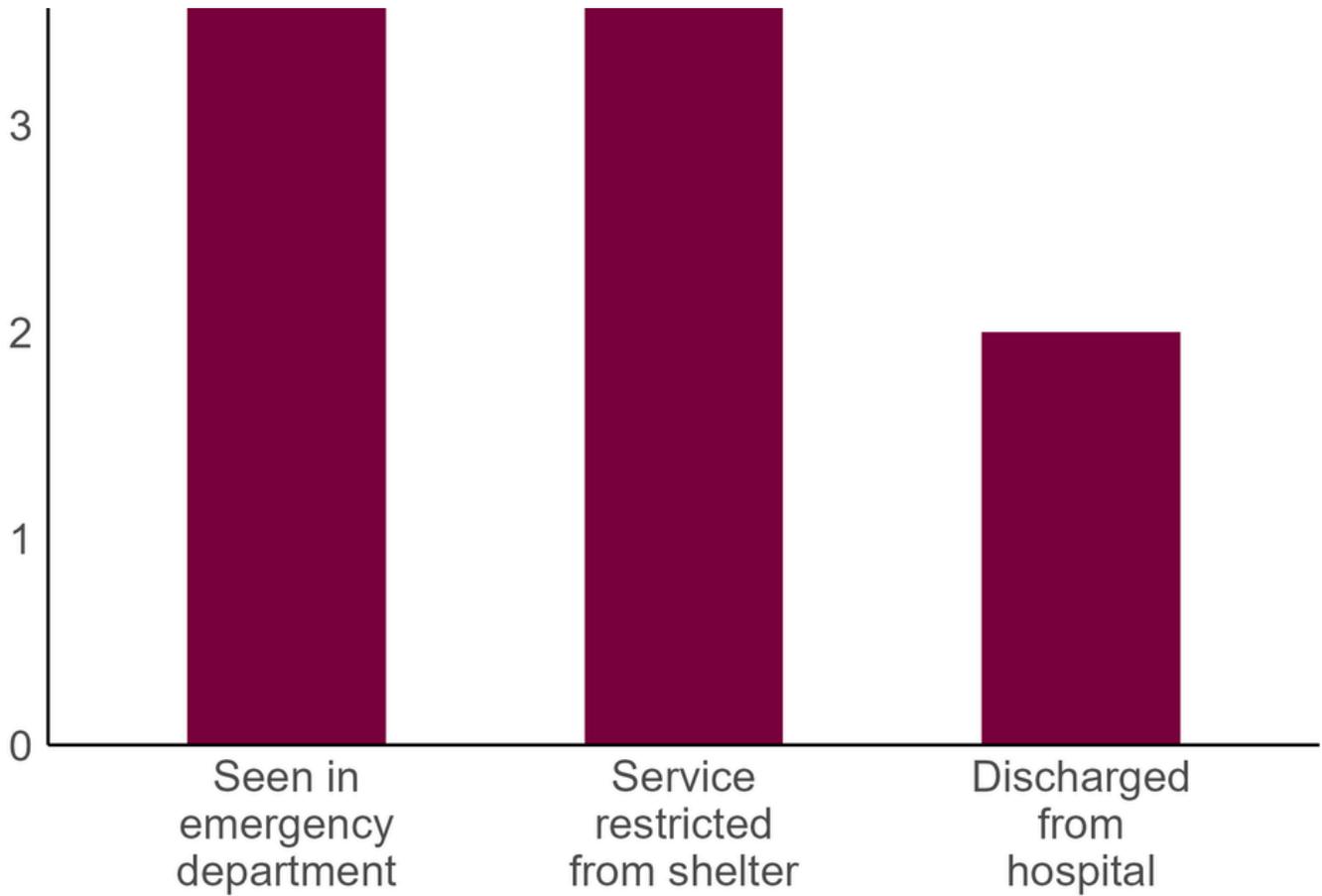


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DEATHS IN THE HAMILTON HOMELESS POPULATION

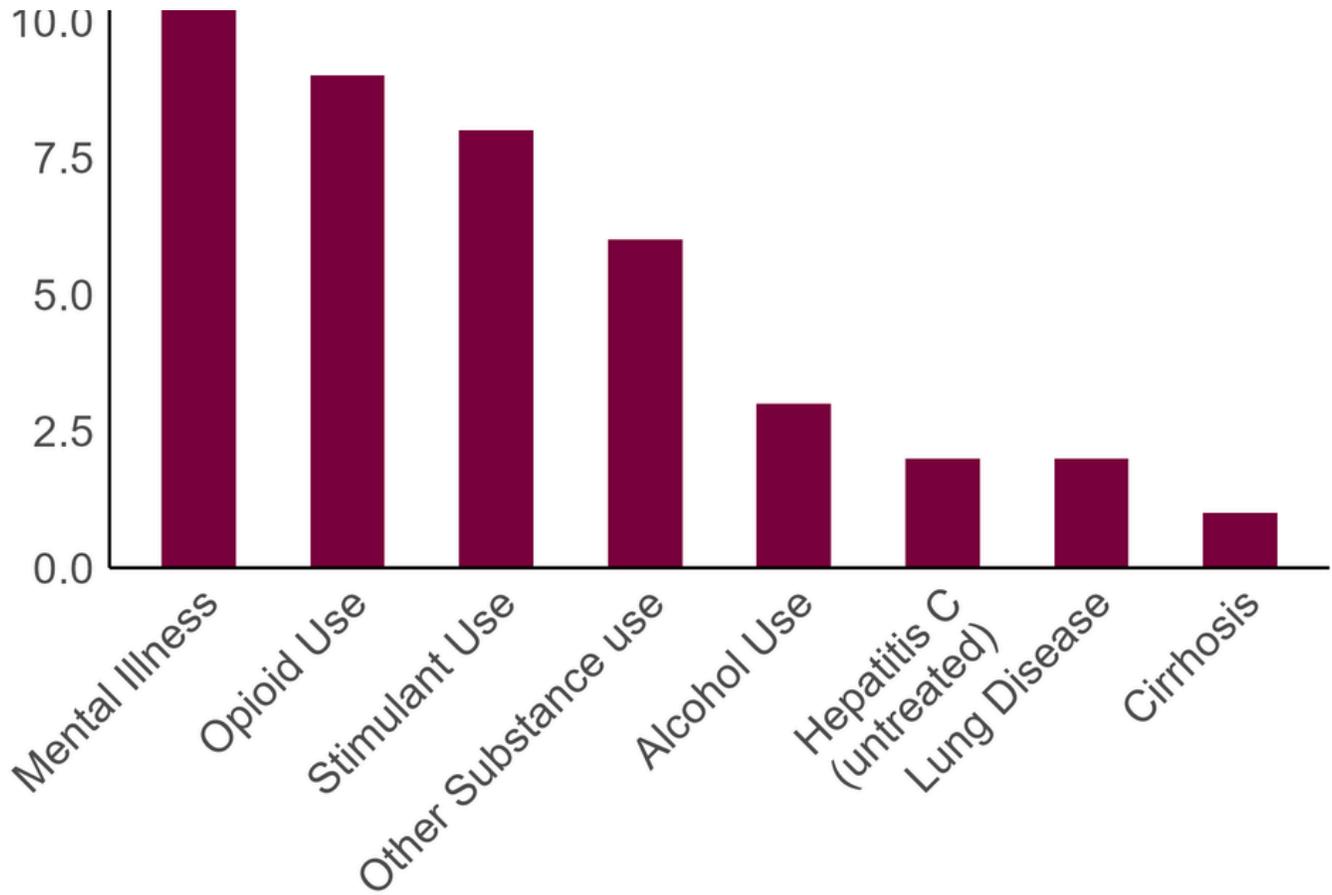


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A2242

A6527

DEATHS IN THE HAMILTON HOMELESS POPULATION



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A2243

A6528

DEATHS IN THE HAMILTON HOMELESS POPULATION

December 2021 - May 2022

Total reported deaths: 12*

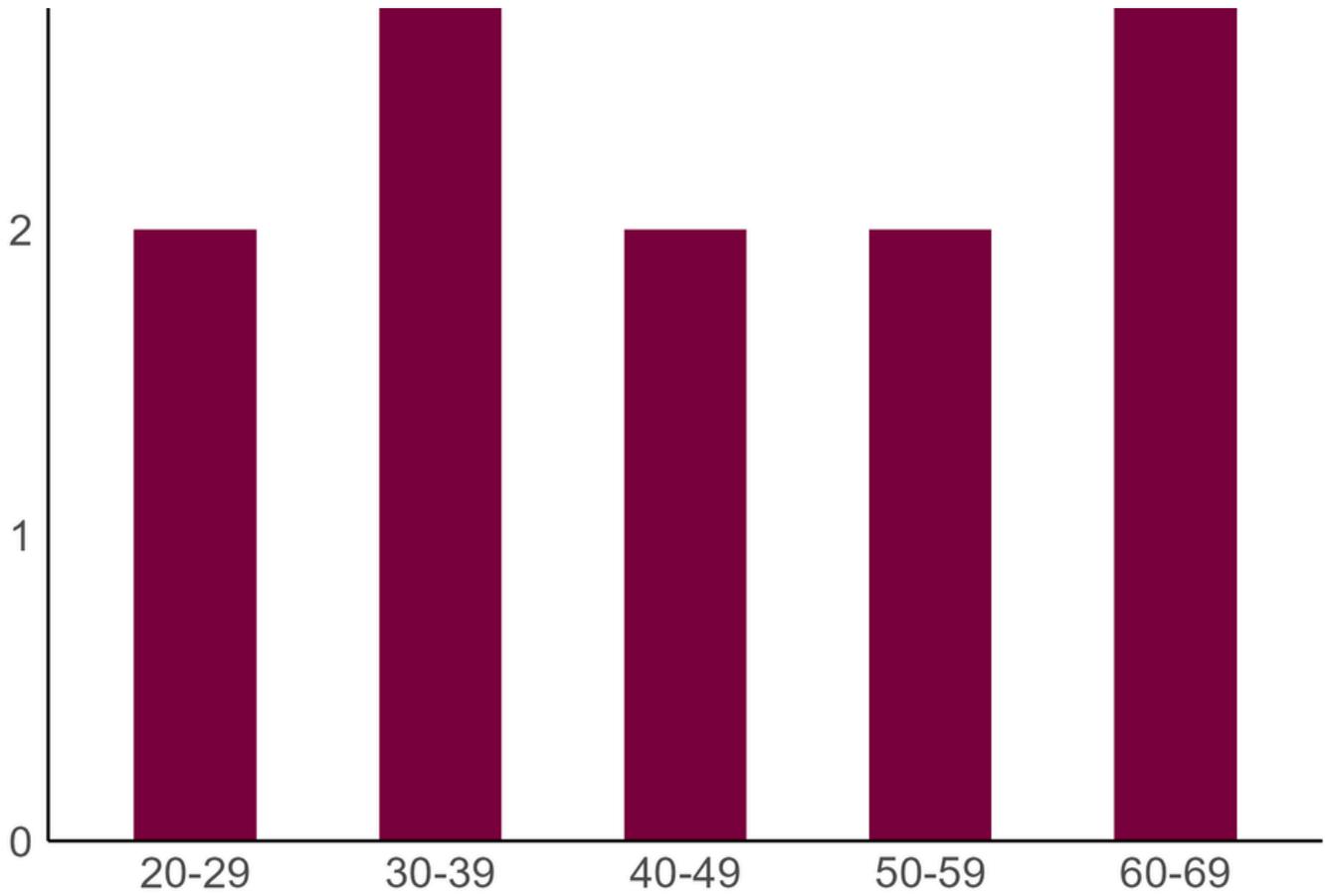
* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

Average age at time of death:

45 years old

A6529

DEATHS IN THE HAMILTON HOMELESS POPULATION

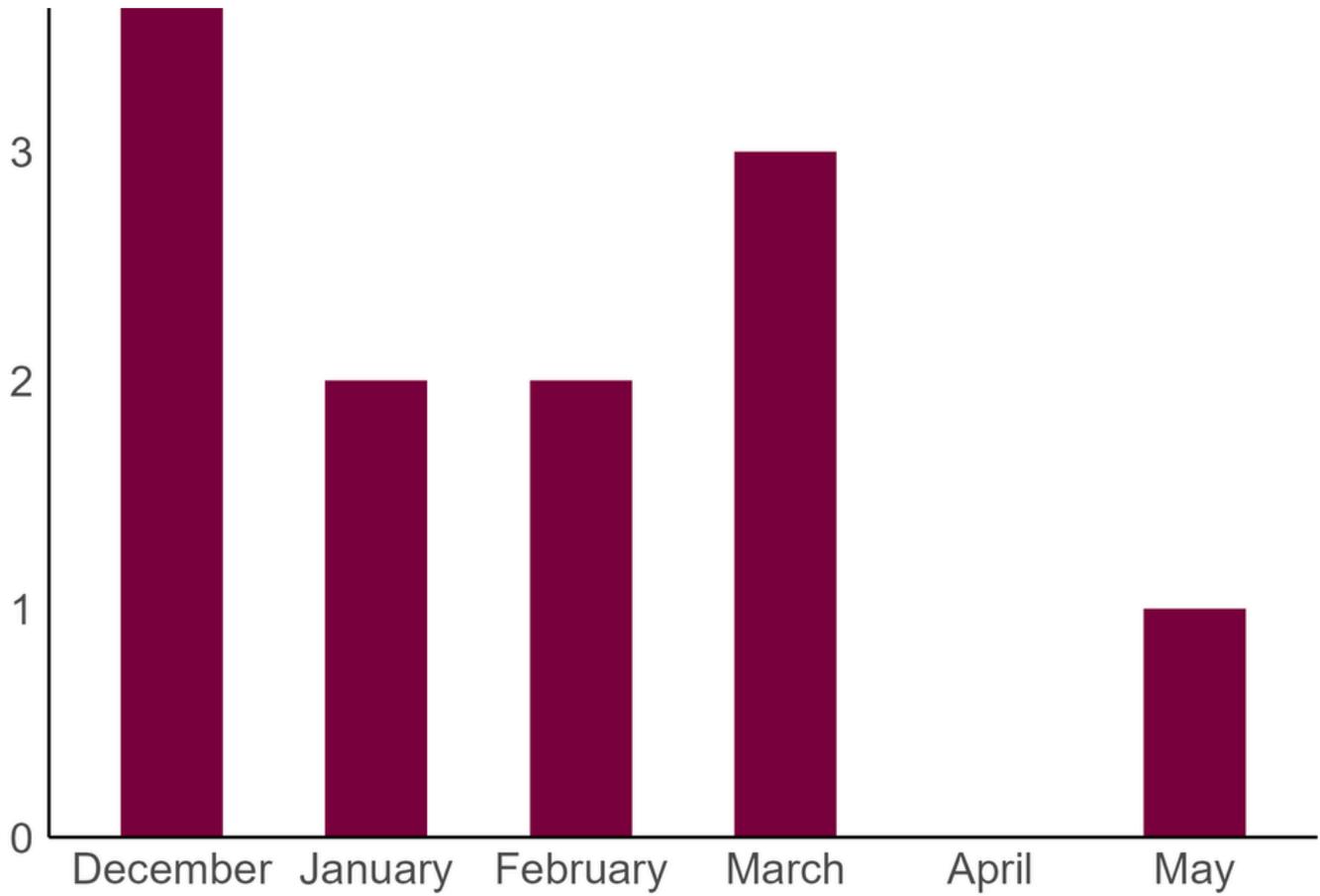


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DEATHS IN THE HAMILTON HOMELESS POPULATION

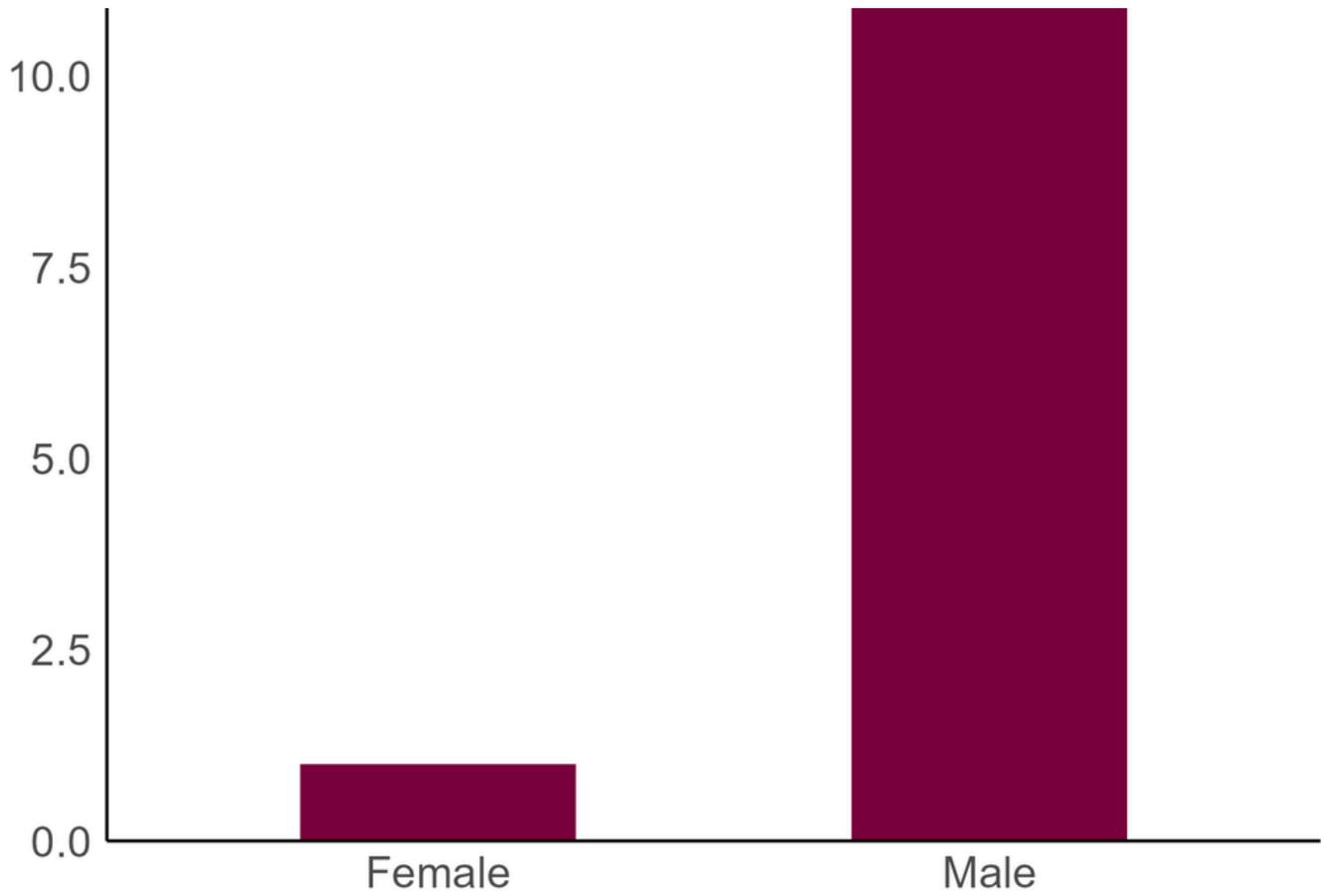


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DEATHS IN THE HAMILTON HOMELESS POPULATION

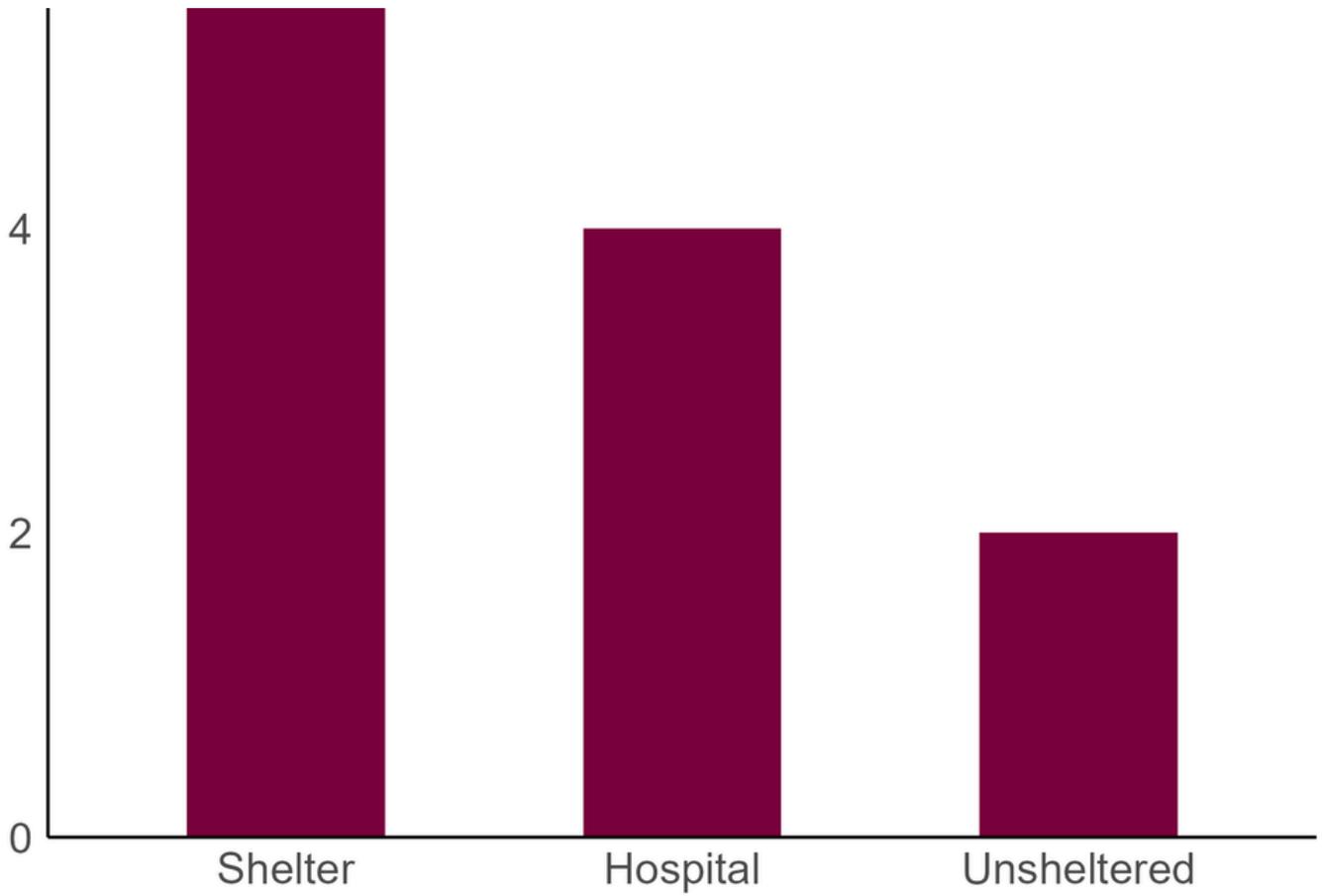


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DEATHS IN THE HAMILTON HOMELESS POPULATION

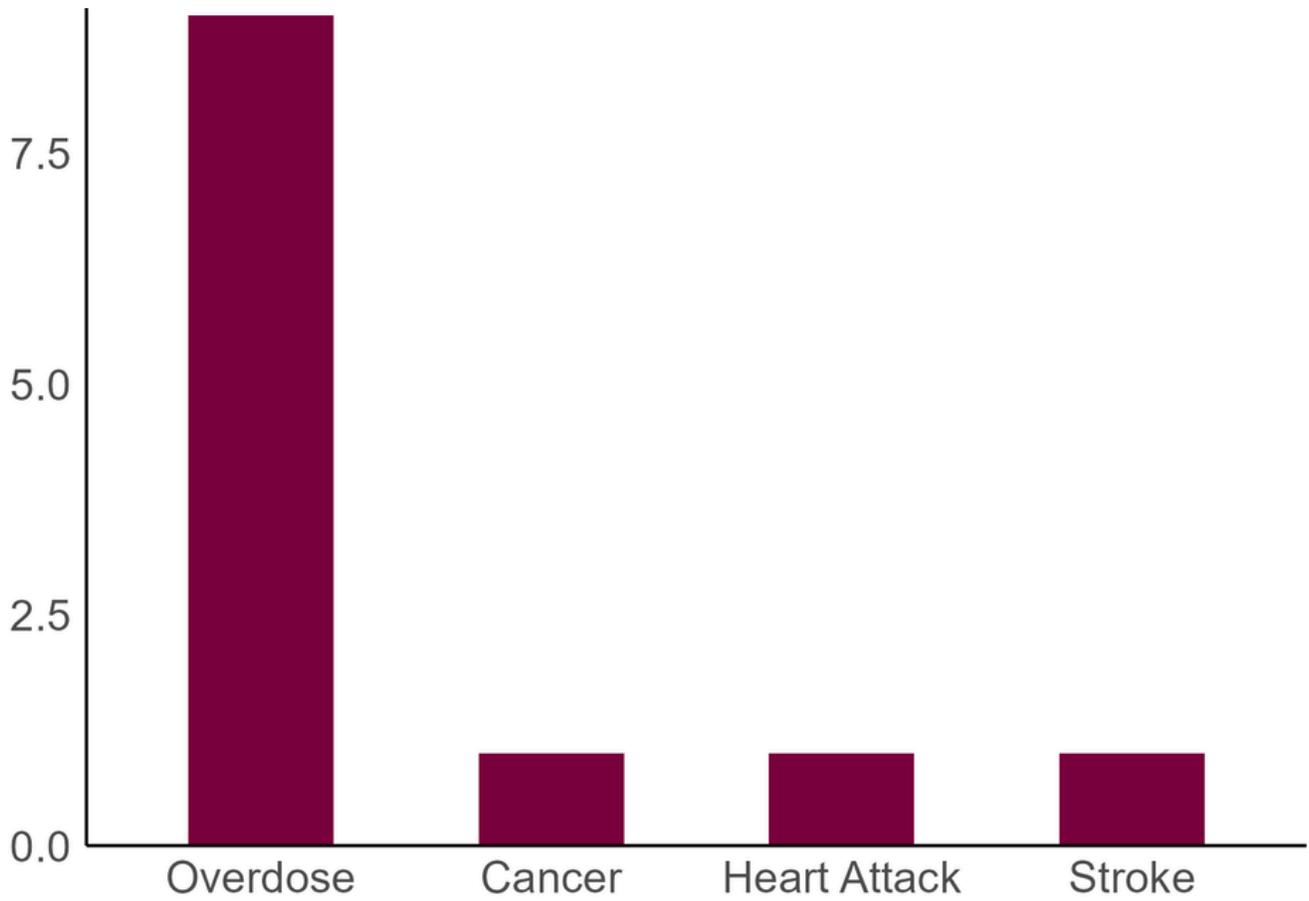


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DEATHS IN THE HAMILTON HOMELESS POPULATION

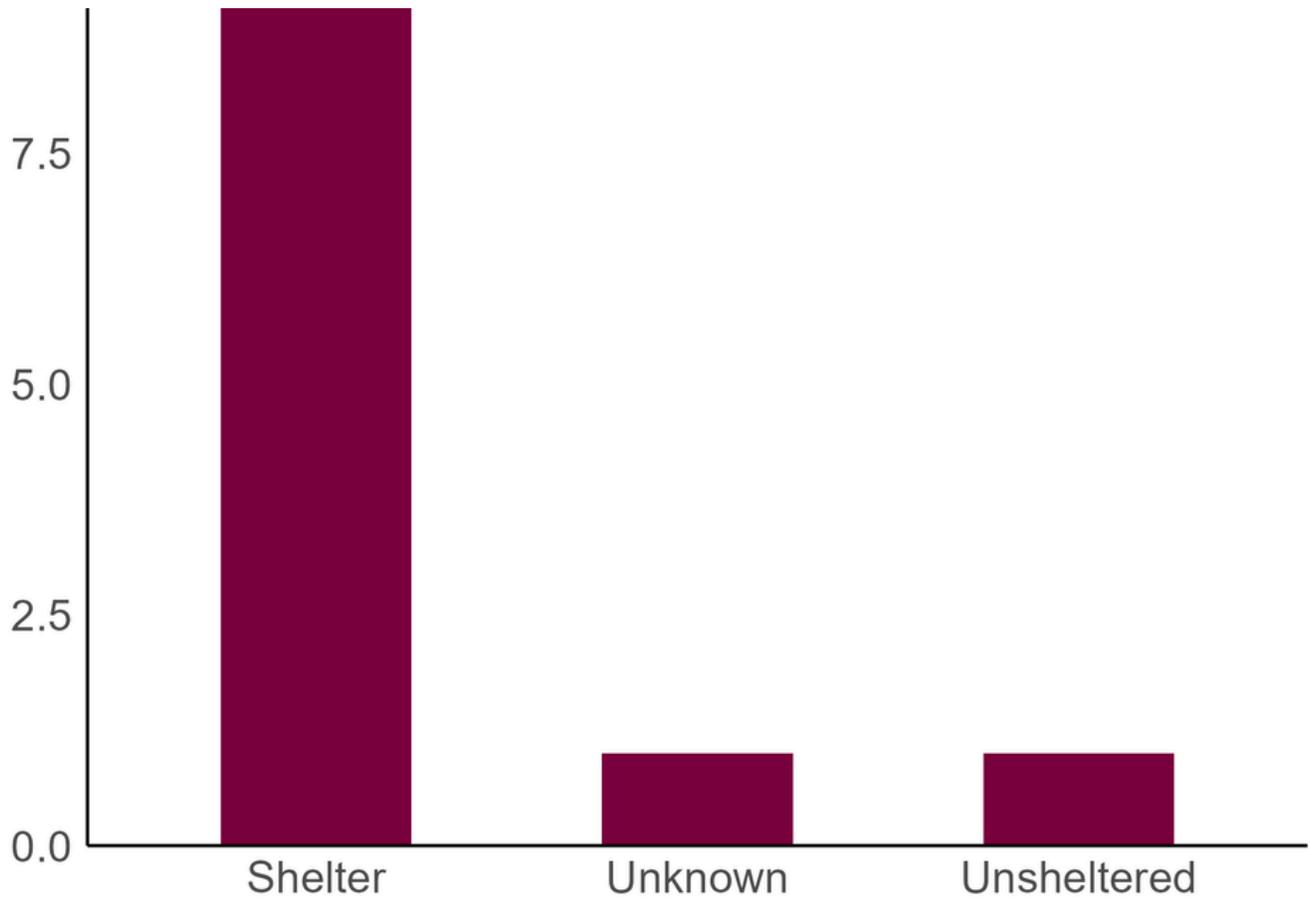


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DEATHS IN THE HAMILTON HOMELESS POPULATION

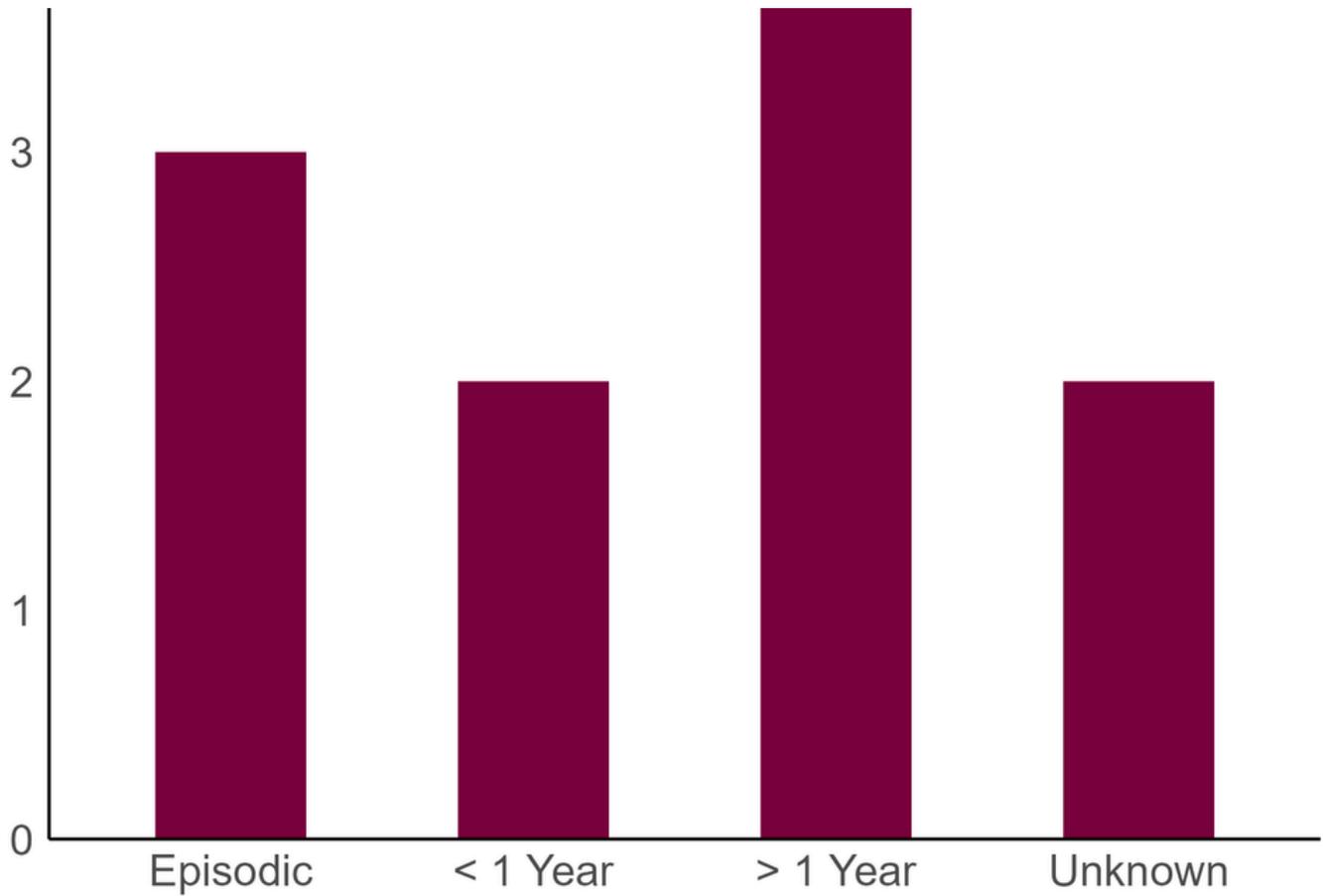


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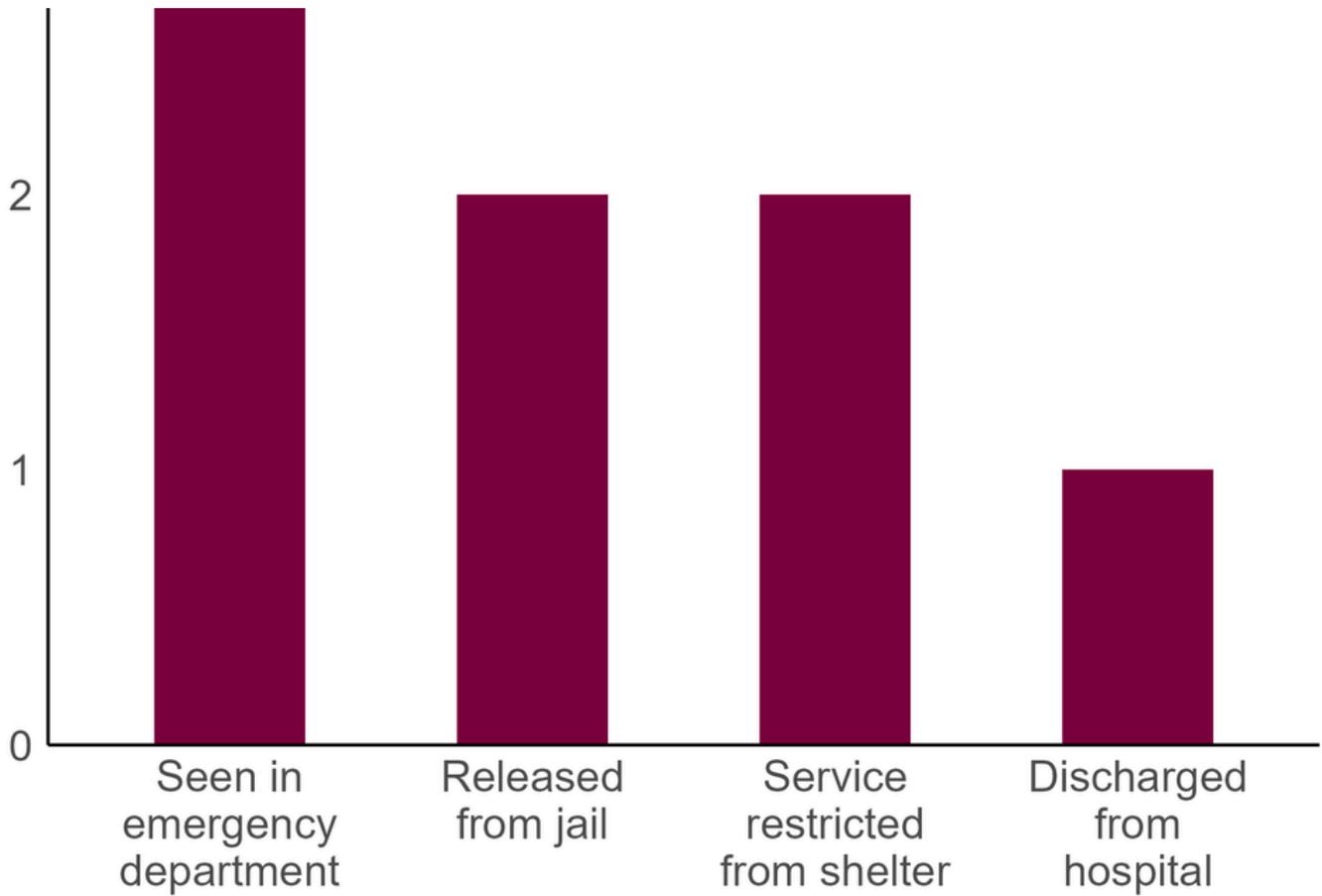
DEATHS IN THE HAMILTON HOMELESS POPULATION



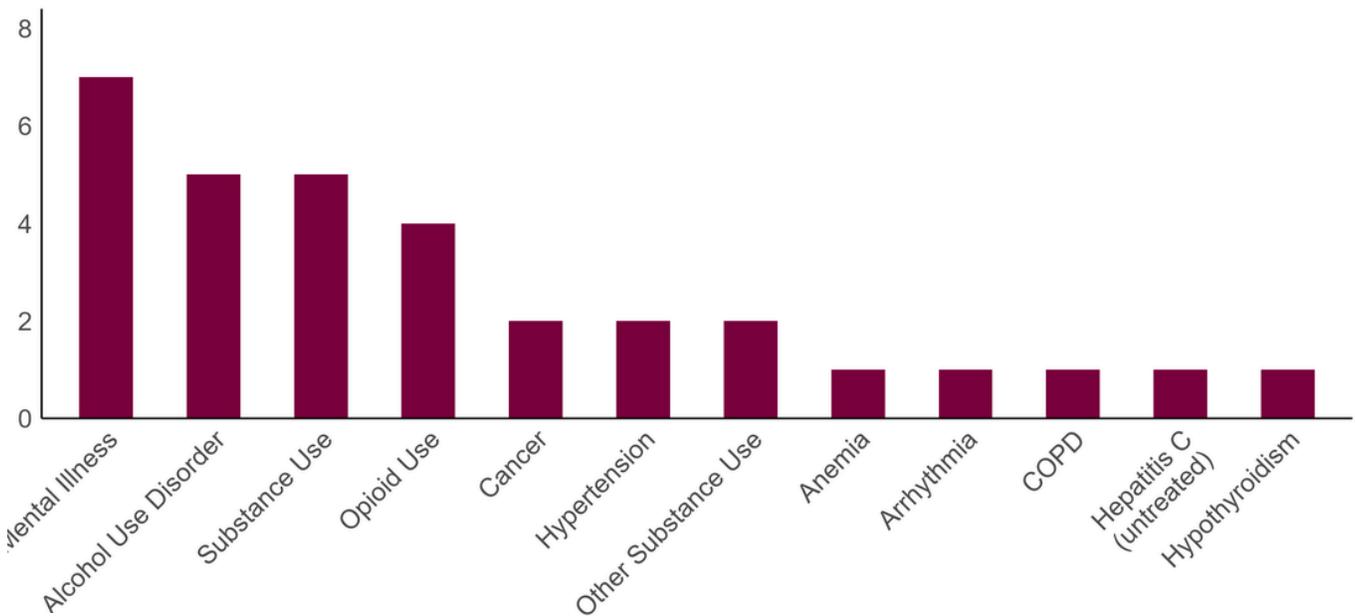
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A2251

DEATHS IN THE HAMILTON HOMELESS POPULATION



Comorbid Conditions



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A6537

DEATHS IN THE HAMILTON HOMELESS POPULATION

A2253

A6538

DEATHS IN THE HAMILTON HOMELESS POPULATION

June - November 2022

Total reported deaths: 22*

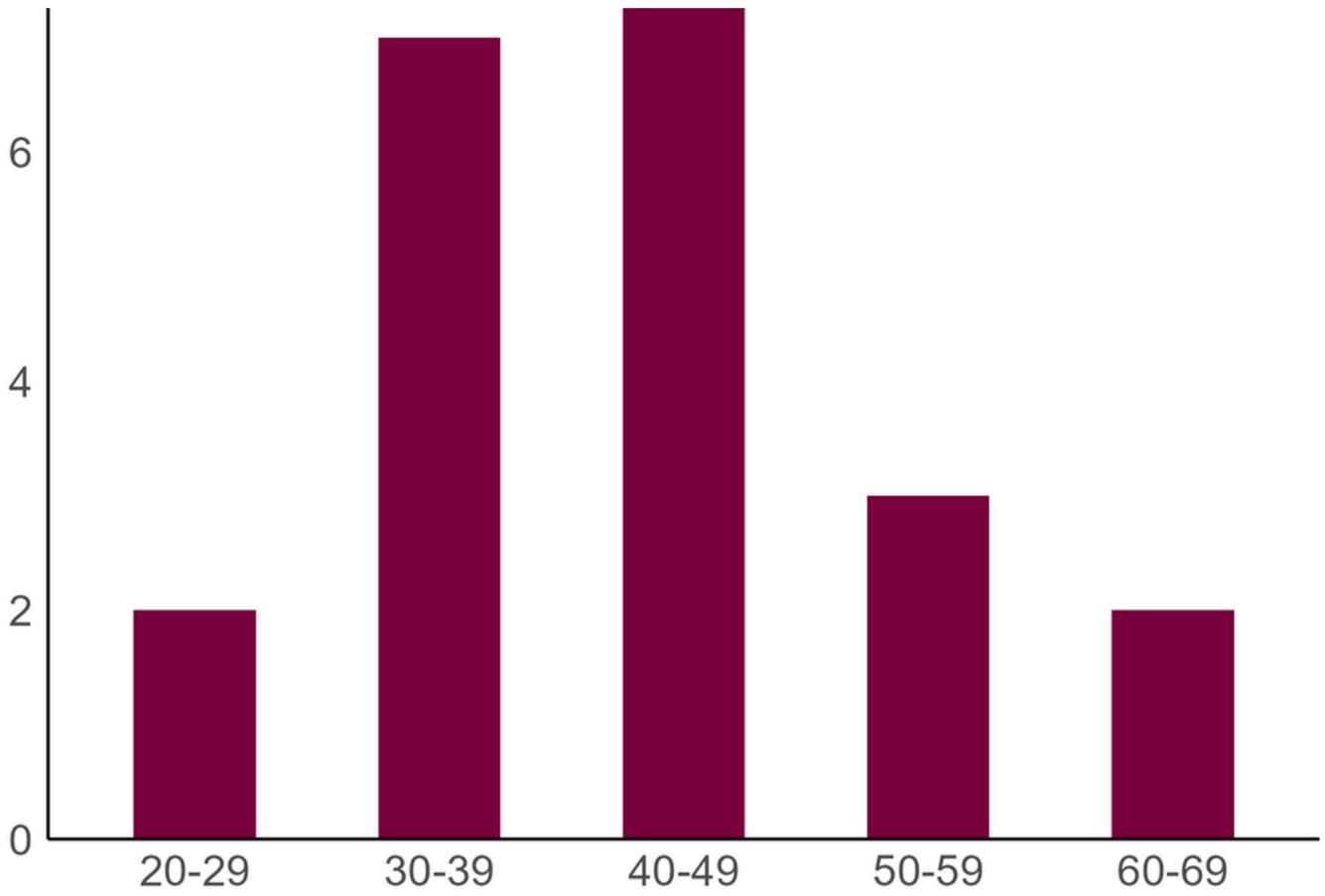
* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

Average age at time of death:

43 years old

A6539

DEATHS IN THE HAMILTON HOMELESS POPULATION

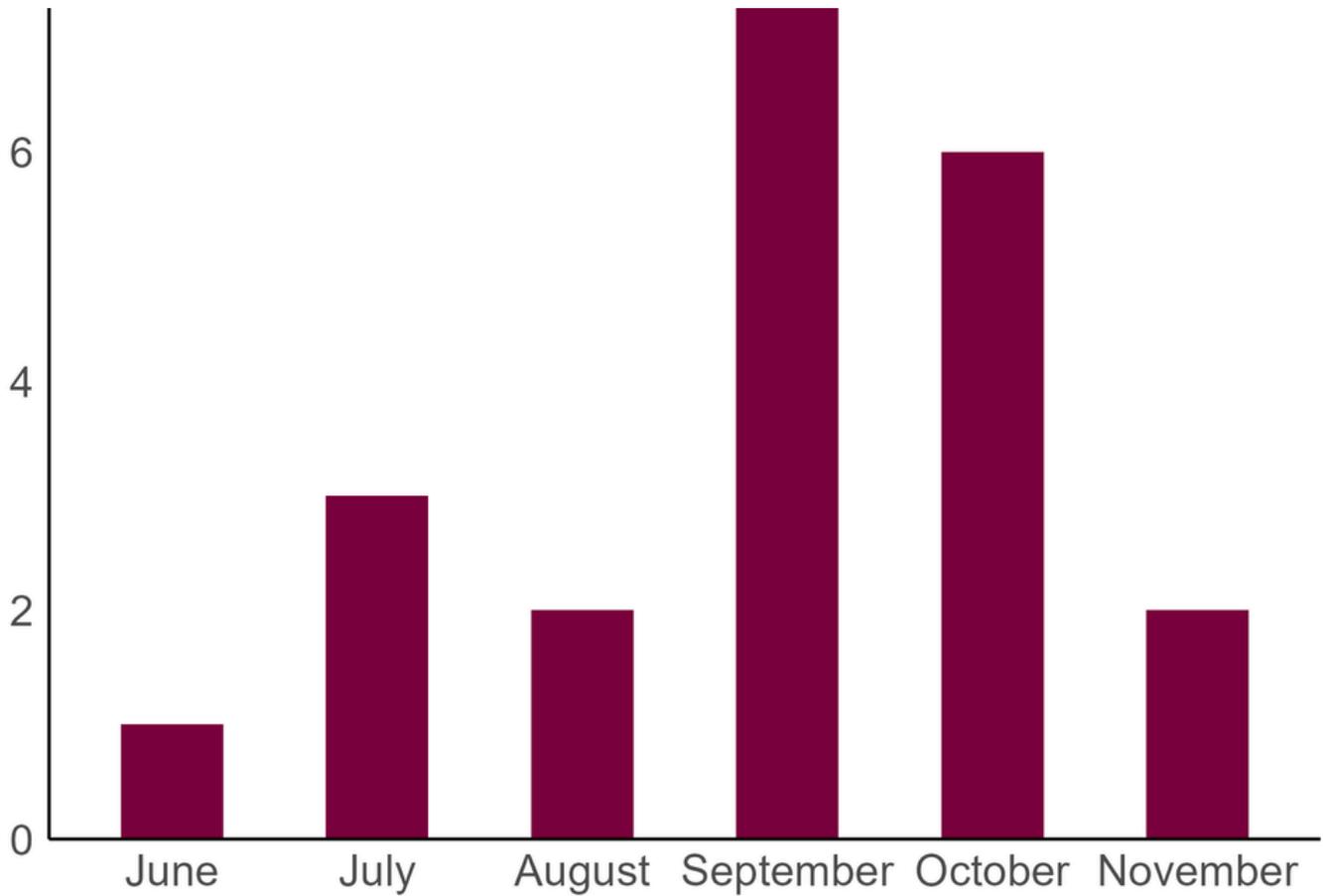


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DEATHS IN THE HAMILTON HOMELESS POPULATION

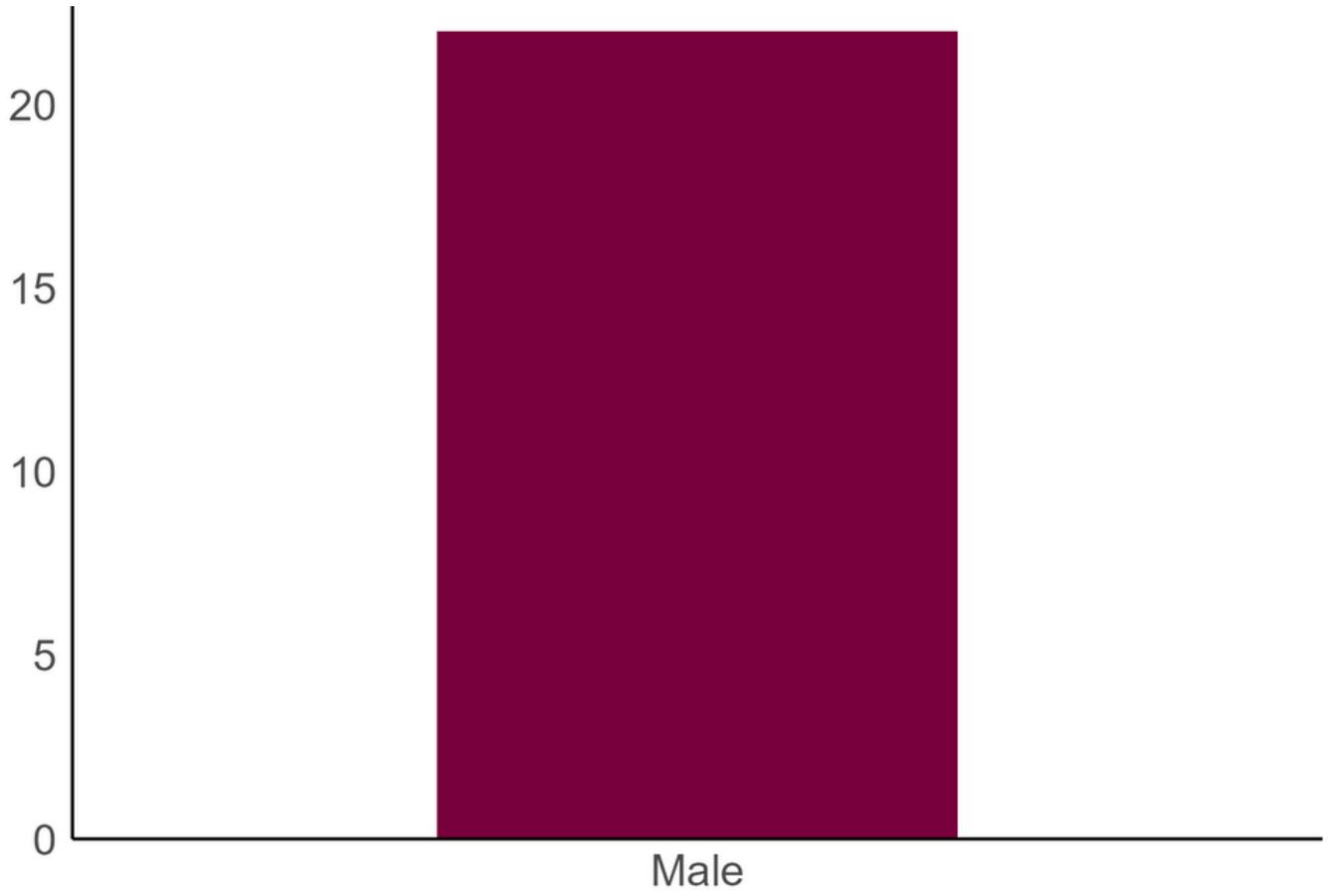


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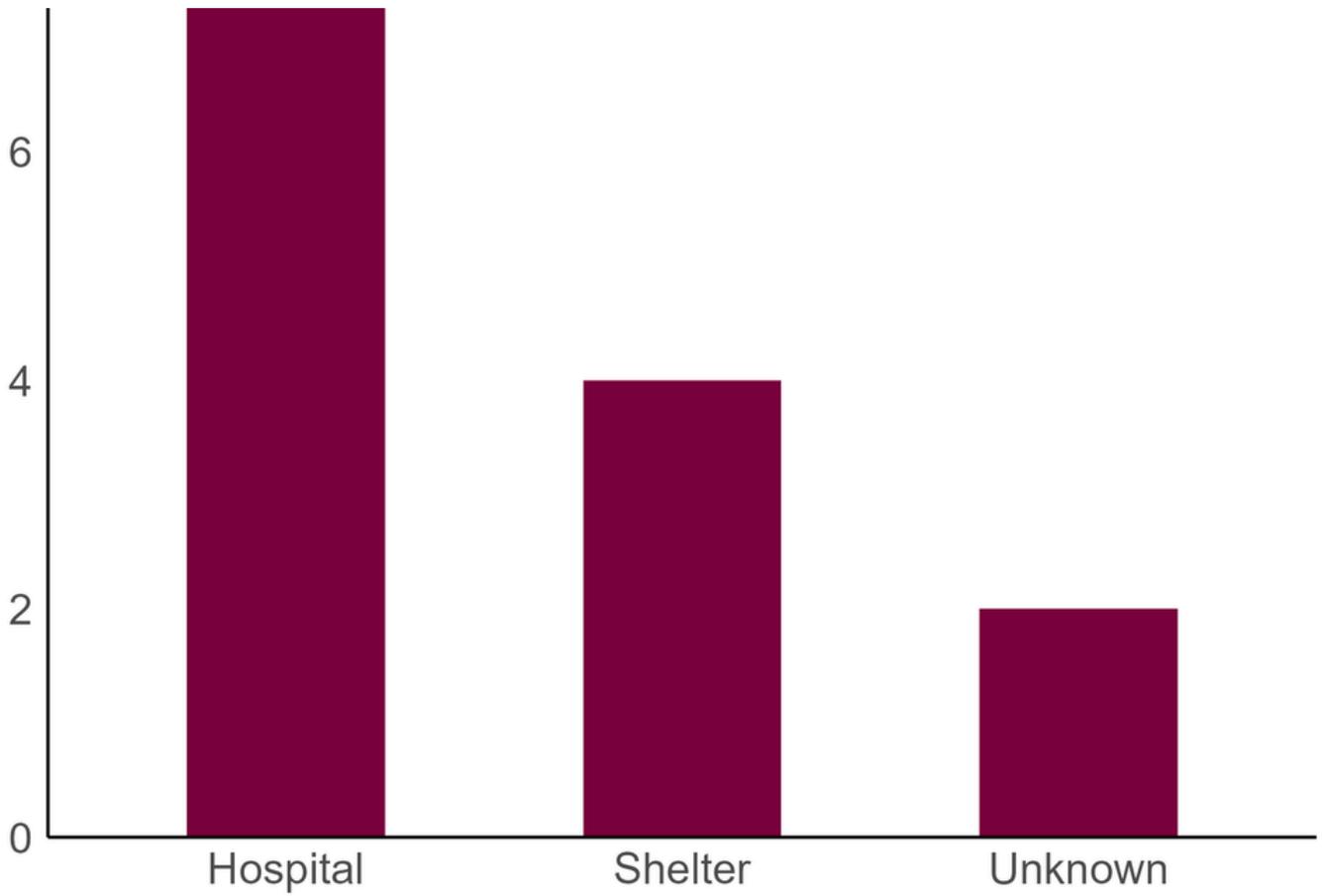
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DEATHS IN THE HAMILTON HOMELESS POPULATION



A6542

DEATHS IN THE HAMILTON HOMELESS POPULATION

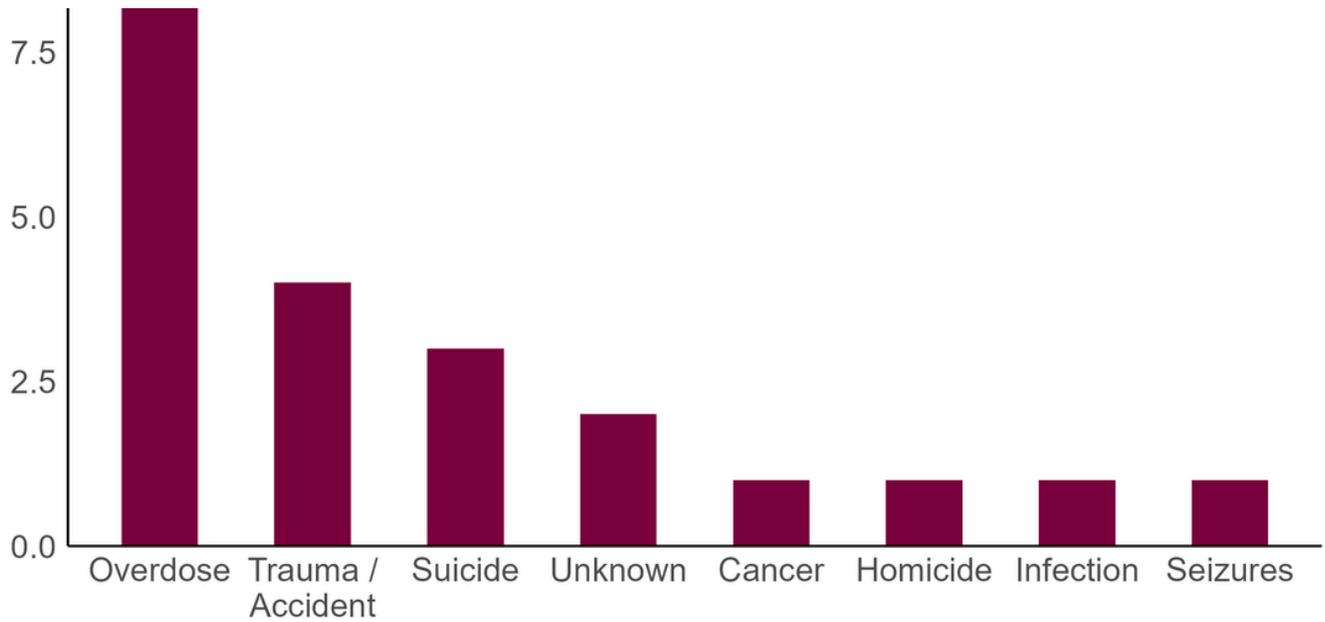


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DEATHS IN THE HAMILTON HOMELESS POPULATION

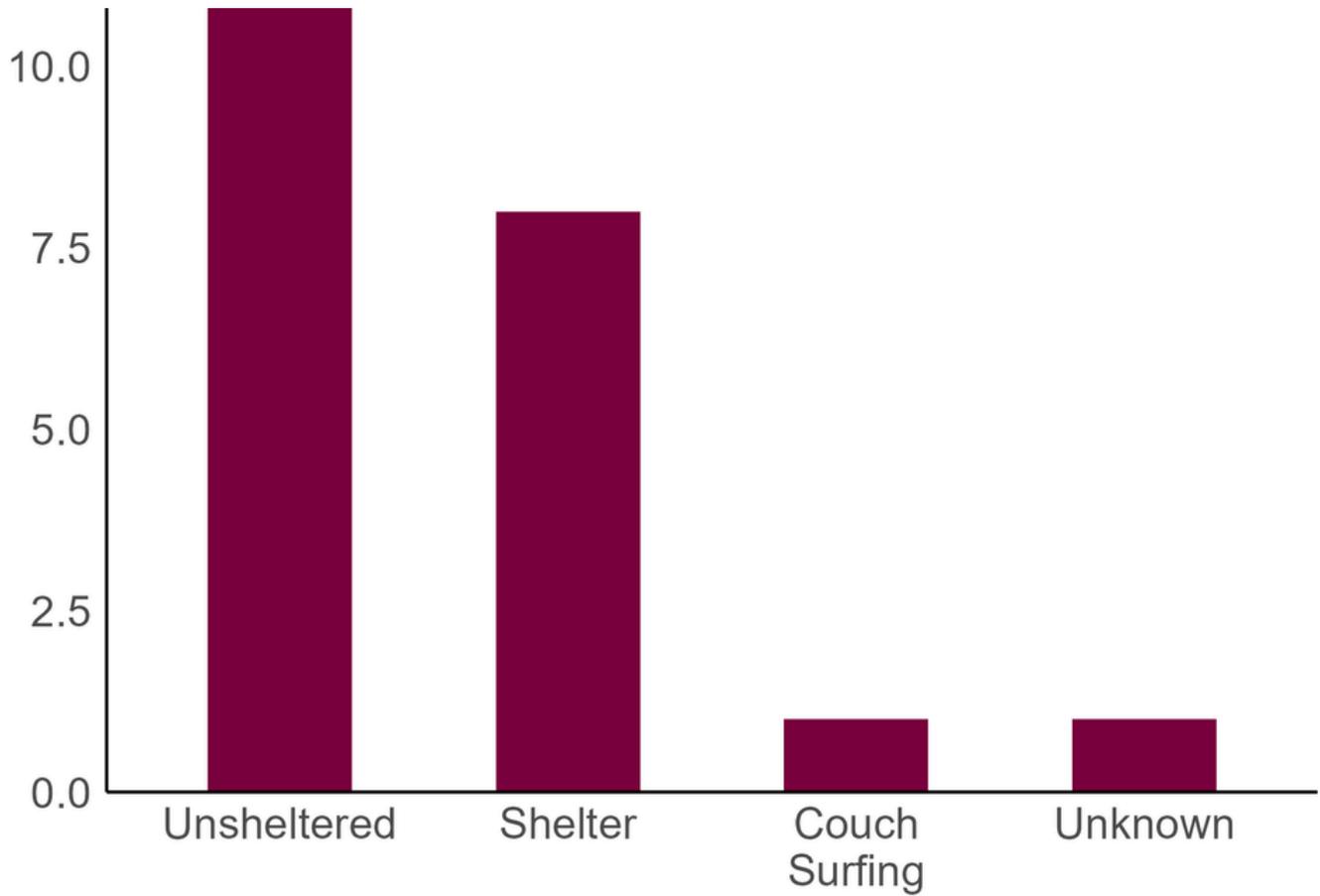


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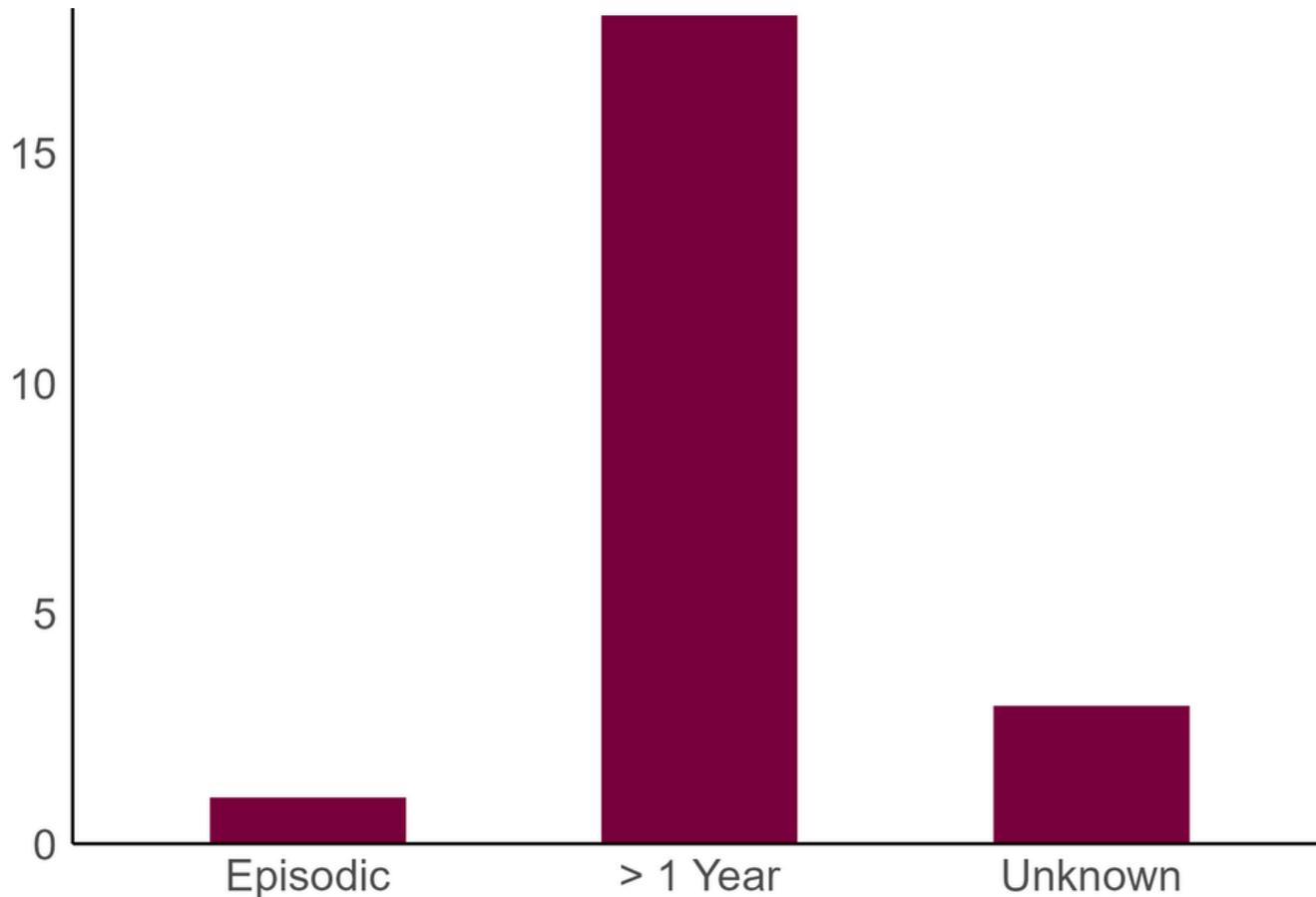


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DEATHS IN THE HAMILTON HOMELESS POPULATION

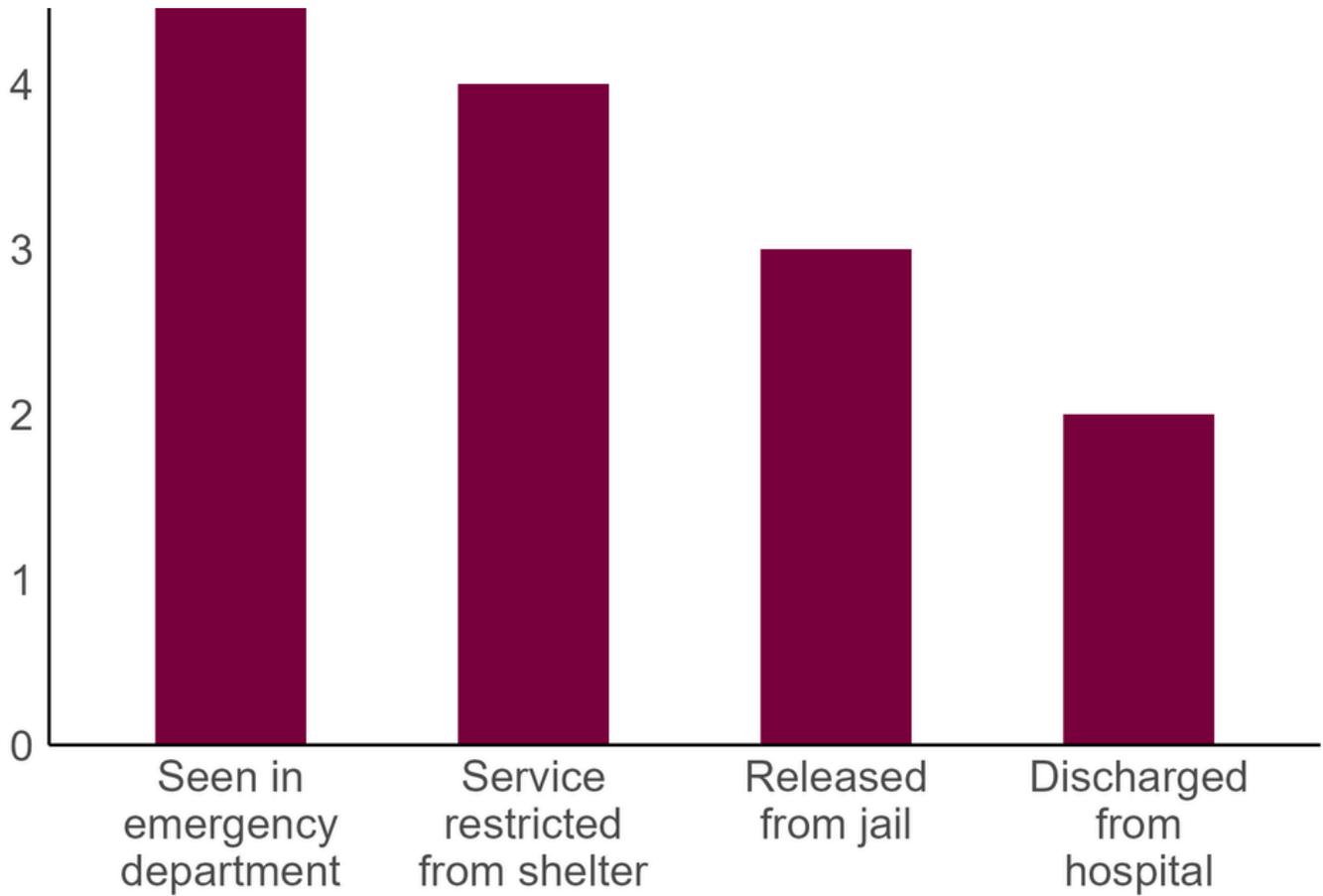


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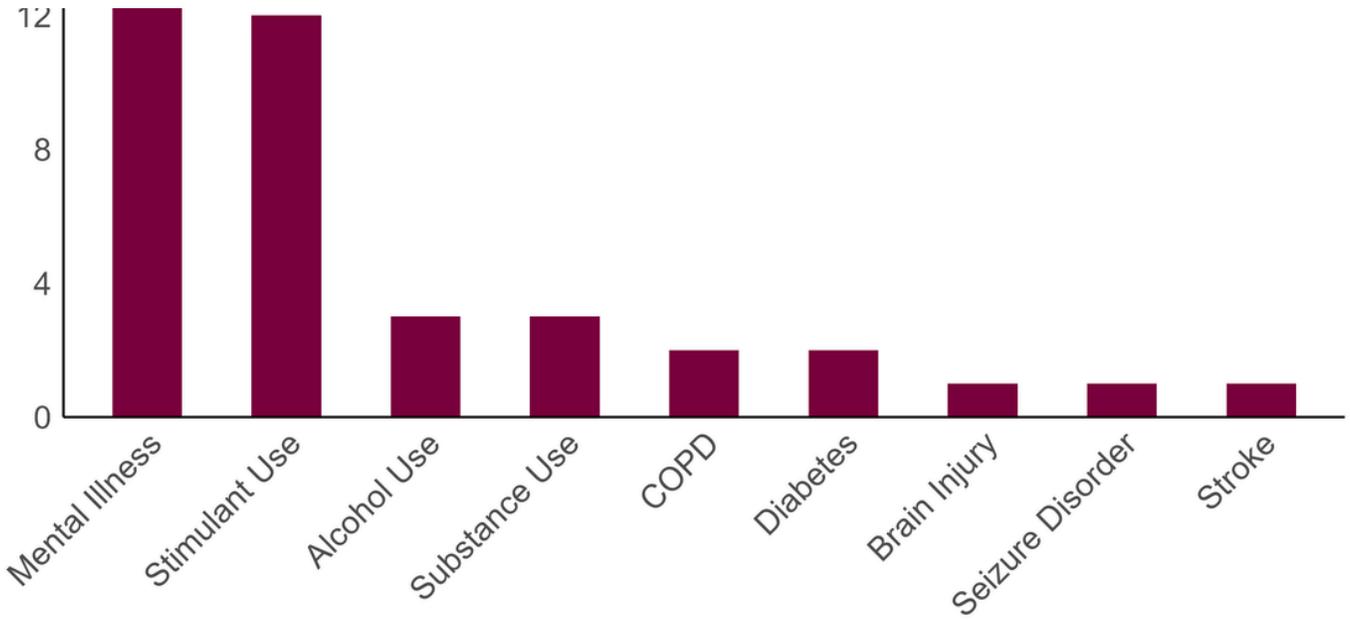


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A2262

A6547

DEATHS IN THE HAMILTON HOMELESS POPULATION



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A2263

A6548

DEATHS IN THE HAMILTON HOMELESS POPULATION

December 2022 - May 2023

Total reported deaths: 14*

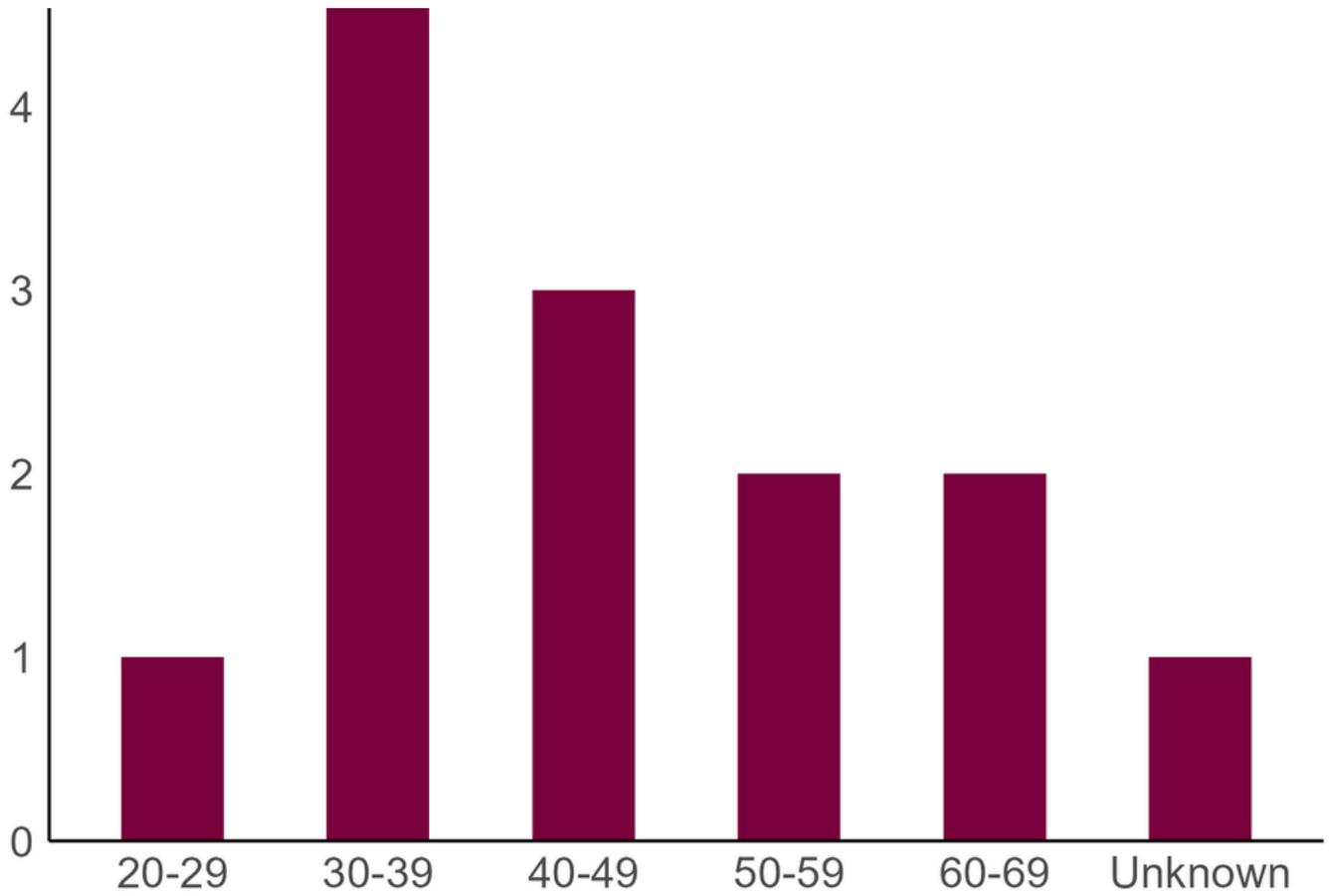
* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

Average age at time of death:

43 years old

A6549

DEATHS IN THE HAMILTON HOMELESS POPULATION

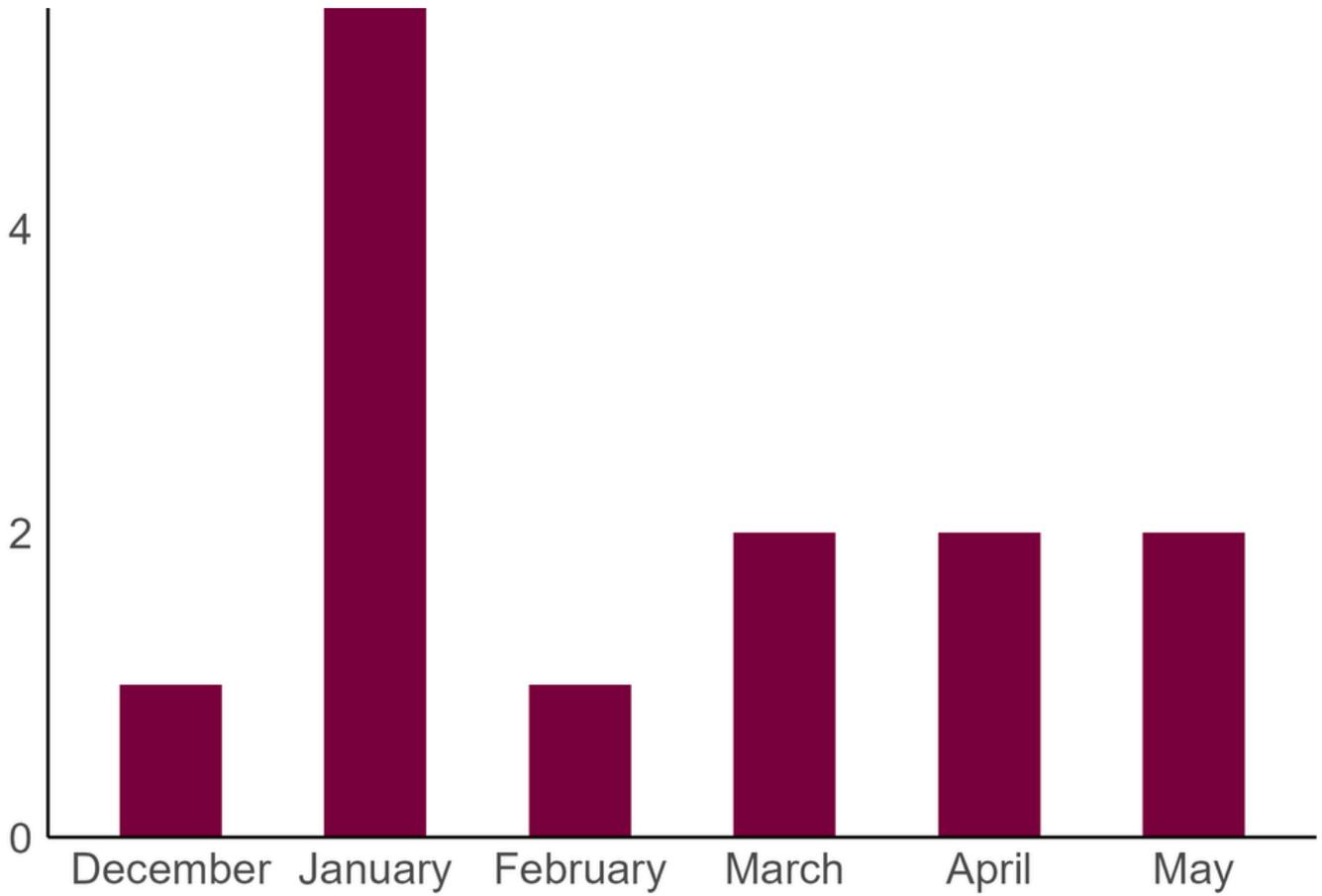


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DEATHS IN THE HAMILTON HOMELESS POPULATION

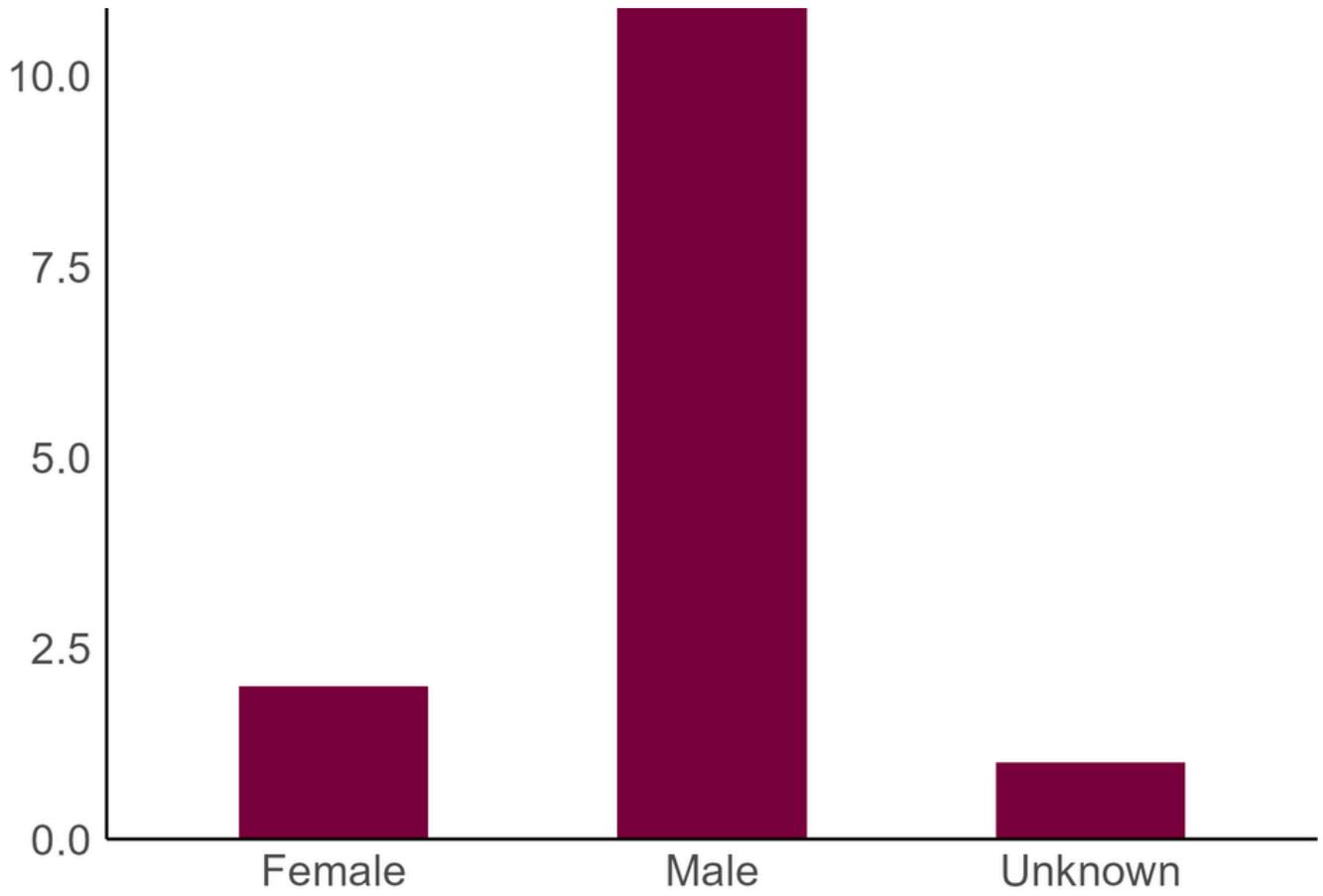


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DEATHS IN THE HAMILTON HOMELESS POPULATION

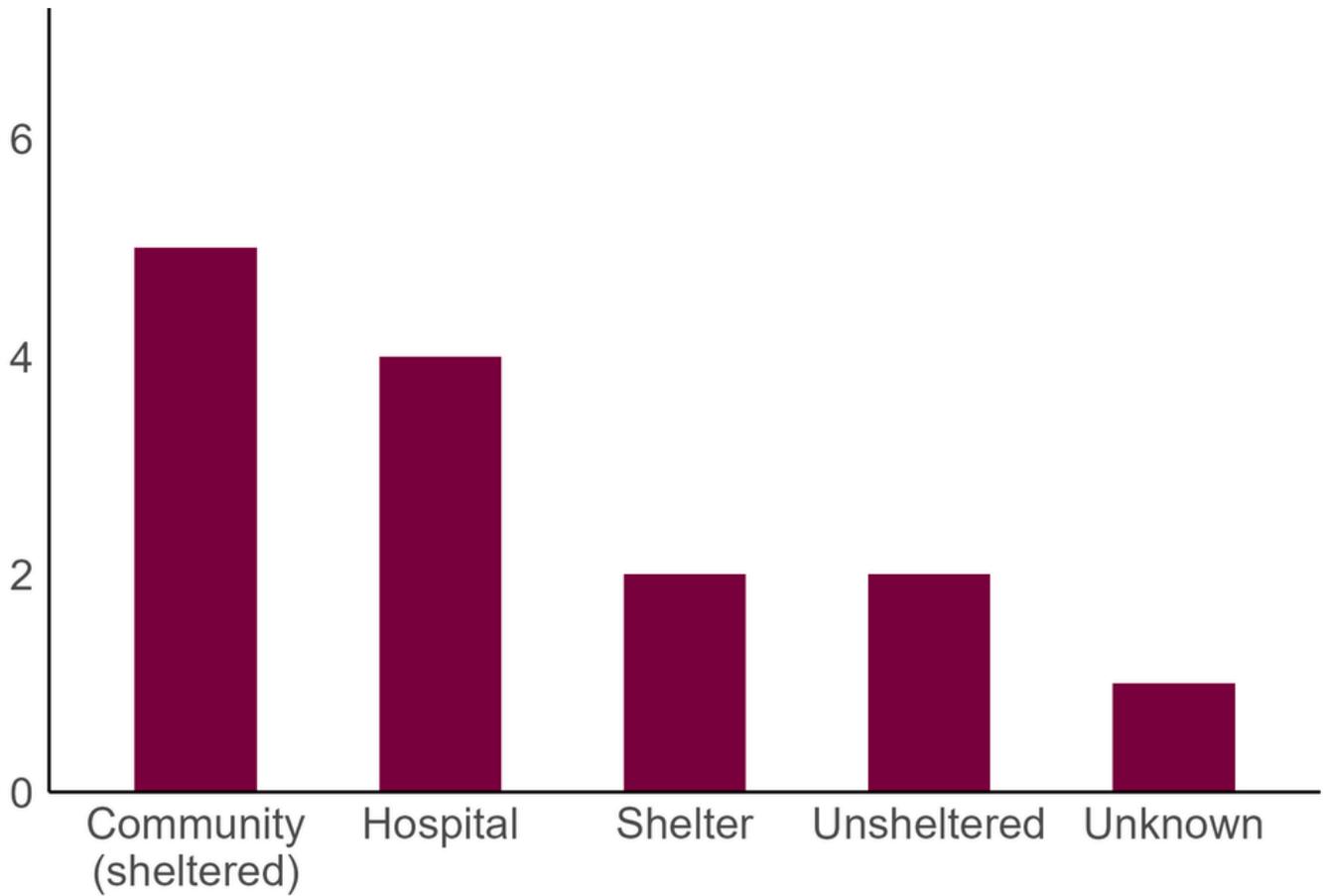


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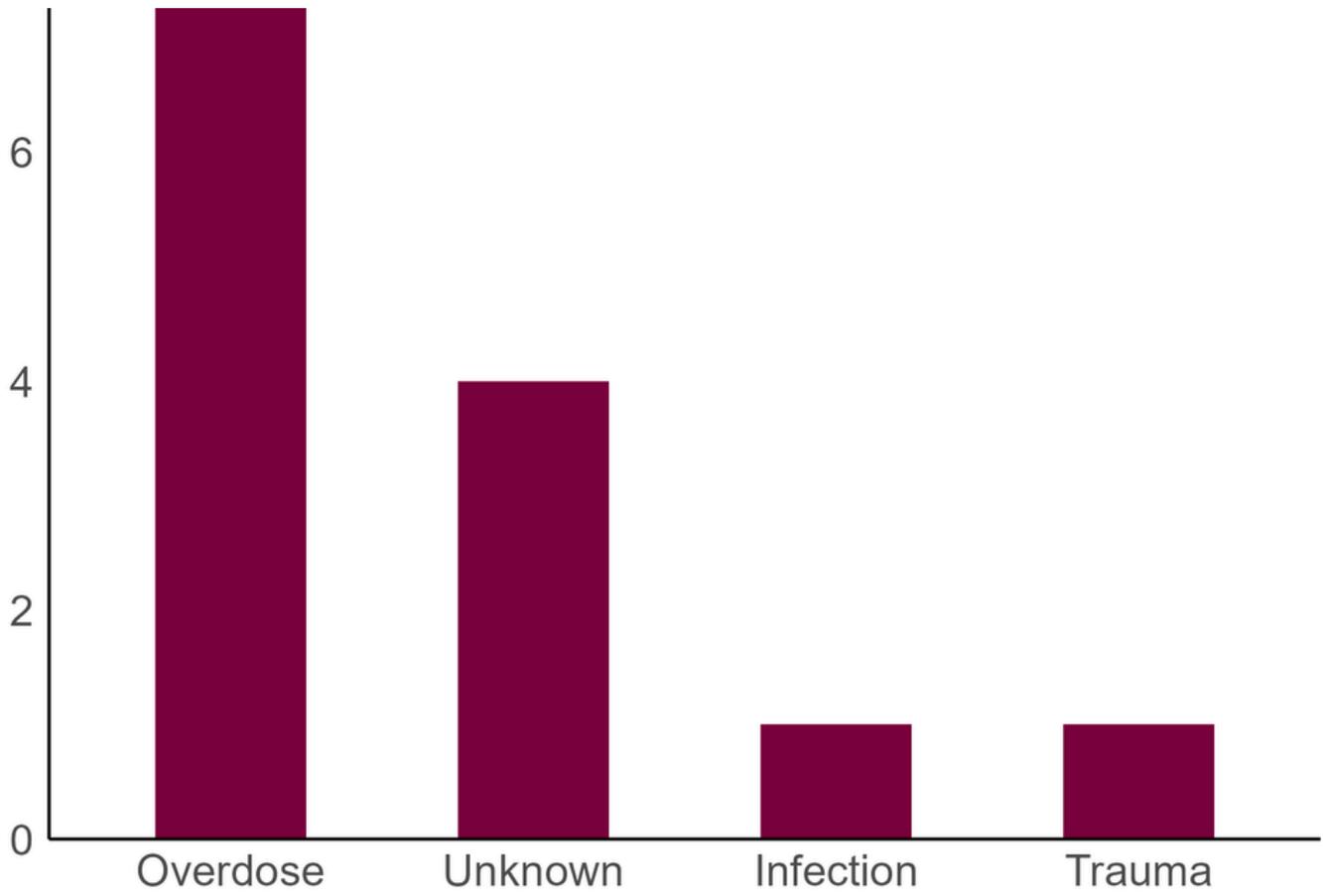


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DEATHS IN THE HAMILTON HOMELESS POPULATION

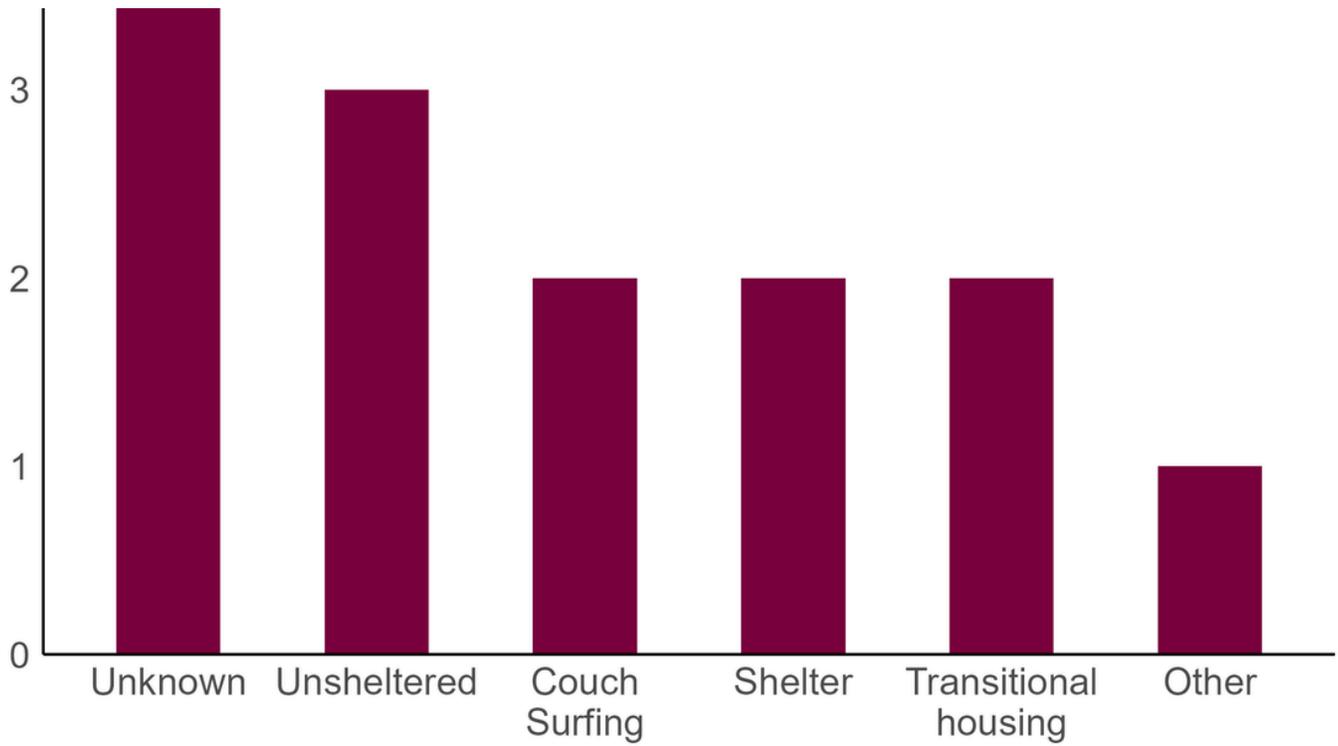


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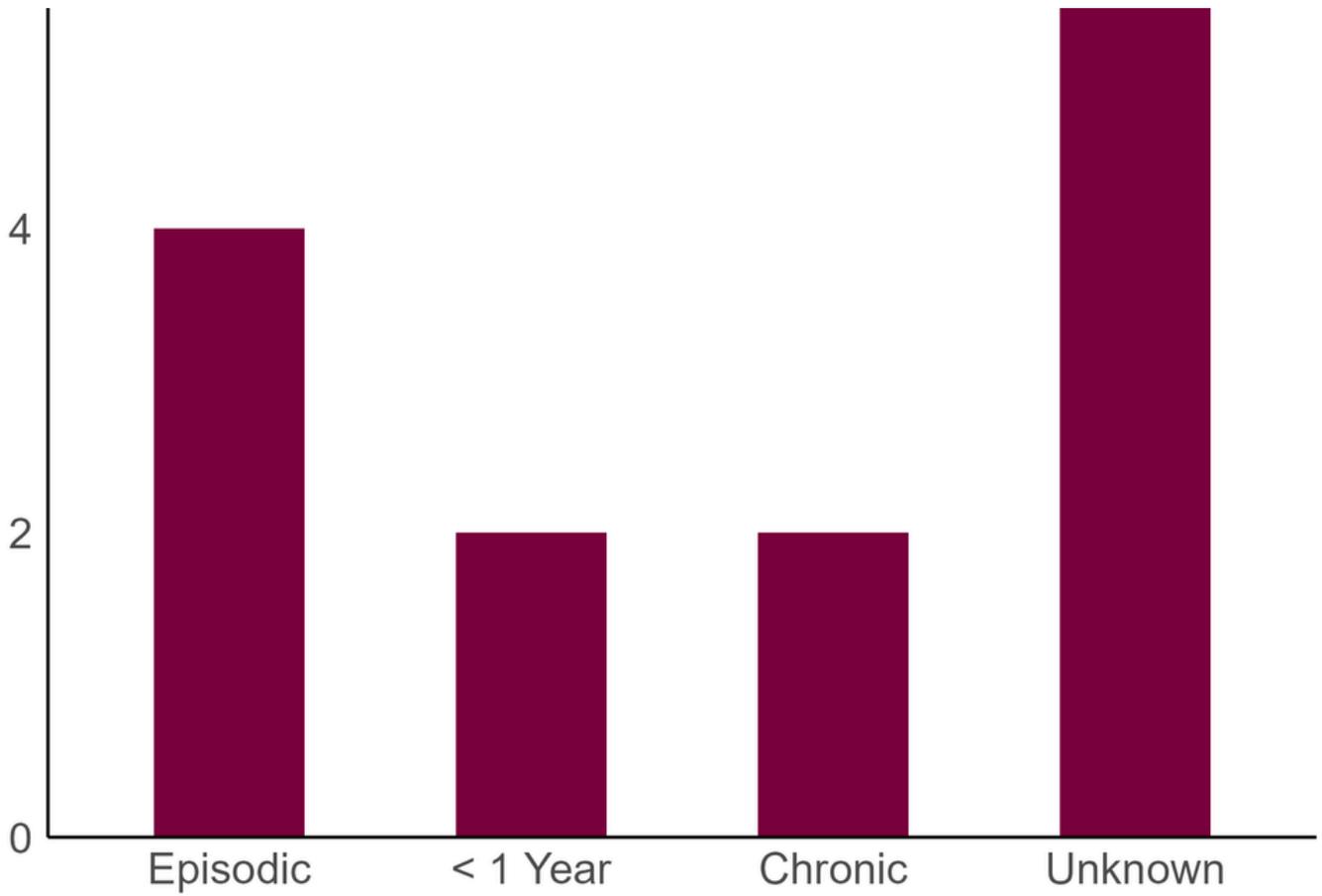


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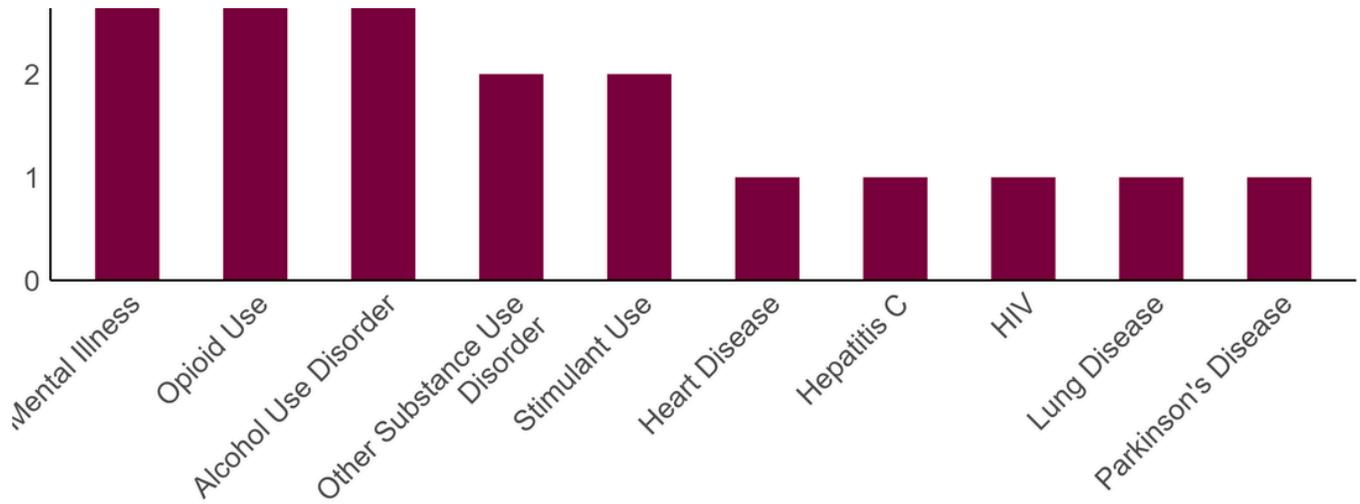


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A2271

A6556

DEATHS IN THE HAMILTON HOMELESS POPULATION



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A2272

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DEATHS IN THE HAMILTON HOMELESS POPULATION

June - November 2023

Total reported deaths: 21*

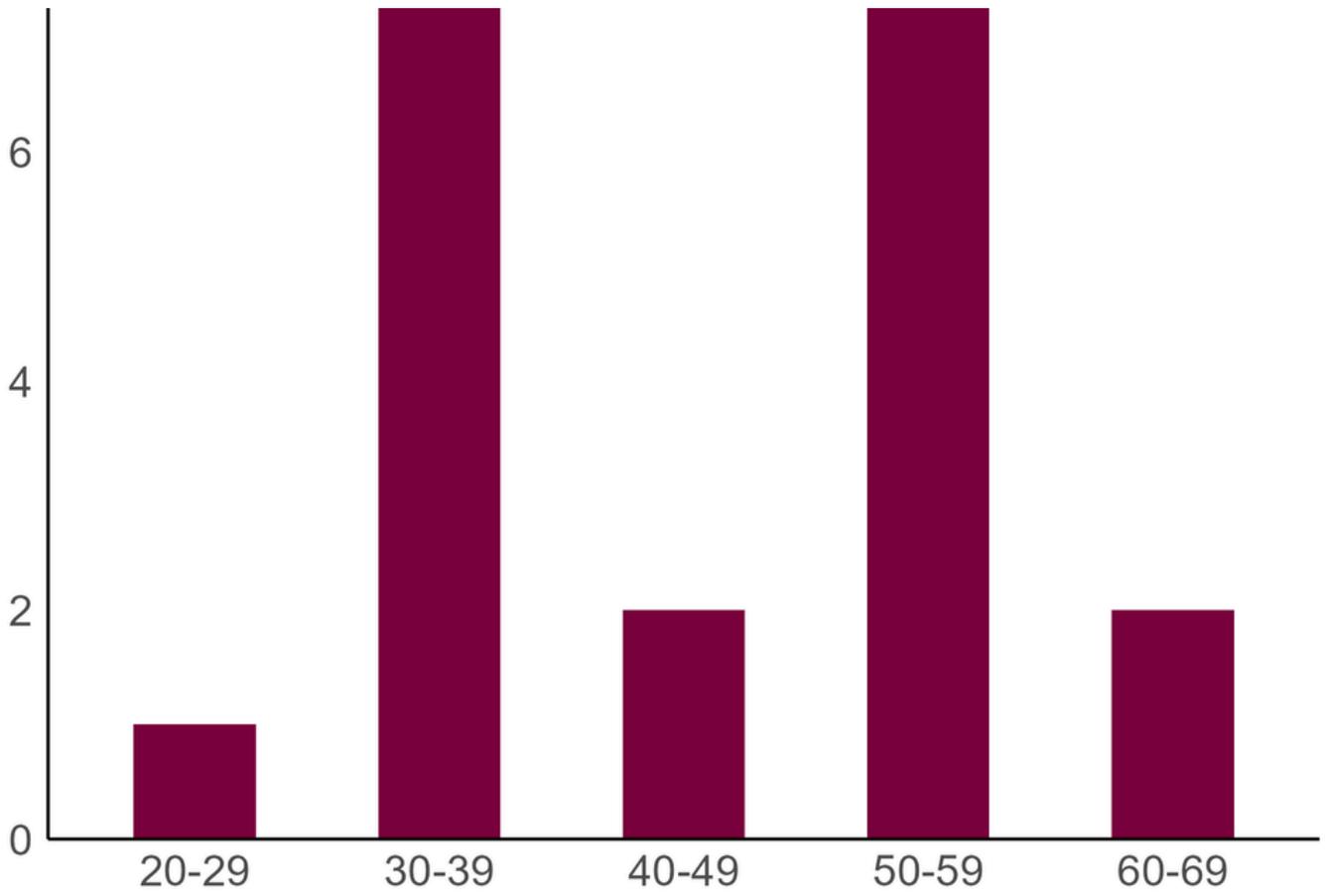
* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

Average age at time of death:

46 years old

A6558

DEATHS IN THE HAMILTON HOMELESS POPULATION

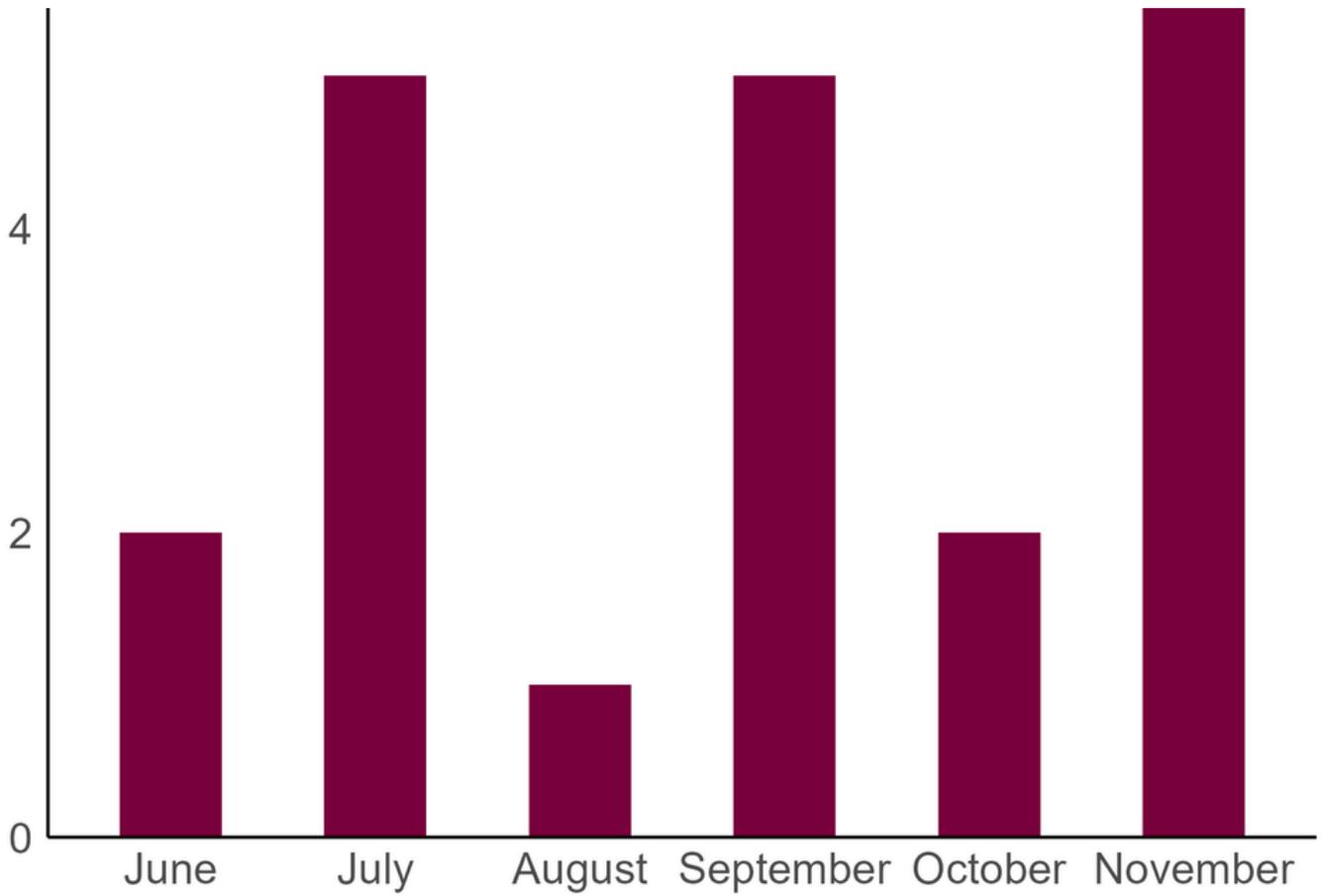


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DEATHS IN THE HAMILTON HOMELESS POPULATION

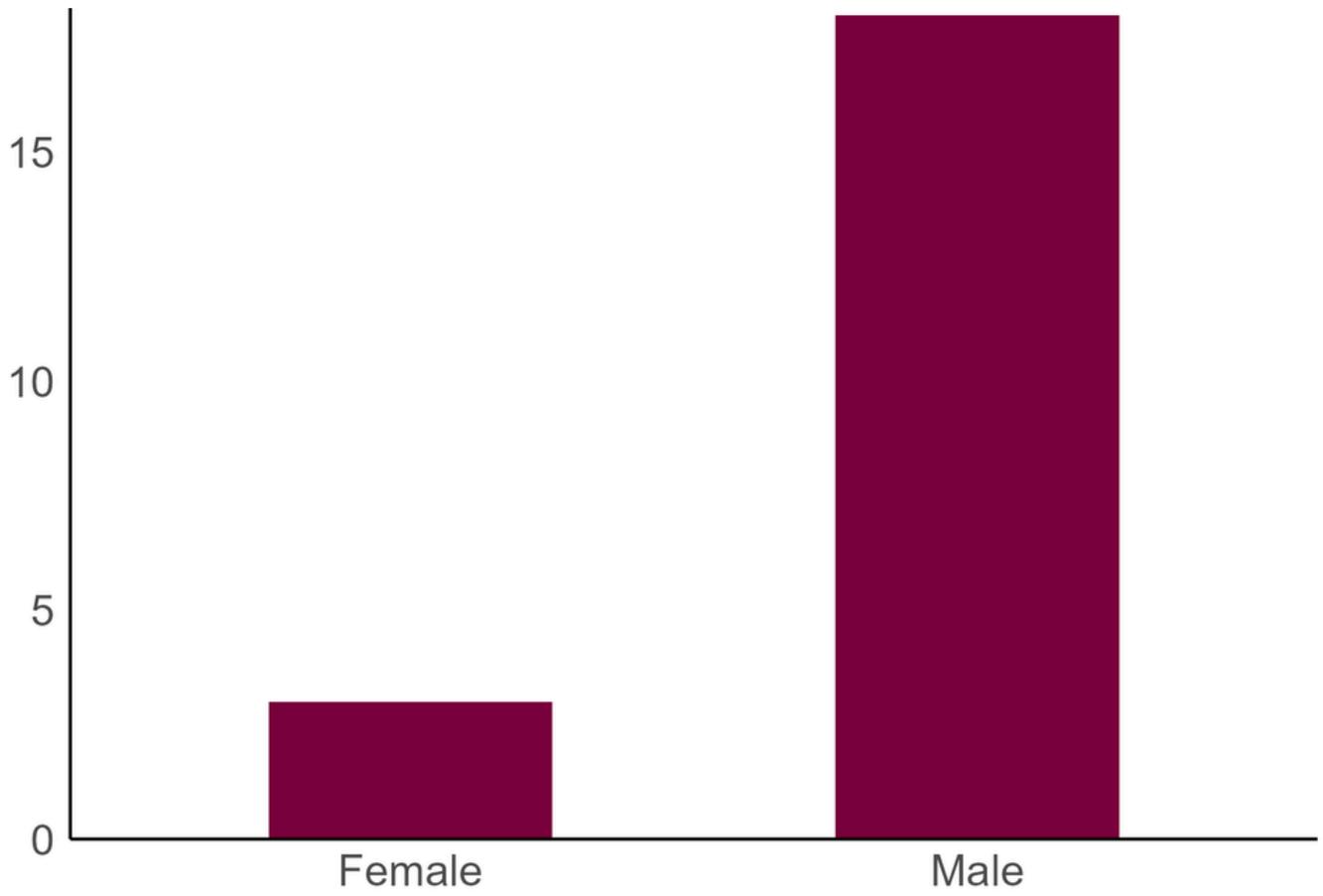


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DEATHS IN THE HAMILTON HOMELESS POPULATION

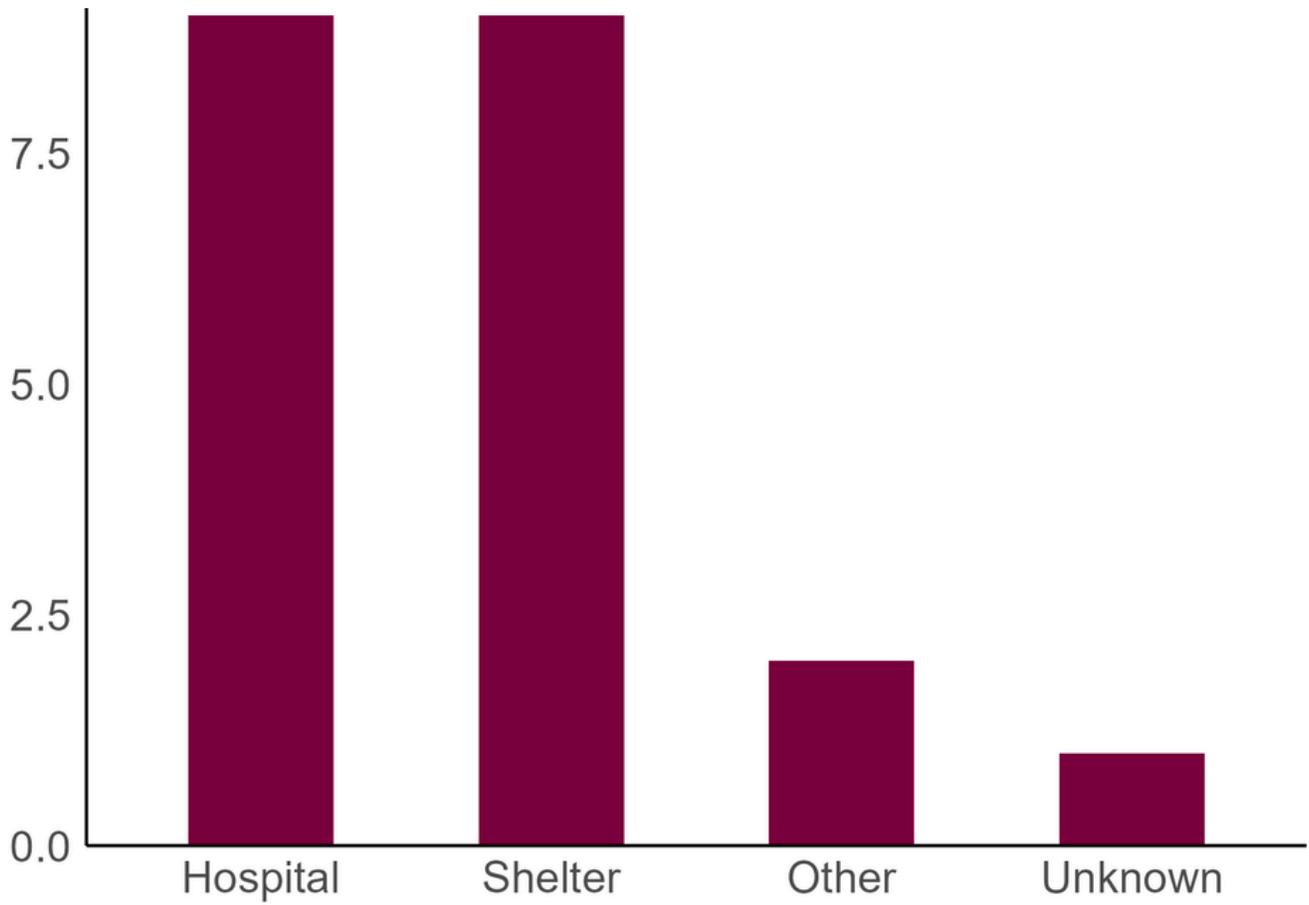


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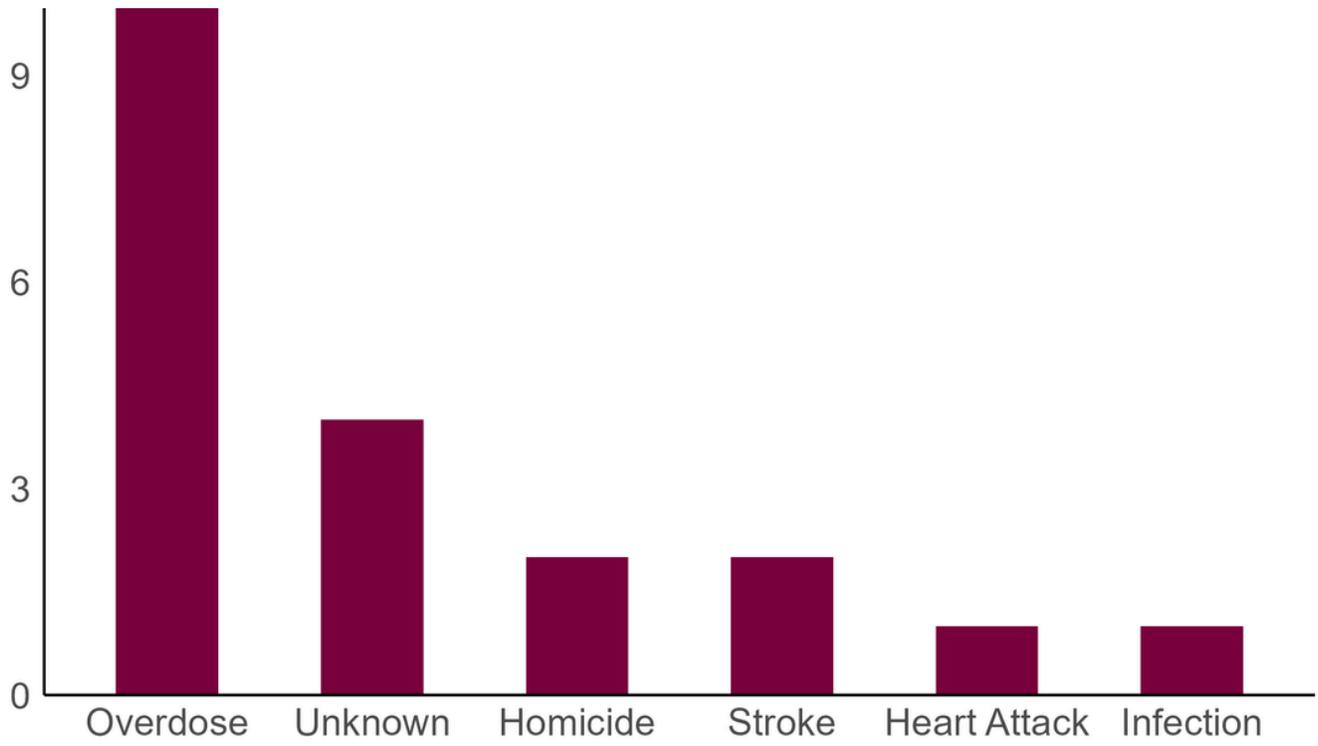


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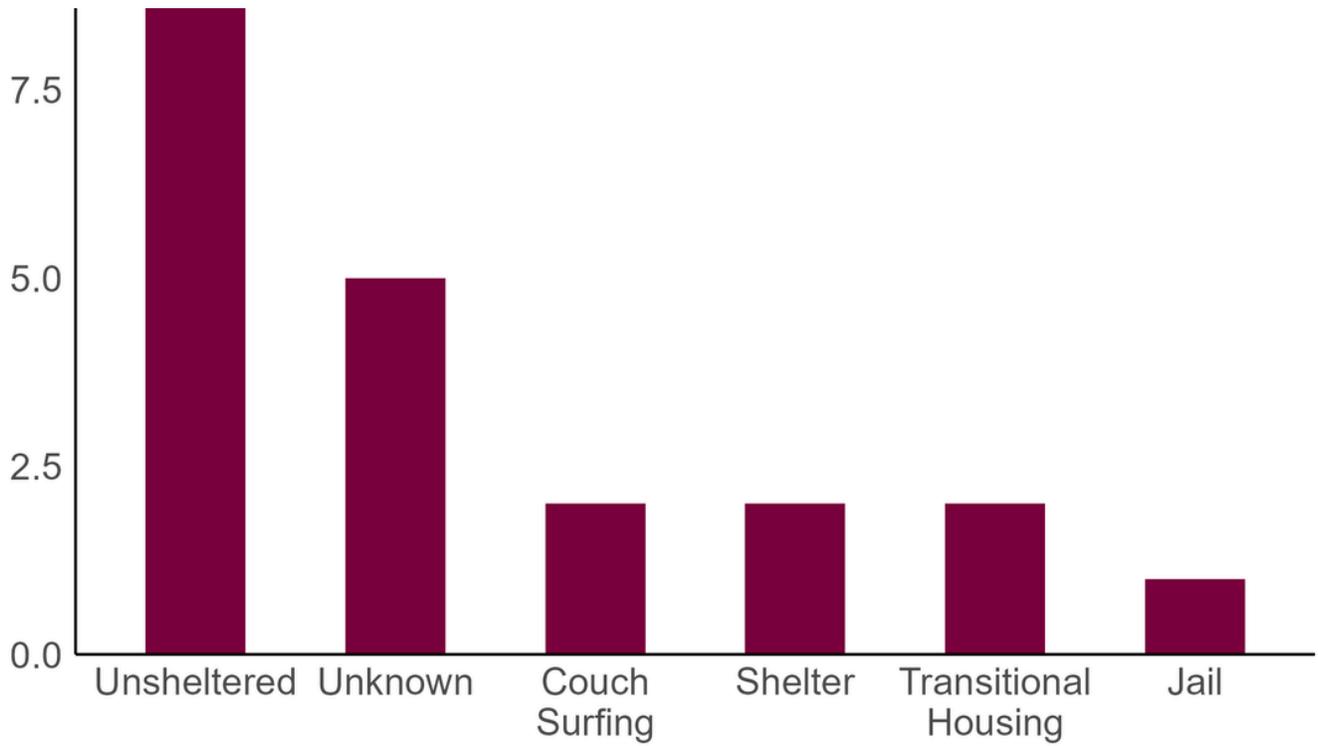


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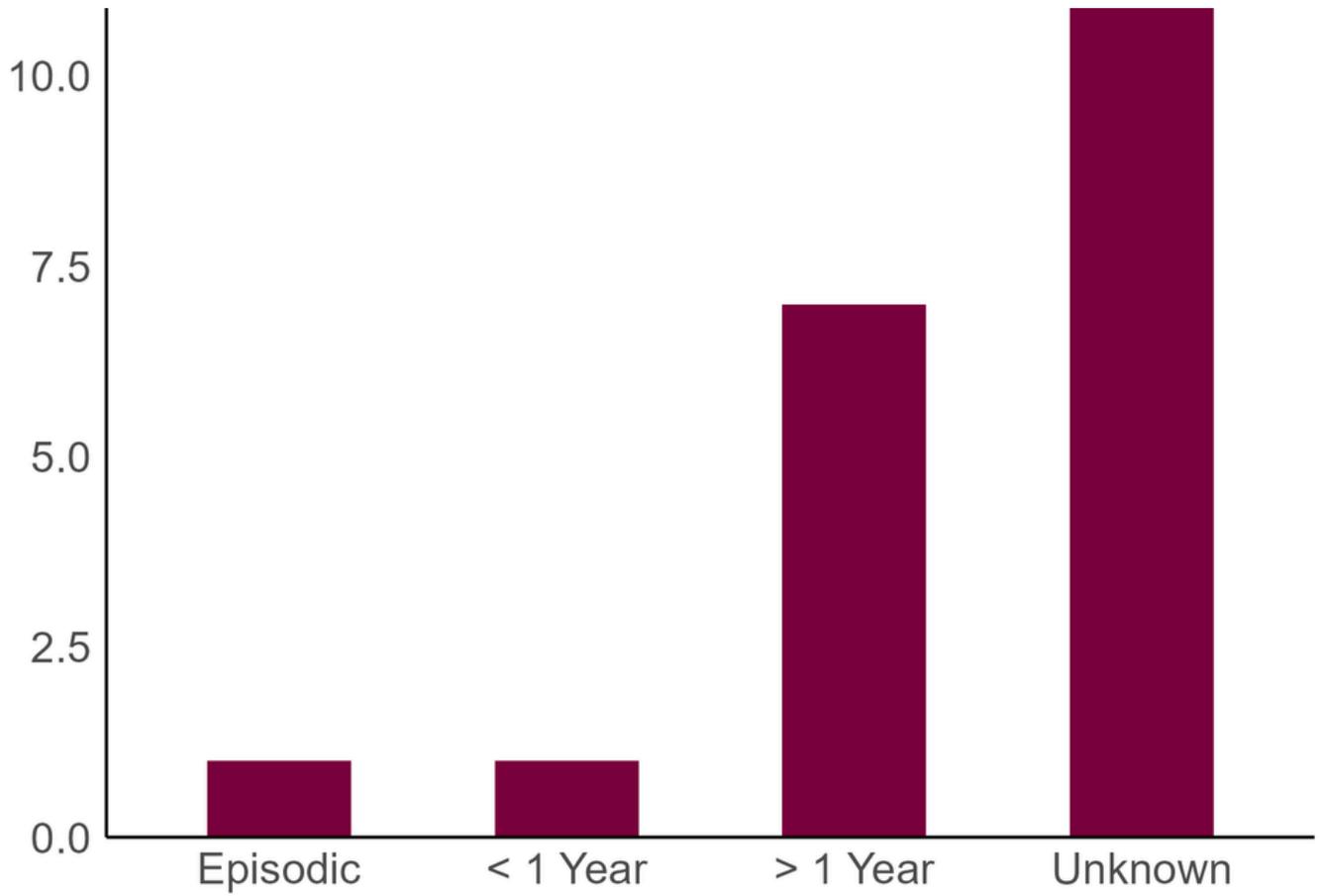


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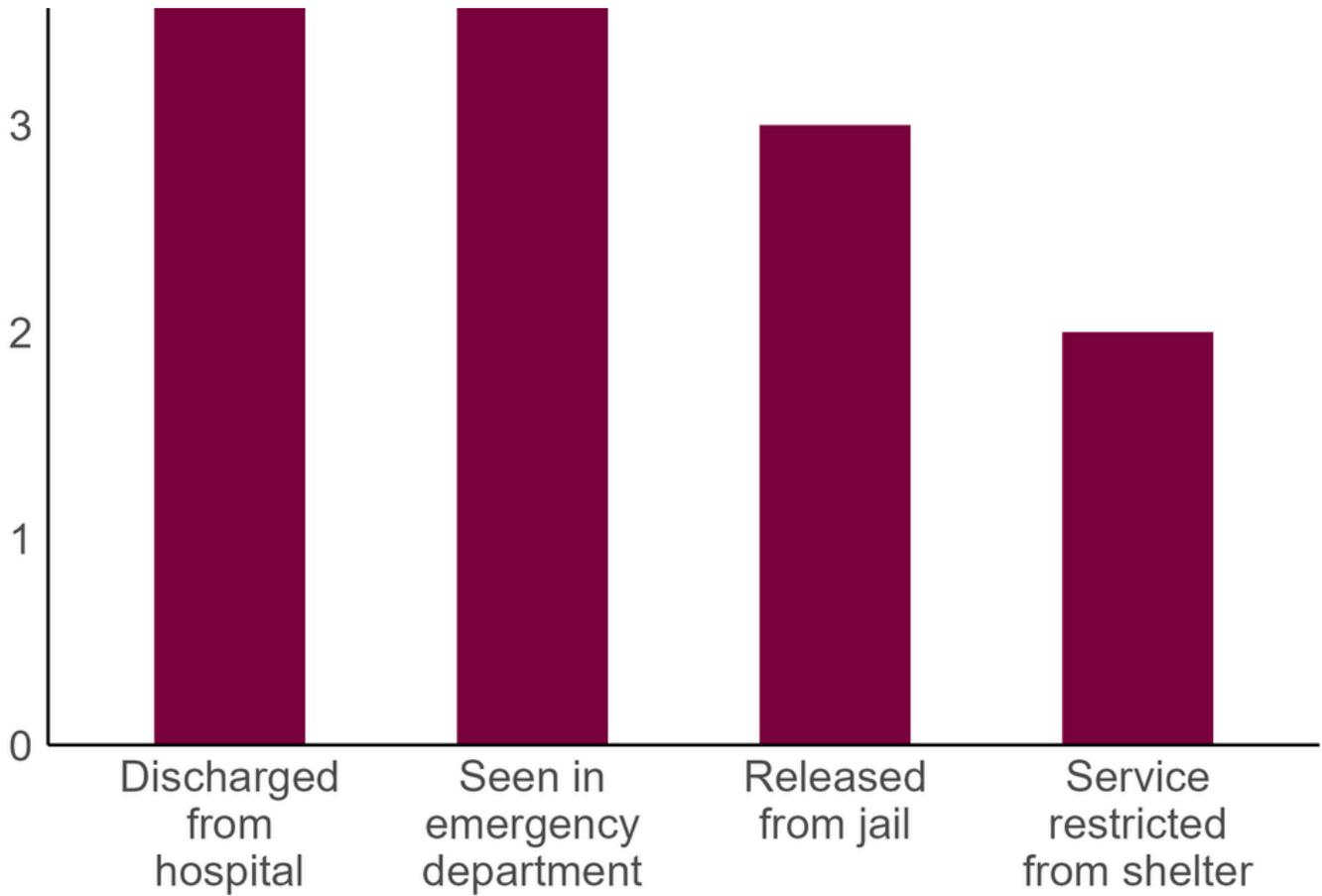


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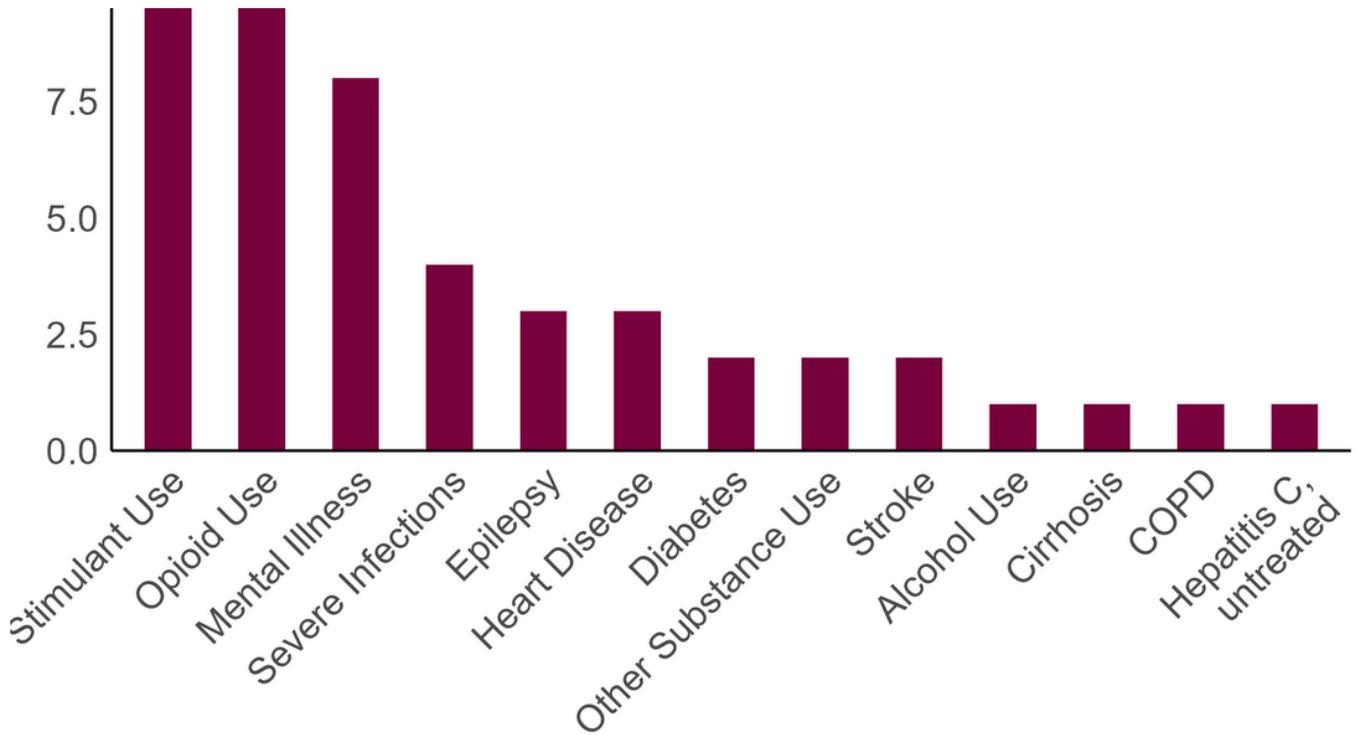


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A6566

DEATHS IN THE HAMILTON HOMELESS POPULATION



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DEATHS IN THE HAMILTON HOMELESS POPULATION

Cumulative June 2021 - November 2023

Total reported deaths: 91*

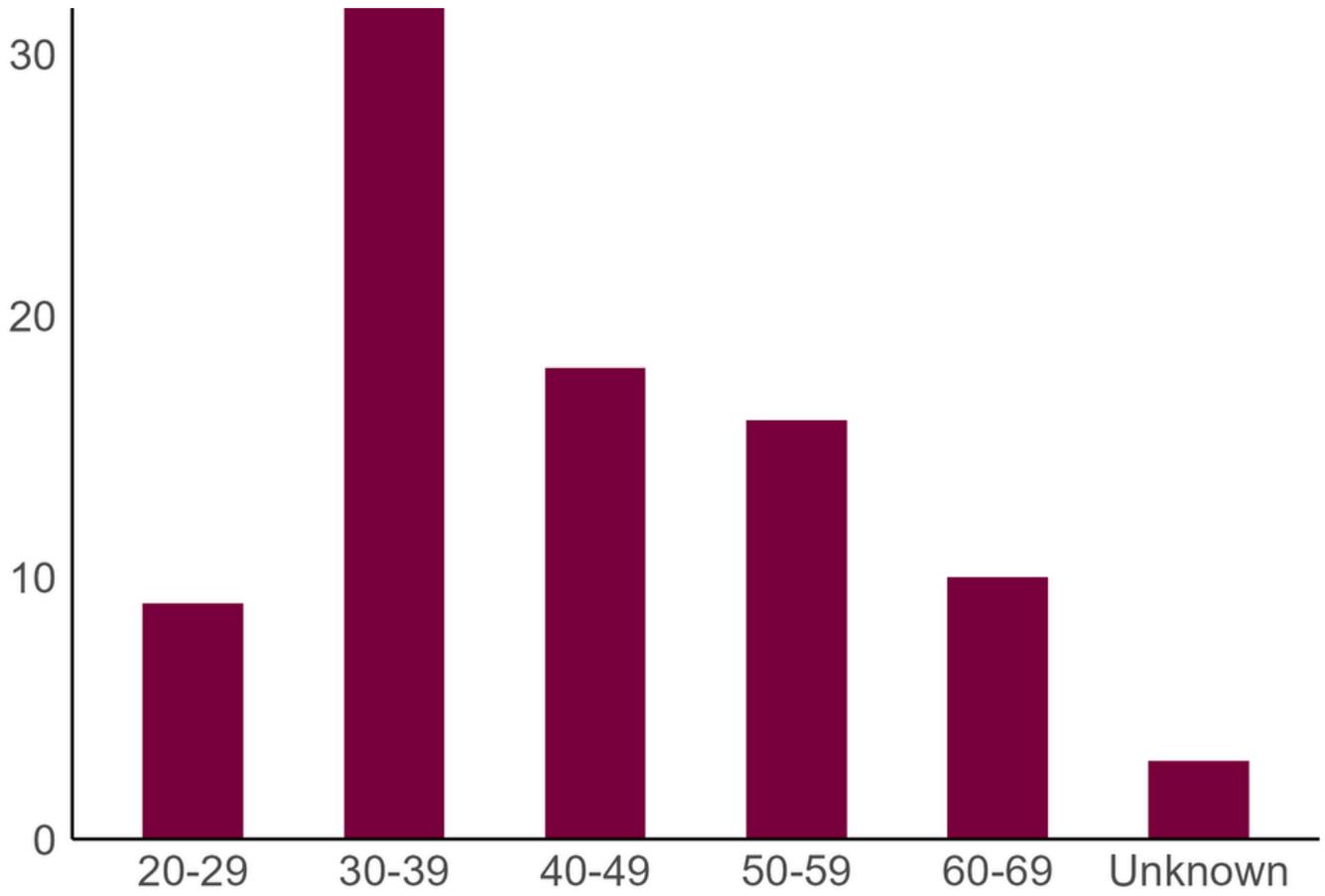
* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

Average age at time of death:

42 years old

A6568

DEATHS IN THE HAMILTON HOMELESS POPULATION

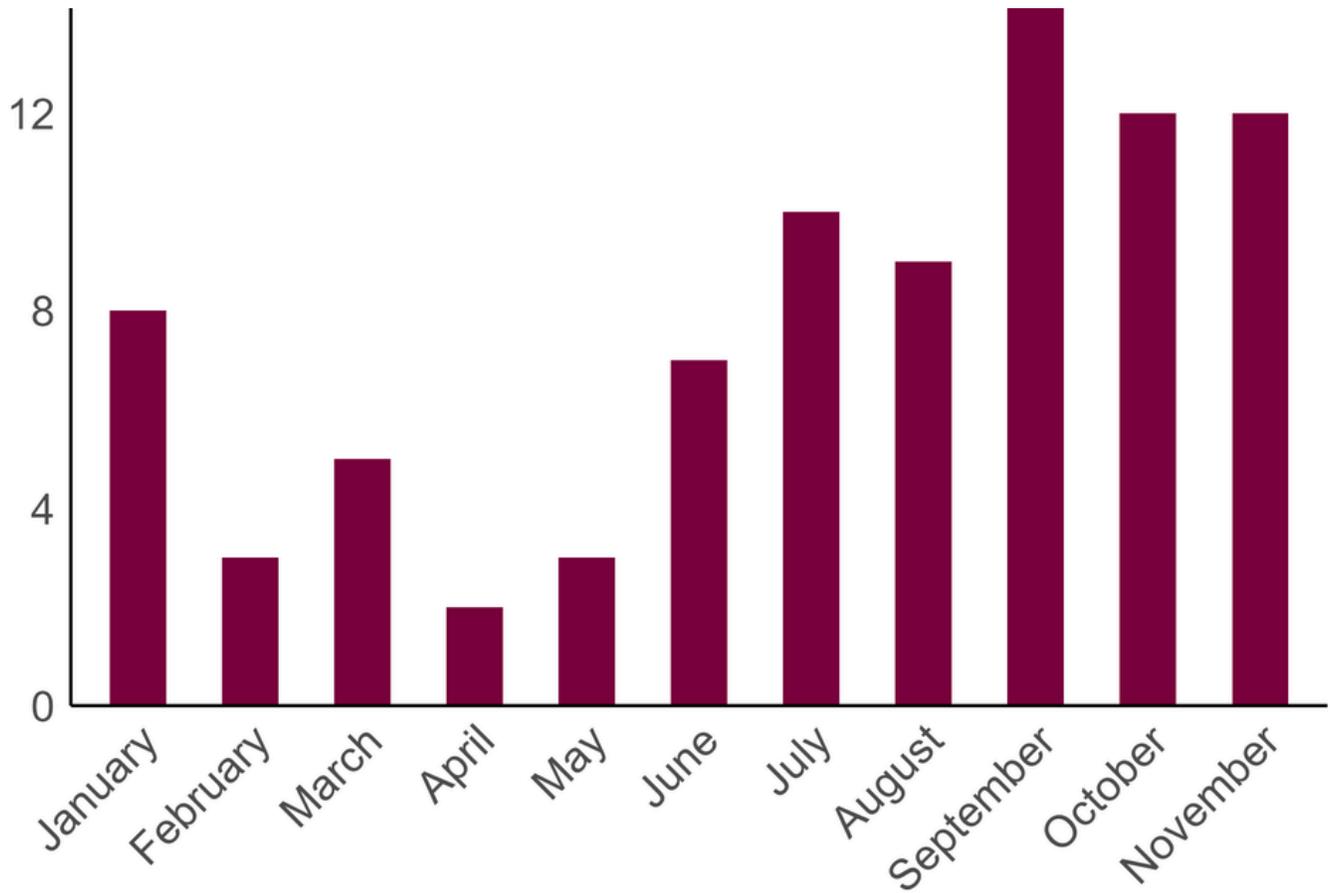


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DEATHS IN THE HAMILTON HOMELESS POPULATION

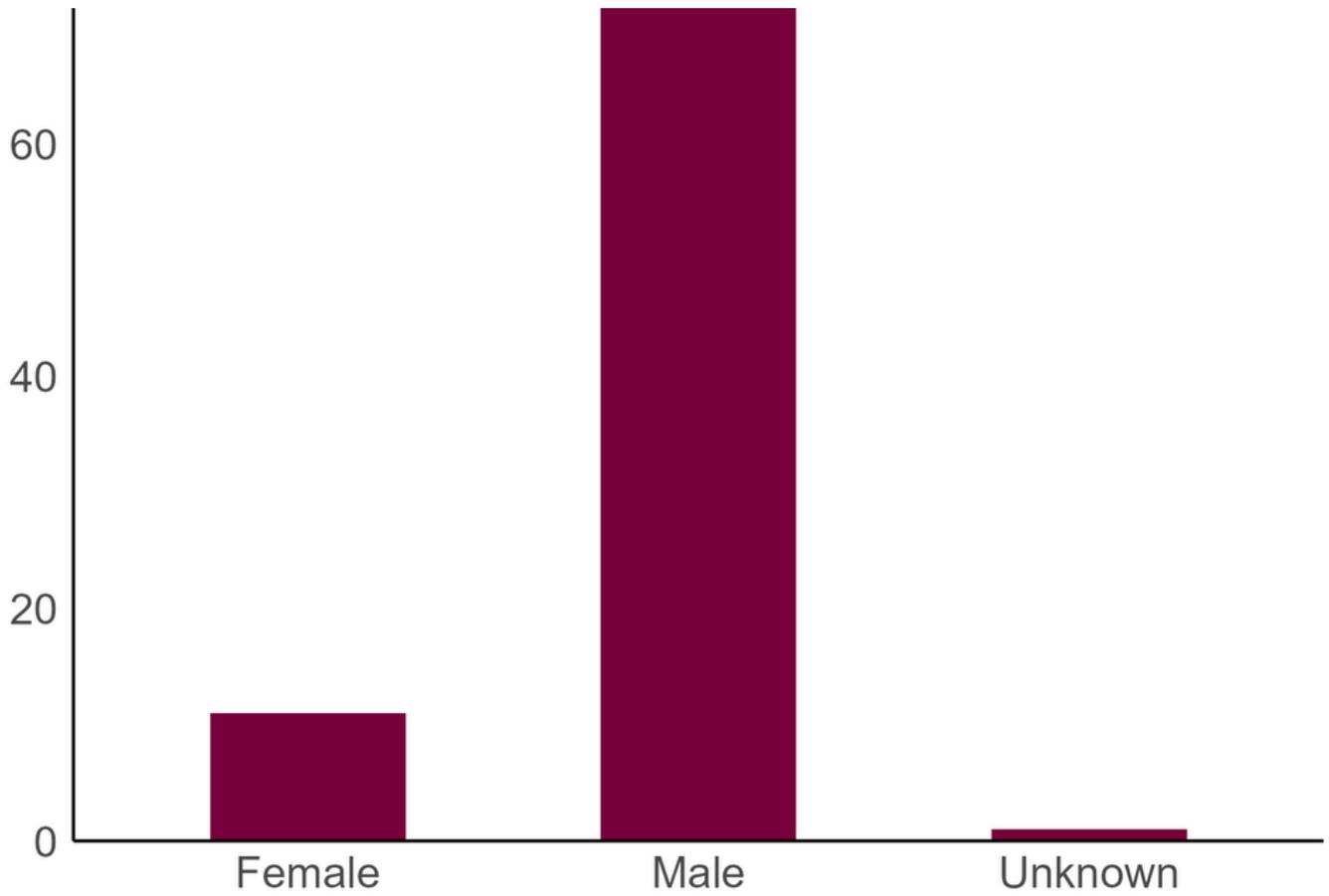


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DEATHS IN THE HAMILTON HOMELESS POPULATION

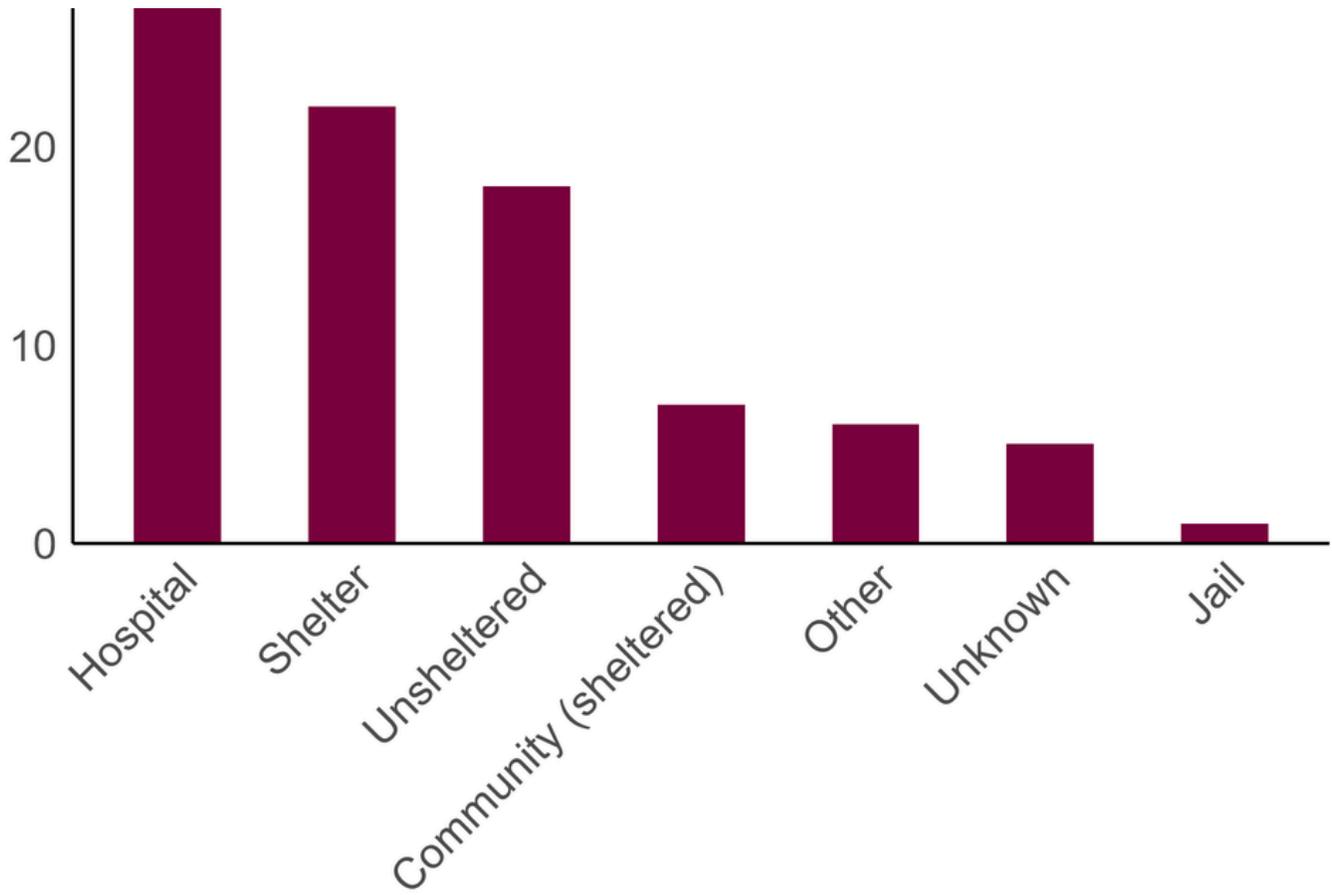


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DEATHS IN THE HAMILTON HOMELESS POPULATION

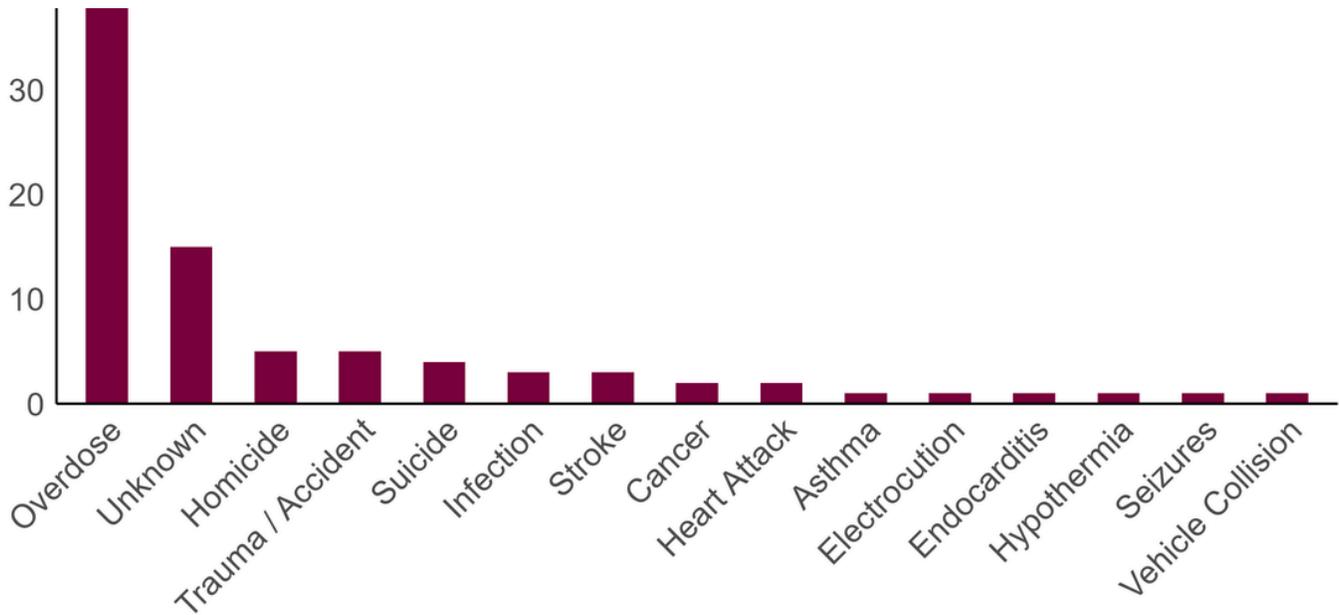


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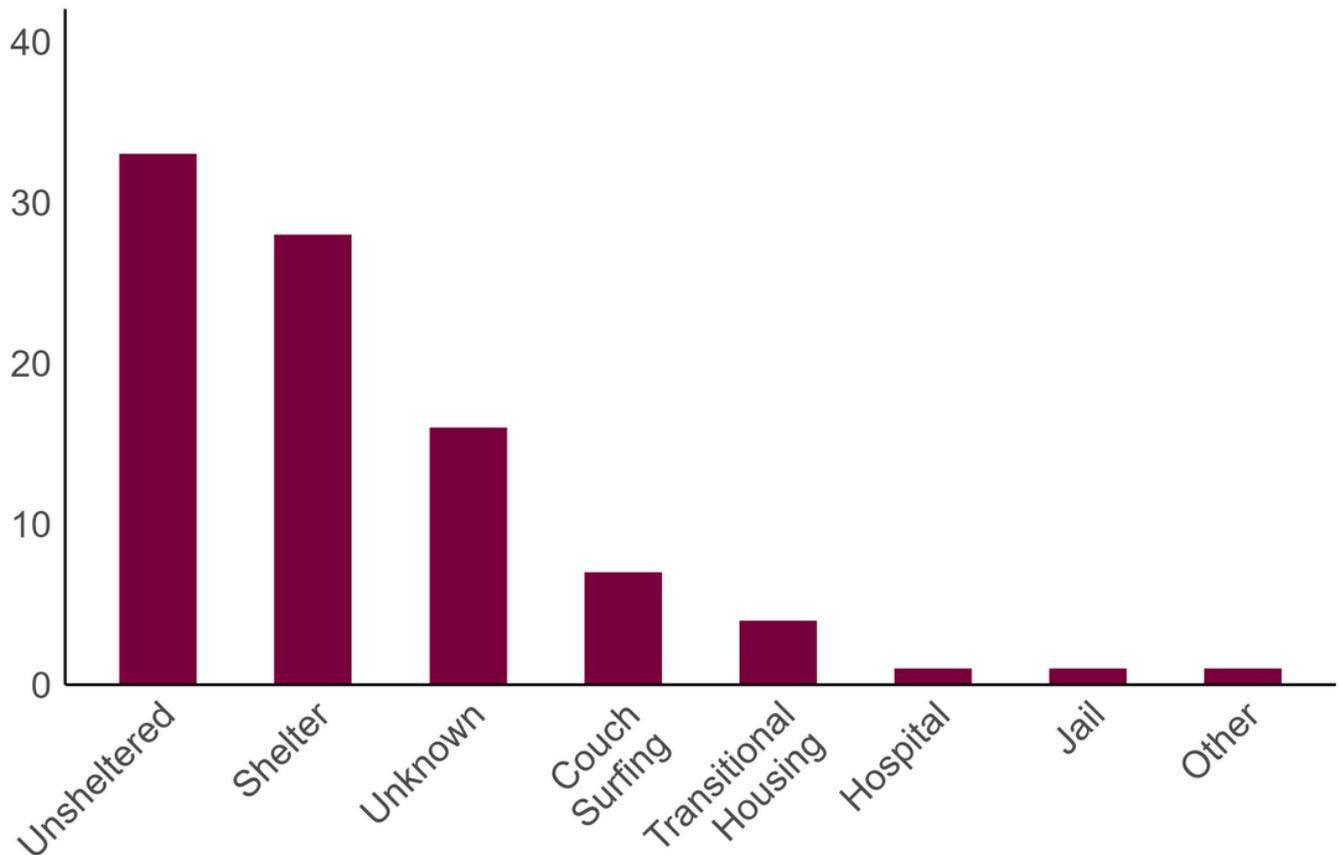
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A6572

DEATHS IN THE HAMILTON HOMELESS POPULATION



Last Known Living Location

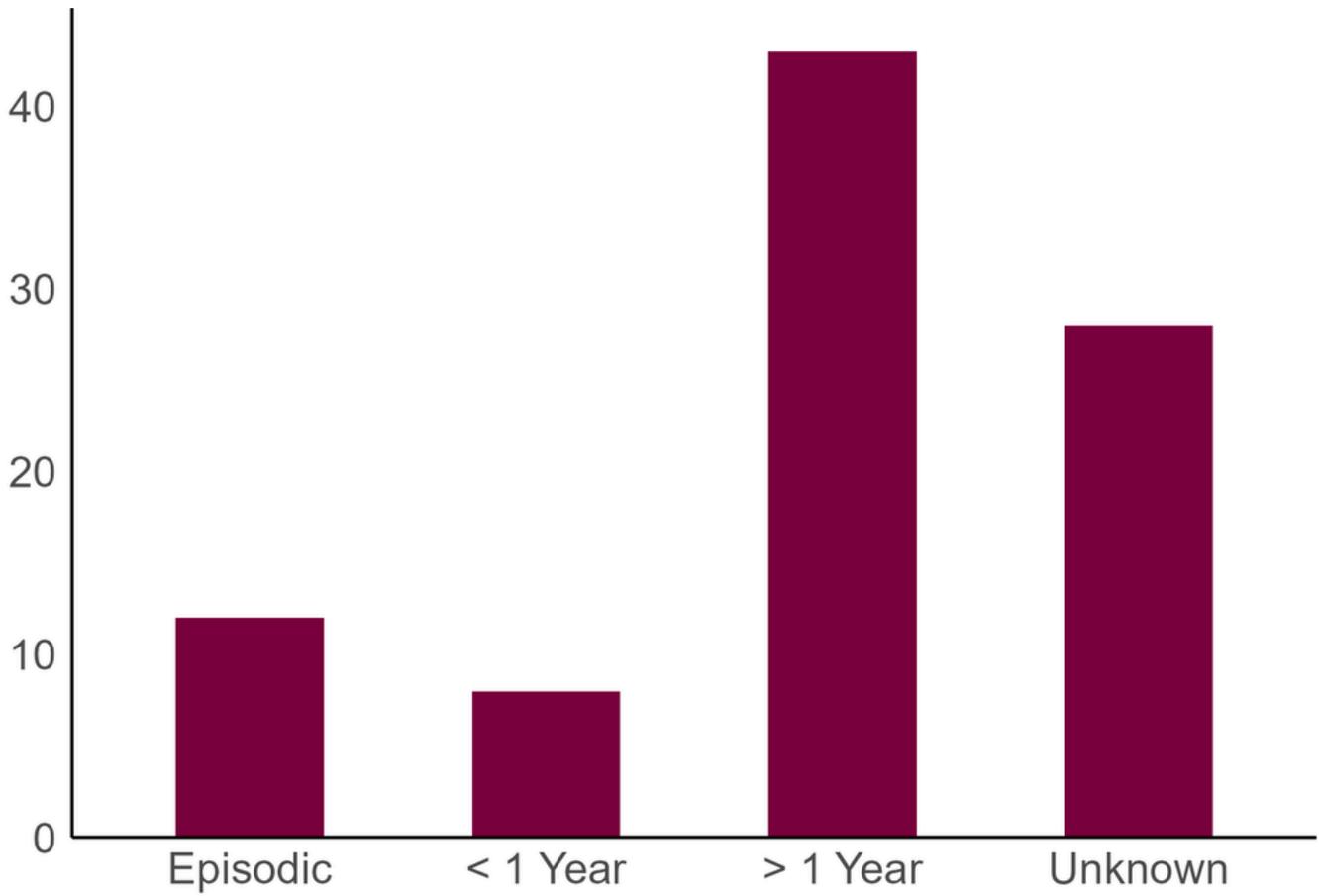


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DEATHS IN THE HAMILTON HOMELESS POPULATION

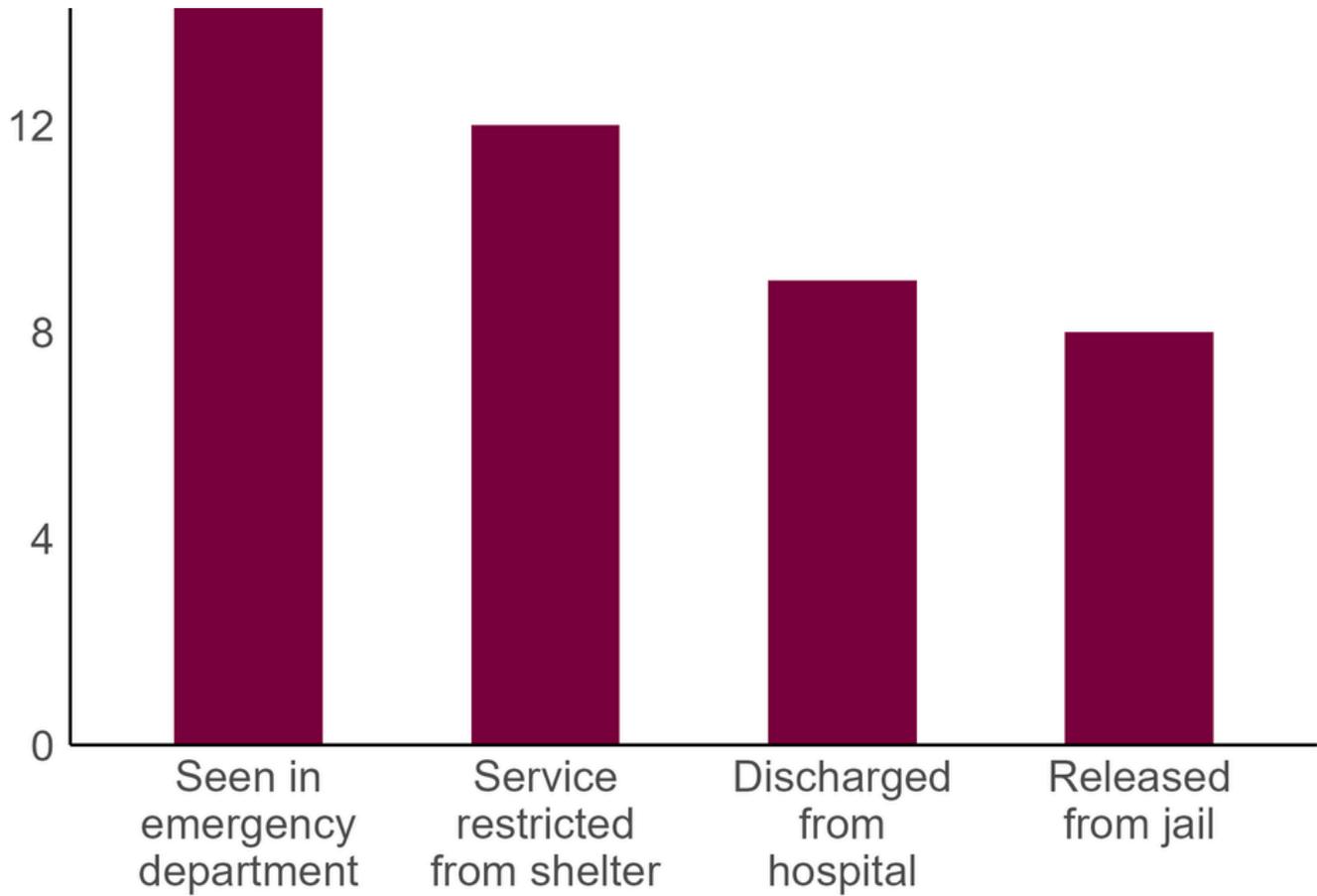


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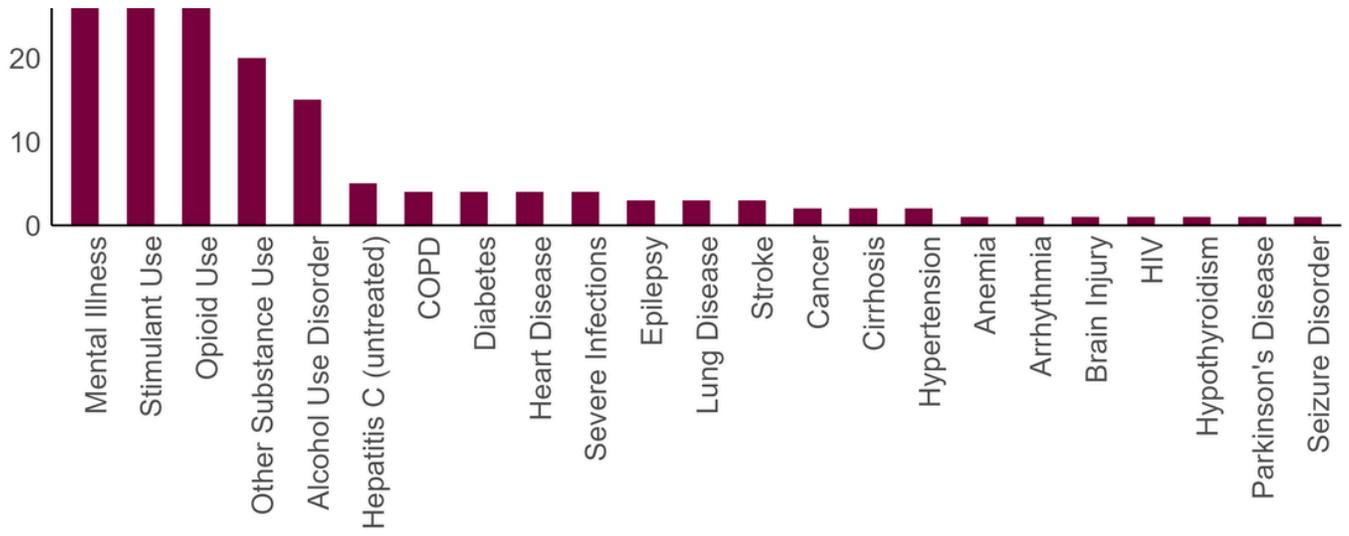
DEATHS IN THE HAMILTON HOMELESS POPULATION



Please note that the above graph was not updated for the Dec 2022-May 2023 period due to lack of reporting.

A6575

DEATHS IN THE HAMILTON HOMELESS POPULATION



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A2291

Ontario
Superior Court of Justice

PROCEEDING COMMENCED AT HAMILTON

Supplementary Affidavit of Dr. Joseph dated June 7, 2024

COMMUNITY LEGAL CLINIC OF YORK REGION

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Counsel to the Applicants

1 Court File No. CV-21-77187
 2 ONTARIO
 3 SUPERIOR COURT OF JUSTICE
 4 B E T W E E N:
 5
 6 KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH,
 7 MARIO MUSCATO, SHAWN ARNOLD, BRADLEY CALDWELL,
 8 CHRISTINE DELOREY, GLEN GNATUK, TAYLOR GOGO-HORNER,
 9 CASSANDRA JORDAN, JULIA LAUZON, AMMY LEWIS,
 10 ASHLEY MACDONALD, COREY MONAHAN, MISTY MARSHALL,
 11 SHERRI OGDEN, JAHMAL PIERRE, LINSLEY GREAVES and
 12 PATRICK WARD
 13 Applicants
 14 - and -
 15
 16 CITY OF HAMILTON
 17 Respondent
 18
 19
 20 --- This is the Cross-Examination of AMEIL JOSEPH
 21 on his Affidavits sworn June 14, 2022 and June 7,
 22 2024, herein, taken via videoconference hosted by
 23 Nimigan Mihailovich Reporting Inc. on the 27th day
 24 of August 2024.
 25

NIMIGAN MIHAILOVICH REPORTING INC.
 1.905.522.1653 | info@nmreporting.ca

3

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 2 INDEX OF EXAMINATIONS: A6577
PAGE NO.
 3 AMEIL JOSEPH; Affirmed
 4 CROSS-EXAMINATION BY MR. Diacur.....5
 5
 6 The following list of undertakings, advisements and
 7 refusals is meant as a guide only for the
 8 assistance of counsel and for no other purpose.
 9
 10 INDEX OF UNDERTAKINGS
 11 The questions/requests undertaken are noted by U/T
 12 and appear on the following page/line numbers:
 13 10:15
 14
 15 INDEX OF ADVISEMENTS
 16 The questions/requests taken under advisement are
 17 noted by U/A and appear on the following page/line
 18 numbers: None noted
 19
 20 INDEX OF REFUSALS
 21 The questions/requests refused are noted by R/F and
 22 appear on the following page/line numbers: 48:23
 23
 24
 25

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2

1 APPEARANCES:
 2
 3 Sujit Choudhry For the Applicants
 4
 5 Jordan Diacur For the Respondent
 6
 7 IN ATTENDANCE:
 8
 9 Curtis Sell - CLCYR
 10 Liz Marr
 11 Sharon Crowe - HCLC
 12
 13
 14
 15
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5

1 ---Upon Commencing at 4:00 p.m.
 2 AMEIL JOSEPH; Affirmed.
 3 CROSS-EXAMINATION BY MR. DIACUR:
 4 1 Q. Sir, where are you
 5 participating from today?
 6 A. I'm in Hamilton, McMaster
 7 University.
 8 2 Q. And the room you're in now,
 9 you're alone in the room?
 10 A. I am.
 11 3 Q. And you understand that you're
 12 not to have any assistance from others in giving
 13 your answers?
 14 A. I do.
 15 4 Q. And if you refer to any
 16 materials in giving your answers today, you'll
 17 need to state what you're referring to. We may
 18 have to make it an exhibit if it's not already
 19 part of your affidavit; do you understand that?
 20 A. I do.
 21 5 Q. And you may have to explain how
 22 it informs your evidence as well; do you
 23 understand that, too?
 24 A. I do.
 25 6 Q. Okay. There are two affidavits
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6

1 sworn by you in this matter, one is dated June
 2 14th, 2022 and the other is dated June 7th, 2024.
 3 Do you have copies of those affidavits available
 4 to you?
 5 A. I do.
 6 7 Q. Okay. My plan would be to put
 7 a copy of it up on the screen as well. You're
 8 free to refer to a copy if you have it available
 9 to you, or the copy on the screen. I'll scroll
 10 through it to the sections that I have questions
 11 for you about. If you need to review any section
 12 of your affidavit in order to respond, we'll
 13 certainly be able to do that.
 14 So, just to confirm, you've been
 15 affirmed to tell the truth today?
 16 A. Yes.
 17 8 Q. And, sir, what do you
 18 understand your role to be in this litigation?
 19 A. To assist the Court.
 20 9 Q. To provide opinion evidence
 21 that's fair, objective and nonpartisan?
 22 A. Yes.
 23 10 Q. And to provide opinion evidence
 24 that's related only to matters that are within
 25 your area of expertise?
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7

1 A. Correct. A6578
 2 11 Q. Have you ever been qualified to
 3 give evidence as an expert witness before in a
 4 court in Ontario?
 5 A. I have. I was an expert in the
 6 KW case, accepted by the Supreme Court.
 7 12 Q. I have that reference, thank
 8 you.
 9 Sir, in terms of your two
 10 affidavits, as I say, June 14th, 2022, June 7th,
 11 2024, at the time those affidavits were prepared
 12 what instructions were provided to you?
 13 A. For which of the two?
 14 13 Q. Well, of the two. So you can
 15 do them individually. Fair enough, there are two
 16 of them. So in terms of your first affidavit,
 17 June 14th, 2022, what instructions were provided
 18 to you at that time?
 19 A. I actually don't recall the
 20 specific instructions.
 21 14 Q. In terms of the affidavit
 22 subsequently prepared dated June 7th, 2024, do you
 23 recall what instructions were provided to you at
 24 that time?
 25 A. I don't think I do.
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1 15 Q. In terms of what your opinion
 2 is based on, are there any assumptions as opposed
 3 to known facts that you base your opinion on?
 4 A. Can you repeat the question?
 5 16 Q. Yes. In terms of what your
 6 opinion is based on, are there any assumptions
 7 that go into your opinion or that your opinion is
 8 based upon as opposed to known facts?
 9 A. So as an academic, tenured
 10 academic at McMaster University, I've earned that
 11 position via the contributions that I've made to
 12 research and teaching that begin with an analysis.
 13 That appreciates that there isn't a clear
 14 difference between the idea of assumption and fact
 15 in social analyses or political and social
 16 critique. If we're talking about fruit flies
 17 contained in a jar, that would be another matter.
 18 17 Q. Okay. So before we turn to
 19 your affidavits, there's a document that I would
 20 like to show you and I have a couple of questions
 21 for you about it. I'll put it up on the screen
 22 and we'll take a look at it.
 23 So can you see this? It's an
 24 article from the CBC and it bears a date of July
 25 21st, 2023. A2294
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9

1 A. I can see this, yes.

2 18 Q. And it's entitled: "Why

3 Hamilton's encampment consultations can - and

4 should - be different, say advocates". Do you

5 recall this article?

6 A. I do.

7 19 Q. And just to scroll down a

8 little bit, that's a photo of you at the top?

9 A. On the top left.

10 20 Q. Top left. Yes, to be fair,

11 there's two photos, the top left is you?

12 A. Yes.

13 21 Q. And the top right is Gessie

14 Stearns; is that right?

15 A. Yes.

16 22 Q. And attached to your affidavit,

17 first affidavit, there's a copy of your CV. It

18 identifies that you supervised Ms. Stearns

19 Master's of Social Work thesis; is that right?

20 A. I believe, yeah. Oh, sorry.

21 23 Q. No, sorry, I didn't mean to cut

22 you off. In other words, she's a graduate student

23 of yours?

24 A. That's correct. In relation to

25 the CV I also have updates to that. It's out of
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10

1 date.

2 24 Q. Understood. Actually, that was

3 my next question. Do you have a current copy of

4 your CV that's available?

5 A. A current copy, yes. I could

6 provide updates if that would help.

7 25 Q. If you have a current copy, my

8 general practice when there's an older CV attached

9 to an affidavit of an expert is to request an

10 updated copy.

11 A. Sure.

12 MR. DIACUR: I would request via

13 undertaking, counsel, an updated copy, current

14 copy, of the of the professor's CV be provided.

15 U/T MR. CHOUDHRY: Sure.

16 BY MR. DIACUR:

17 26 Q. And Ms. Stearns, who is

18 pictured here, also swore an affidavit in this

19 matter; are you aware of that?

20 A. No.

21 27 Q. Did you speak to Ms. Stearns

22 about your evidence?

23 A. No.

24 28 Q. And this articles identifies

25 you and Ms. Stearns as "advocates". That's the
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11

1 word used in the title. Do you consider yourself
A6579

2 an advocate?

3 A. I really would have to hear

4 more about what it is in reference to.

5 29 Q. Sure, and we can absolutely do

6 that. So this subheading underneath the title of

7 the article says:

8 "Ameli Joseph and Gessie Stearns

9 share their thoughts on the city's encampment

10 protocol and consultation."

11 Do you recall being interviewed by

12 the CBC on those subjects?

13 A. I do.

14 30 Q. And you provided your thoughts

15 as part of an interview?

16 A. I did.

17 31 Q. Do you consider yourself an

18 advocate for unhoused individuals?

19 A. I consider myself a researcher

20 scholar and associated tenured professor at

21 McMaster University who has particular areas of

22 focus and expertise. That includes what I shared

23 in the affidavit from June 24th where I overview

24 the particular ways of my analysis that engage

25 with social, historical and political contexts,
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12

1 very often in relation to marginalized groups or

2 equity seeking groups by considering inequities

3 and disparities. If I would describe myself ever

4 using the term advocate, I would be an advocate

5 for a recognition of knowledge and a respect for

6 it.

7 32 Q. This article, which I'll scroll

8 down to, starts out by saying:

9 "As Hamilton wrestles with worsening

10 homelessness and how to address it, city

11 councillors are poised to finalize a plan next

12 month to deal with a growing number of

13 encampments.

14 In June, the city held three

15 in-person public consultation sessions and had an

16 online survey open for people to share their

17 thoughts and offer feedback on the plan." [All

18 quotes are as read]

19 So I understand overall this article

20 is about public consultations conducted by the

21 City of Hamilton that led to the current

22 encampment protocol with the City of Hamilton that

23 permits indefinite encampments in city parks

24 within certain parameters. Did you participate in

25 the public consultation sessions that are
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13

1 referenced in this article?

2 **A.** I attended one.

3 33 **Q.** And did you participate?

4 **A.** I did.

5 34 **Q.** And this article indicates

6 that, while it's been edited and condensed for

7 clarity, there was an interview process with a CBC

8 journalist in which you and Ms. Stearns

9 participated; is that right?

10 **A.** Sorry, that was quite a lengthy

11 question, do you mind repeating it.

12 35 **Q.** Of course. So this article

13 includes, while it does say it's been edited and

14 condensed for clarity, it's an interview that you

15 and Ms. Stearns had with the CBC journalist; is

16 that correct?

17 **A.** I don't think we did the

18 interview together.

19 36 **Q.** So this was -- these questions

20 were posed to you separately?

21 **A.** I actually don't recall, but I

22 don't remember doing it together.

23 37 **Q.** Just in terms of how the

24 information is presented in the article, there's a

25 question and then there's an answer either from
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14

1 you or Ms. Stearns first, but each of you speak to

2 each of the questions. I can show you, that's the

3 first questions there: "How would you summarize

4 the state of homelessness and housing in

5 Hamilton?" Then an answer from you. I'm happy to

6 have you read that, but that was the response you

7 gave to that question when it was posed to you by

8 the CBC?

9 **A.** Not exactly.

10 38 **Q.** Okay. So because it's been

11 edited and condensed, it's not exactly your words,

12 but it has been presented as your words in this

13 article; is that fair?

14 **A.** It has been presented. It is

15 not in the form of quotation.

16 39 **Q.** Well, it does have your name

17 and then the colon indicating that it is a

18 statement made by you. I can see that it's not in

19 quotation marks, but it is indicated to be a

20 statement that you made; is that fair?

21 **A.** I don't have a specific memory,

22 nor was I shared a transcript, nor was I shared a

23 draft of the article before it was published to

24 affirm or confirm that was exactly what I said.

25 40 **Q.** I would like to scroll down to
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15

1 the last question in this article. As you say, **A6580**

2 it's possible that it wasn't the last question

3 posed to you or it may have been posed to you and

4 Ms. Stearns separately. The question on screen

5 right now, and this is the very end of the

6 article, you can see the end right there, the last

7 question is:

8 "Is something different possible?

9 What does that look like to you? And what do we

10 do next?"

11 Your response, as reported in this

12 article, anyway, in part is:

13 "It's not just the case we need

14 Ontario Works and ODSP to be higher amounts, it's

15 also the case we can take municipal funding

16 programs and make them livable for people on

17 social assistance in terms of cost by re-sourcing

18 how they're funded ... rather than retreating to

19 'how do we get rid of these people we see as the

20 worst?'"

21 Do you recall making that statement?

22 **A.** Not specifically.

23 41 **Q.** Do you agree with that

24 statement?

25 **A.** So you're beginning with "it's
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16

1 not just the case" and ending at "the worst"?

2 42 **Q.** Yes.

3 **A.** So I believe I spoke at length

4 about the kind of historical contexts that come

5 from my areas of expertise I refer to, in my

6 affidavit from June 14th, 2022. Particularly

7 around paragraphs 8 and 9 where I describe the

8 historical context of identifying people not

9 worthy of adequate supportive care.

10 In paragraph 10 of my affidavit I

11 talk about the specific policy trajectories as

12 well as their embedded discriminatory ideas and

13 how those continue to be pervasive and structure

14 the contemporary realities of widespread

15 inequities. That includes healthcare, education

16 systems, housing, employment, food security,

17 access to water, environmental inequities, mental

18 health, criminal justice systems. I talk about

19 income in there as well.

20 In that conversation I did bring up

21 Ontario Works and ODSP, but I would say that this

22 brief paragraph doesn't do adequate justice to the

23 nuances that I gave in my response during that

24 interview that relied on my specific expertise.

25 43 **Q.** Understood. We're going to
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1 come to those paragraphs in your affidavit, I'll
2 have some questions for you about them.
3 But do you agree that we can take
4 municipal funding programs and make them livable
5 for people on social assistance in terms of cost
6 by resourcing how they are funded?

7 A. Again, I would say that that on
8 its own and on its face would be too brief to
9 engage an analysis that incorporates what I
10 contributed in my affidavit based on my expertise
11 that brings in an analysis of a social, historical
12 and political context that set up inequities for
13 most marginalized, as I made a case for in the
14 affidavit.

15 44 Q. In terms of your participation
16 in the consultation process that this article
17 references, was an increase in municipal funding
18 for individuals on social assistance part of your
19 contribution?

20 A. I'm sorry, could you repeat
21 that?

22 45 Q. Yeah. So in terms of the
23 consultation process that's referenced in this
24 article in which you participated, was an increase
25 in municipal funding for individuals on social

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1 expertise. That would also engage in
2 considerations of broader social, historical and
3 political contexts and, again, leading to the
4 contribution I made in my June 14th affidavit. I
5 do that intentionally, that analysis, to consider
6 the ways that more marginalized groups are
7 impacted by historical and social inequities. And
8 that those considerations and an analysis in
9 respect for them from the bodies of research that
10 have contributed to that prioritization analysis,
11 which I have also contributed to, are considered.

12 I feel like I have done that in ways
13 that are evident across my CV, through my journal
14 publications, in conference papers, presentations,
15 through my roles at the university and the courses
16 I teach, the projects I supervise, research grants
17 that I've been awarded, the awards that I've been
18 awarded. So I would say I -- if I have not done
19 the thing that you have asked.

20 48 Q. In terms of your participation
21 in the consultation process, as referenced in this
22 article, it sounds like your participation
23 involved an oral statement and a written statement
24 on an index card that would necessarily have been
25 brief; do you agree with that?

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A6581

1 assistance something that you were seeking?
2 A. I don't believe so. But I
3 don't specifically recall what I contributed in
4 the consultation. There was a moment where I
5 spoke openly in the group in response to a request
6 for input from members of the arts in attendance.

7 And there was also an option to write down
8 questions on an index card and submit those that
9 selected full responses, because the time period
10 of the consultation was limited. And I don't
11 actually specifically recall what I wrote on that
12 index card in terms of the questions, but I did
13 submit one.

14 46 Q. Have you ever spoken to any
15 municipal councillors or lobbied for an increase
16 in municipal funding programs with respect to
17 people on social assistance in Hamilton?

18 A. Have I spoken to City
19 councillors?

20 47 Q. Municipal councillors or
21 lobbied in Hamilton for an increase in municipal
22 funding programs for people on social assistance.

23 A. Again, I don't believe that I
24 have shared any analysis or requests, that would
25 be outside of my area of contribution and research

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1 A. No, I don't think so. I think
2 given the opportunity to speak I took my time to
3 share my analysis, also sharing who I was and why
4 I was there and provided some nuance and analysis
5 from my areas of expertise. So I believe it was
6 somewhat lengthy, my oral contributions.

7 49 Q. And I just want to be clear
8 before we leave this article. In terms of what's
9 communicated here in response to the question that
10 I read out, while you can't recall specifically
11 whether or not what's contributed to you here as
12 your answer is a complete record of what you
13 stated in response to that question, you're not
14 saying that what is set out here was not said by
15 you; is that right?

16 A. I would say, for myself, that
17 what I said was, in my opinion, drawing on my
18 expertise and analysis to allow for a nuanced
19 analysis of the social, historical and political
20 context for the circumstance of what we talked
21 about in terms of housing and homelessness since
22 this depiction of it is actually inaccurate
23 because it doesn't do justice to all of what I
24 said.

25 50 Q. I want to be clear about that.
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A2297

21

1 If you're saying that this article is inaccurate,
2 you're not asserting that the CBC put words in
3 your mouth, correct?
4 **A.** No, I didn't make that
5 statement.
6 **Q.** No, I know, I'm trying to
7 clarify. You're saying that there's something
8 inaccurate about this article and this
9 representation of your words. You're not saying
10 that they made this up, the CBC?
11 **A.** I would reiterate what I shared
12 in the interview was my expert opinion that comes
13 from years of research and analysis.
14 **Q.** I've heard your answer, but my
15 question is somewhat different. You're not
16 asserting that the CBC made up what is set out in
17 this article as your answer to a question; you're
18 not saying that?
19 **A.** I never said that. I would
20 say --
21 **Q.** This is a further question. So
22 I'm not saying that you did, I want on the record
23 that you confirm that that is not something that's
24 being asserted. You are not asserting that this
25 answer contributed to you on the screen now, that
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22

1 question in the article that's posed to you was
2 made up?
3 **A.** I actually am misinterpreting
4 what you mean as "made up".
5 **Q.** You said this article is
6 inaccurate, that the representation of what you've
7 said is inaccurate, so I want to explore that
8 concept for a moment. You're not saying that it's
9 only made up out of whole cloth, that you never
10 said any of these words, correct?
11 **A.** Again, you're using references
12 that are not transparent, made up out of whole
13 cloth.
14 **Q.** Yes. That is a perfectly
15 straightforward statement. The words that are
16 attributed to you in response to this question:
17 "Is something different possible? What does that
18 look like to you? And what do we do next?",
19 you're not saying that a CBC journalist just made
20 all of these words up, that they did not come out
21 of your mouth, correct?
22 **A.** I can't say that these are a
23 good representation of the analysis that I
24 provided.
25 **Q.** That's a difference answer.
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23

1 It's an answer to a different question. It might
2 not be a good representation of your answer. **A6582**
3 **A.** Okay.
4 **Q.** I'm saying, these words were
5 not fully made up by the CBC, that's not what
6 you're alleging?
7 **A.** I don't think I waged an
8 allegation.
9 **Q.** I'm not saying that you have.
10 I'm trying to get a confirmation on the record
11 that that is not the inaccuracy that you're
12 alleging starting broadly and we're going to drill
13 down into that.
14 So these words you're not alleging
15 were wholly made up by a CBC journalist, correct?
16 **A.** I don't believe they would do
17 such a thing.
18 **Q.** You are not asserting that they
19 did, correct?
20 **A.** I don't believe I have.
21 **Q.** Okay. Again, I'm not asserting
22 anything, I'm asking you a question.
23 **A.** So you're asking me --
24 **Q.** I'm not saying this is made up.
25 **A.** Right, so I'll respond. You
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24

1 asked me if I've asserted something, I'm telling
2 you I don't believe I have. You believe that that
3 question has not been answered.
4 **Q.** You gave an answer saying this
5 is inaccurate in some way.
6 **A.** I did.
7 **Q.** I'm examining the nature of the
8 inaccuracy. So to start with, it's not wholly
9 fully made up, correct?
10 **A.** So in my opinion that I shared
11 with you, from my areas of expertise I would say
12 that to take a sentence of a contribution without
13 the nuance and analysis that engages the areas of
14 expertise that I drew upon to provide the
15 background for the contributions I was trying to
16 make in the article, to leave those out is a
17 crafting, it is a construction, and it might, to
18 some degree, in someone's opinion, be inaccurate,
19 inadequate and --
20 **Q.** In your opinion. I want to
21 make it clear, it's inaccurate in your opinion,
22 not someone's opinion, right?
23 **A.** I would say as a professional
24 tenured academic that to have a robust analysis
25 shared with you and to truncate it and leave
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1 important elements out would be something that I
2 wouldn't grade well or evaluate well or ask anyone
3 to do or present, it would be a misrepresentation.

4 65 Q. So that's the nature of the
5 inaccuracy that you're talking about?

6 A. Correct.

7 66 Q. But you are not sure whether or
8 not that statement, it's not just the case we need
9 Ontario Works and ODSP, we can take municipal
10 funding programs and make them livable for people
11 on social assistance in terms of cost by
12 re-sourcing how they're funded, you're not sure
13 whether that ever came out of your mouth in that
14 order?

15 A. I believe that last quote, "how
16 do we get rid of these people we see as the
17 worst?", is actually a quote from me. I believe
18 that stems from my analysis that I shared earlier
19 with respect to paragraphs 8, 9 and 10 of the June
20 14th affidavit that situate the context whereby
21 certain people can be seen as inherently flawed or
22 inherently the worst and inherently undeserving,
23 and those ideas get reconstituted often in policy
24 considerations, which I have also analyzed and
25 published on.

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1 A. Would you mind repeating your
2 question, please? A6583

3 70 Q. Is your opinion that it is the
4 case that the Canadian criminal justice,
5 immigration and mental health systems have
6 historically dehumanized, excluded and racialized
7 violence against racialized groups, disabled
8 people, newcomers/immigrants and people with
9 mental health issues?

10 A. I would say paragraph 3 shows
11 that I study, I choose my areas of interest. But
12 I would say it's probably too broad of a statement
13 to say wholeheartedly and in a completely
14 generalizable way that all of criminal justice,
15 immigration, mental health systems, practices,
16 policies in law in every respect in Canada are
17 dehumanizing, exclusive or racializing violence.
18 I would say I have interests that have looked at
19 particular empirical examples.

20 71 Q. Are the subjects of your study
21 purely historical or are they contemporary?

22 A. They are both historical and
23 contemporary.

24 72 Q. Do the courts in Canada today
25 dehumanize, exclude and rationalize violence

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1 67 Q. I think we've exhausted this
2 subject, so I'm going to stop sharing that
3 document. But, counsel, I will propose that we
4 mark as Exhibit 1 to the examination of Professor
5 Joseph.

6 EXHIBIT NO. 1: CBC article - "Why
7 Hamilton's encampment consultations can - and
8 should - be different, say advocates"

9 BY MR. DIACUR:

10 68 Q. I would like to move now to
11 your affidavit, your first affidavit sworn June
12 14th, 2022. So I'm going to share my screen and
13 put that up. Do you see that there entitled
14 Affidavit of Ameli Joseph sworn June 14th, 2022?

15 A. I do.

16 69 Q. So I'm going to scroll down to
17 paragraph 3. And in paragraph 3 you start out by
18 saying "I study" and then lay out those subjects.
19 Do I understand your opinion to be that the
20 Canadian criminal justice, immigration and mental
21 health systems have historically dehumanized,
22 excluded and racialized violence against
23 racialized groups, disabled people,
24 newcomers/immigrants and people with mental health
25 issues?

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1 against racialized groups, disabled people,
2 newcomers/immigrants and people with mental health
3 issues?

4 A. When you are referring to "the
5 courts", is there a particular court that I am to
6 respond to? I'm just trying to understand the
7 question.

8 73 Q. Well, in terms of our court
9 system, my question has to do with the courts in
10 Canada, but I can be more specific. You say in
11 paragraph 7 of your affidavit, for example, that
12 among other things, criminal justice system is the
13 phrase that you use, but you state that the
14 criminal justice system, among others:

15 "...have produced and reproduced a
16 devastating legacy of discrimination, prejudice
17 and exclusion for racialized people, disabled
18 people, and people with mental health."

19 That's true, correct?

20 A. Yes. It is also a citation,
21 and that citation is a reference to my book, which
22 is a particular study regarding removal orders for
23 racialized people identified with mental health
24 issues in mental health systems. As well as
25 attending to the confluence of mental health

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29

1 criminal justice and immigration systems.
2 Particularly with an emphasis that I refer to in
3 paragraph 8 in reference to prohibited classes
4 which --
5 74 Q. We'll come to that. I have
6 some questions for you about paragraph 8. But for
7 the moment I just want to focus what you say in
8 paragraph 7.
9 You indicate that among other
10 systems, the criminal justice system has produced
11 and reproduced what you refer to as a devastating
12 legacy of discrimination, prejudice and exclusion.
13 Now, what timeframe are you talking about in terms
14 of the criminal justice system reproducing those
15 devastating effects?
16 A. So that first section of
17 paragraph 7 that is cited, that's my book, is in
18 relation to a study on deportation, removal
19 orders. It was conducted during my PhD.
20 75 Q. Is that only historical or is
21 it contemporary? Those devastating effects, are
22 they still occurring or is that only in the past?
23 A. So it was an analysis of
24 historical, historically established policy,
25 professional practice and law that traces the
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1 genealogy and contemporary effects on ideas shared
2 during an examination of appeals cases of the
3 Immigration and Refugee Board, particularly
4 related to the matter of removal orders.
5 76 Q. And that's what I wanted to ask
6 you about specifically. So you say as a
7 historical study, but that they are contemporary
8 effects. That's what I'm interested in, is the
9 contemporary effects that you're referencing.
10 A. Okay.
11 77 Q. Is this something that's
12 continuing to be a devastating effect of things
13 the criminal justice is still doing, or is it
14 simply the effect of the historical acts; do you
15 see the distinction I'm drawing?
16 A. I understand the distinction
17 you are drawing. I don't think that's what
18 paragraph 7 says nor what I articulate in my book.
19 78 Q. So that's what I want to get
20 to. You do say there are contemporary effects, so
21 things are occurring today as a result of what you
22 state in paragraph 7; is that accurate?
23 A. That's not what I cite there.
24 79 Q. Okay. But you do --
25 A. Contemporary meaning like not
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1 from 1910, the study I completed in 2013.
2 80 Q. So the extent of your ability
3 to speak about contemporary effects of your study
4 ended in or about 2013 when your book was
5 published?
6 A. No, that is a study of one
7 publication amongst many studies and many
8 publications in my CV.
9 81 Q. Yes, I understand that. What
10 I'm trying to get at is your statement in
11 paragraph 7. You say historically, various
12 systems, including the criminal justice system,
13 have produced and reproduced a devastating legacy?
14 Discrimination, prejudice and exclusion for
15 racialized people, disabled people, and people
16 with mental health issues. What I want to know is
17 whether it is, in your opinion, the case that the
18 criminal justice system is still discriminatory,
19 prejudicial and excluding racialized people,
20 disabled people and people with mental health
21 issues.
22 A. I would say that's too broad of
23 a statement. I believe that it's in the
24 specificity of the text that I've cited, I've
25 actually indicated a specific project. So when I
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1 make the statement it's in reference to an
2 empirically study, peer review publication that
3 speaks to that particular context that's outlined
4 in the four lines of the beginning of paragraph 7.
5 82 Q. And that was published in 2013,
6 as you said?
7 A. That particular citation, yeah.
8 83 Q. And this statement in your
9 affidavit is circumscribed in that same way, that
10 it doesn't extend beyond 2013?
11 A. It is evidence that's been peer
12 reviewed and published of the historically -- of
13 the historical legacy that has produced and
14 reproduced discrimination and prejudice and
15 exclusion for racialized people and disabled
16 people and people with mental health issues.
17 84 Q. Let me ask it this way. Is it
18 still being reproduced today, in your opinion?
19 A. I would say the nuances of that
20 particular case would require an analysis that
21 applies, already contributed analysis to a
22 contemporary analysis that's situated in a context
23 that allows for one to not be too general, but be
24 very specific about what one is sharing.
25 In this case I do that in my
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1 affidavit relying on my expertise to summon my
2 knowledge that comes from an analysis of
3 literature over decades and my own research to
4 state very specifically that this has occurred,
5 the ways that the legacies of discriminatory and
6 unjust ideas, prejudicial ideas impact racialized
7 and disabled people and people with mental health
8 issues carry forward over time and impact policy
9 and practice in law.

10 85 Q. And they do so today?

11 A. Again, I say that would be a
12 stretch for me to say in particular. But I would
13 say it could be just encapsulated in it today. I
14 would say the more important point is the analysis
15 of the context, that ideas as they are instructive
16 and contrived and arranged have a potential and
17 there's evidence for the ability for those ideas
18 to carry forward and that we should attend to them
19 in analyses today. That's the point. That's
20 actually what my affidavit relies upon in terms of
21 my practice and research and teaching and
22 expertise and attempts to convey, that that
23 analysis is necessary and important.

24 86 Q. Have you conducted that
25 research and analysis?

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1 historical legacies of sanism, in particular, and
2 to establishment of eugenic policies in Canadian
3 law. A6585

4 As I cite in my book, and also in
5 paragraph 8 is a particular and specific example
6 of that where illusions to the idea of people with
7 disabilities, and I italicize it in paragraph 8,
8 "*undesirable immigrants*" because they were by
9 nature degenerates or dangerous or dishonest in
10 disposition, those discriminatory ideas actually
11 made their way into the *Immigration Act* of 1910.
12 The words were -- they're actually cited there in
13 paragraph 8, where the discriminatory ideas that
14 were eugenic ideas actually were cited as:

15 "'Persons mentally defective',
16 'Diseased persons', 'Persons physically
17 defective'..."

18 Alongside:
19 "'Criminals', 'Prostitutes or
20 pimps', 'Procurers', 'Beggars and vagrants',
21 'Charity immigrants' and 'Persons not complying
22 with regulations'. These prejudicial and
23 discriminatory ideas have and continue to shape
24 contemporary policy, practice and law in Canada."

25 That is, I believe, a study done by.

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1 A. I do many projects that attend
2 to these areas of interest.

3 87 Q. Do you consider the Canadian
4 criminal justice system to still be based upon a
5 legacy of colonial and eugenic policies, as you
6 state in paragraph 7?

7 A. Which area of the paragraph are
8 you referencing, sorry?

9 88 Q. You say:

10 "Eugenic policies in Canada have
11 scaffolded racism, sanism, and ableism into
12 policy, practice, and law."

13 You also state that the Canadian
14 criminal justice system, I can scroll down on
15 this, it's in the reference:

16 "Eugenic policies in Canada have
17 scaffolded racism, sanism, and ableism into
18 policy, practice, and law."

19 Do you consider the Canadian
20 criminal justice system to be based today on
21 eugenic policies?

22 A. I would say that would be
23 inaccurate, or at least incomplete. That
24 particular reference cited there is from a study
25 by Ian Dowbiggin that traced some of the

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1 Ena Chadha in *Disabilities Studies Quarterly* where
2 she studied House of Commons debates and --

3 89 Q. Sorry, just to clarify, during
4 what period?

5 A. 1859 to 1927.

6 90 Q. This gets at the fundamental
7 question that I wanted to ask you. So these
8 statements that there are legacies or continuing
9 effects, what I'm getting at is, are you saying
10 that these are effects that are still occurring
11 today due to past laws, past policies, past
12 decisions, or are you saying that the law today,
13 the policies today and decisions made today are
14 based on those same concepts which you refer to in
15 paragraph 3 as colonial and eugenic policies, for
16 example? Are we talking about effects that are
17 occurring today, or are we talking about colonial
18 and eugenic policies in force today?

19 A. So I would say the ways that we
20 attend to analyses that trace the ideas within
21 eugenics and within colonial project as they
22 encapsulate people into types who are less worthy,
23 that those ideas have legacies that carry forward
24 through time. And I've written about it, studied
25 it, published on it, presented on it.

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1 The ways that that analysis, that
2 those attentions are important for how we consider
3 inequities as we are creating policy in law and
4 practices, in the contemporary moment, that we
5 might attend to the historical context of
6 inequities as we see them today. Not as just
7 disparities, but also within the context of
8 analyses that appreciate that some of those ideas
9 were planted in and crafted and published in
10 policy and practice in law previously.

11 91 Q. At paragraph 6 of your
12 affidavit there's a citation, footnote 5, the
13 second sentence, you mentioned a national survey
14 on youth homelessness in Canada. None of the
15 applicants in this case are youths, correct?

16 A. I'd have to -- so in different
17 areas of study the definition of youth can go to
18 the age of 29. In some areas of study the
19 definition of youth can go to the age of 36.
20 Youth being a construct in social and political
21 analyses that tends to engage with literature over
22 time as well, and so the kind of age range kind of
23 shifts. This citation here was specific to a
24 national survey to highlight that there were these
25 particular disparities that were noticed and
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1 noted.

2 92 Q. In that national survey, what
3 was the definition of youth?

4 A. I believe they used the
5 definition that ends at, I believe -- actually, I
6 would have to look at it, but I believe it's the
7 definition that's below 29.

8 93 Q. Well, there's a citation, a
9 national survey on youth, footnote number 5,
10 "Without a Home", so it's not directly to the
11 survey, correct?

12 A. No, it's a citation.

13 94 Q. And at the bottom of this page,
14 this is page 3 of your affidavit, the end of
15 paragraph 7, there's a number 17 in brackets.
16 That looks to me like it's a Vancouver style
17 numeric citation used in health and other science
18 publications; is that right?

19 A. Could you ask that question
20 again?

21 95 Q. Yes. At the end of paragraph 7
22 there's a number 17 in brackets, that looks to me
23 like it's a Vancouver style numeric citation used
24 in health and other science publications; is that
25 right?

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1 A. I would say there's a number of
2 citation practices that would use the bracket.

3 96 Q. Which one is being used here?

4 A. I use an APA style for
5 citations in my publications, the American
6 Psychological Association, which allows for --

7 97 Q. Is that an APA citation?

8 A. I believe I wrote this in a way
9 that -- I think I relied upon the way I have
10 written and published on some of our legal
11 documents where there are footnotes. I'm not sure
12 that I actually held with the value of the
13 particular citation you're seeing.

14 98 Q. Okay. At the bottom of this
15 page there's an asterisk and it says, "Internal
16 citation omitted". I don't see another asterisk
17 above that that could be connected to; do you know
18 what that's referring to?

19 A. So number 7.

20 99 Q. So it's --

21 A. Sorry, paragraph 7, there's a
22 citation that's also number 7 and in there Francis
23 Galton is referenced from that 1907 document
24 there.

25 100 Q. Understood. So this is in the
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1 Dowbiggin book, there's a citation that's omitted?

2 A. What that means there is I
3 didn't cite Galton, the original text, which is
4 the 1907 document, "Inquiries into Human Faculty
5 and its Development". That was cited in
6 Dowbiggin's book.

7 101 Q. Understood. Okay, thank you,
8 that's clarified. I appreciate it. I just didn't
9 understand the asterisk.

10 So if we go to paragraph 8, you
11 referenced this earlier, it's about the
12 *Immigration Act* 1910 and concepts underpinning it,
13 including the concept of undesirable immigrants.
14 Now, you're aware, of course, that the *Immigration*
15 *Act* 1910 was replaced subsequently, 1952, 1976,
16 2002; is that right?

17 A. Correct.

18 102 Q. And that those later statutes
19 were on very different bases than the *Immigration*
20 *Act* 1910, correct?

21 A. Incorrect.

22 103 Q. So they continued to use things
23 like the concept of undesirable immigrants in,
24 say, 2002; is that right?

25 A. I would say from my own study
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1 and analysis, as well as analyses that I've
2 published, I've shared ways that the idea of
3 undesirability have continued via other discourses
4 in contemporary law. One example --
5 104 Q. Please give -- I didn't mean to
6 cut you off, please give me the example.
7 A. One example that I published on
8 and presented on is the idea of the excessive
9 demand clause which restricts the amount of
10 service a newcomer can receive in Canada because
11 of the idea that newcomers might be burdensome to
12 the Canadian system. I've shared analyses that
13 allow for us to consider the social and historical
14 political context of these ideas in 1910 and how
15 we think about the ways that an excessive demand
16 clause might see some people, in particular
17 immigrants, as somehow less worthy of receiving
18 the same care as citizens. And the excessive
19 demand clause, in particular, being situated in a
20 context whereby a particular person, Charles Kirk
21 Clarke, advocated for a restriction on immigrants'
22 use of services and in their receipt of charity.
23 At the original time of his work
24 there was a restriction on receipt of services
25 that was two years, by the end of his tenure it

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1 was five years, that newcomers, immigrants
2 couldn't access public services or charities. And
3 that that idea of restricting an immigrant's
4 access to health or Social Services is an idea
5 that also has a lineage that could be analyzed as
6 well inside of our analysis of the excessive
7 demand clause today.
8 105 Q. You're saying that there is
9 still a concept of undesirable immigrants built
10 into the system, if I understand you, a clause
11 like that that applies to all immigrants wouldn't
12 differentiate between some as undesirable and
13 others as desirable, as I understand it as what
14 was underpinning the *Immigration Act* 1910,
15 correct?
16 A. There's a few statements you
17 made there. Could you repeat the question?
18 106 Q. Yes. You're referring to
19 provisions and policies under the existing
20 immigration laws in this country and they apply
21 generally to all immigrants. That's a different
22 concept than the concept of undesirable versus
23 desirable immigrants, which I understand
24 underpinned the *Immigration Act* 1910; would you
25 agree?

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1 A. No. A6587
2 107 Q. I would like to move on to
3 paragraph 10. The last sentence of paragraph 10
4 refers to.
5 "...systemic structural inequities
6 compound the negative impacts of encampment
7 evictions for racialized, disabled, LGBTQ2S,
8 Indigenous people and people with mental health
9 issues."
10 So the negative impacts that you're
11 referencing there of encampment evictions, what
12 are they?
13 A. So those three lines above
14 where I mention -- is it three lines above,
15 inequities in the -- sorry.
16 108 Q. I can scroll --
17 A. You were at the --
18 109 Q. Oh, I was at the section you
19 were talking about, okay, understood.
20 A.
21 "...widespread inequities in
22 healthcare, education systems, housing,
23 employment, food security, access to water,
24 environmental inequities, mental health, criminal
25 justice systems, immigration systems, property

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1 ownership, and income."
2 That these, together, are widely
3 researched and understood to be social
4 determinants, the social determinants of health
5 and well-being. And for those who we have data
6 and knowledge about in terms of inequities, these
7 marginalized groups that I mention in that last
8 sentence, that because of those contexts where the
9 inequities already produce disparities, that
10 removing someone's ability to have the same access
11 to any of those systems and services would thereby
12 be disproportionately impactful for them.
13 110 Q. I think you anticipated my next
14 question. I'm just asking about the negative
15 impacts that you reference there. What are the
16 negative impacts?
17 A. So I believe I answered the
18 question by stating that --
19 111 Q. No, you were answering a
20 question about --
21 A. -- there are negative impacts
22 to accessing --
23 112 Q. -- compounding and why it's
24 compounded for certain people. You're talking
25 about compounding negative impacts, but you

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1 haven't explained what the negative impacts are.
2 So in order for something to be
3 compounded there have to be impacts in the first
4 place. What are the negative impacts that you're
5 referencing?
6 **A.** Thank you for restating your
7 question. As I stated, there are referenced
8 inequities in healthcare, education systems,
9 housing, employment, food security, access to
10 water, environmental inequities, mental health,
11 criminal justice systems, immigration systems,
12 property ownership, and income.
13 **113 Q.** Those are all negative impacts
14 on encampment evictions?
15 **A.** That access to services -- if I
16 could finish, that would be good.
17 **114 Q.** My job is to keep you focused
18 on my questions. So those things that you just
19 listed are negative impacts of encampment
20 evictions; that's what you're saying?
21 **A.** That those together are widely
22 researched and understood as the social
23 determinants of health and well-being. To evict
24 someone from an encampment would be an intrusion
25 upon an ability to access services in relation to
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1 the social determinants of health and well-being
2 which will have negative impacts on their health
3 and well-being.
4 **115 Q.** Well, I understand your answer,
5 let's move on.
6 So paragraph 12 of your affidavit
7 cites two articles reporting on hate crime
8 statistics in Canada. I hope we can agree that a
9 hate crime is crime, yes?
10 **A.** Yes.
11 **116 Q.** A crime is not perpetrated by a
12 system but by an individual, yes?
13 **A.** A hate crime?
14 **117 Q.** Well, let's start with a crime.
15 There's a perpetrator of a crime and it's an
16 individual, it's not a system, correct?
17 **A.** In terms of a legal definition
18 of crime, a crime is attributed to an individual.
19 There are also --
20 **118 Q.** It's not perpetrated by a
21 system, that's also part of my question.
22 **A.** There are also analyses that
23 share a perspective that appreciate many of the
24 social, historical and political contexts that
25 appreciate the ways that particular groups of
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1 people have been criminalized disproportionately.
2 And some of that analysis helps us appreciate the
3 ways that the idea of crime, the criminalization
4 of certain groups or populations, the charging of
5 certain groups or populations, doesn't happen in
6 ways that are transparent and discreetly so. That
7 there are evidence that there has been analysis,
8 evidence shared that help us understand how bias
9 carries out in systems.
10 A lot of that helps us appreciate
11 the ways that there's some nuance as to how we
12 understand the word crime and who is understood as
13 criminal. Which I believe also benefits from the
14 analyses that I shared earlier that appreciate the
15 social, historical and political context of
16 discriminatory and prejudicial ideas, as they have
17 been wielded in previous law. I hope that answers
18 your question.
19 **119 Q.** Well, I'll accept that as an
20 answer to my question.
21 You understand that in this
22 litigation several of the City of Hamilton's
23 by-laws are impugned; is that right?
24 **A.** So that someone is breaching
25 municipal by-laws?
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1 **120 Q.** No. So the fundamental premise
2 of this litigation is that certain by-laws in the
3 City of Hamilton are unconstitutional; are you
4 aware of that?
5 **A.** Yes.
6 **121 Q.** Now, would you agree that none
7 of the impugned by-laws in this litigation are
8 causing or have caused any of the individual
9 applicants to become homeless in your opinion?
10 **MR. CHOUDHRY:** That goes beyond the
11 scope of his evidence. You're asking him to
12 provide evidence in relation to the applicants and
13 the way the by-laws cause their homelessness or
14 don't. That's not what he's provided evidence on,
15 Mr. Diacur.
16 **MR. DIACUR:** He just has. He's
17 saying that systems are to blame. That was
18 exactly what he said --
19 **MR. CHOUDHRY:** But you're --
20 **MR. DIACUR:** -- in answer to my last
21 question. So I'm posing the question on the basis
22 of his evidence.
23 **R/F MR. CHOUDHRY:** Mr. Diacur, I think
24 that's a refusal because you've asked him about the
25 specific applicants and their specific experiences
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1 and that's beyond the scope of his evidence.
2 MR. DIACUR: Well, I don't agree.
3 He did just give evidence that makes it a relevant
4 question. I'll accept the refusal, I'll move on.
5 BY MR. DIACUR:
6 122 Q. So I would like to move to your
7 next affidavit, sir. So I have a few questions
8 for you about it. I don't expect we'll be much
9 longer.
10 THE REPORTER: Could I ask for a
11 quick break.
12 MR. DIACUR: Yes, of course.
13 -- Recessed at 5:09 p.m.
14 -- Reconvened at 5:15 p.m.
15 BY MR. DIACUR:
16 123 Q. I'm going to share my screen
17 starting with the affidavit sworn June 7th, 2024.
18 Do you see that?
19 A. I do.
20 124 Q. I would like to look briefly at
21 paragraph 2 of your affidavit. Paragraph 2
22 starts:
23 "Encampment evictions put unhoused
24 people at an increased risk of death. The
25 increased vulnerability of people living
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1 unsheltered, who are most impacted by displacement
2 policies, is widely researched."
3 There are a number of things cited.
4 One of the things that you cite was a paper, I'll
5 go down to it, it's footnote 3, by J.S. Chang, et
6 al, in 2022 entitled "Harms of encampment
7 abatements on the health of unhoused people".
8 It's from SSM - Qualitative Research in Health.
9 So I have a copy of that article
10 that I would like to share with you. I have a
11 couple of questions for you about it, particularly
12 about the mechanisms. So I'm going to put that up
13 on the screen. This is the article from SSM -
14 Qualitative Research in Health, Harms of
15 encampment abatements on the health of unhoused
16 people, J.S. Chang, et al. Is this the article
17 that you cited in your affidavit?
18 A. It is.
19 125 Q. And just from the abstract
20 there's a statement, what it calls encampment
21 abatements. You used the phrase under results
22 here in the abstract, abatements. It says that
23 there are four mechanisms that can harm unhoused
24 people's health. The first is stripping people of
25 their resources and necessities. The second is
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1 pushing unhoused people into less visible spaces,
2 reducing access to health outreach workers and
3 support systems. The third is negative encounters
4 between unhoused people and authorities, such as
5 law enforcement. The fourth is distrust in
6 authorities and law enforcement leading to
7 reluctance to seek or accept formal forms of
8 support and protection.
9 Would you do agree that those are
10 the mechanisms of harm in terms of encampment
11 abatements?
12 A. I would say in my expert
13 opinion I would nuance some of the historical and
14 social, political context for how any of the
15 particular four impact marginalized groups
16 disproportionately. I might actually also, which
17 I did actually in the affidavit in paragraph 2 --
18 126 Q. Well, we can go back to that.
19 Just for the record, I'm intending to mark that
20 article referenced in the affidavit as Exhibit 2.
21 EXHIBIT NO. 2: SSM - Qualitative
22 Research in Health article.
23 BY MR. DIACUR:
24 127 Q. I'll stop sharing that and go
25 back to your paragraph 2. This is paragraph 2 of
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1 your second affidavit of June 7th, 2024.
2 A. June 14th -- oh, we're looking
3 at --
4 128 Q. This is the second affidavit.
5 A. Got it. I just saw the date on
6 the screen and got confused. So, yes, I can see
7 this.
8 129 Q. And you were saying that
9 paragraph 2 expands on the mechanisms of harm
10 involved in encampment abatement?
11 A. Yeah, so the next two
12 sentences, that it's widely accepted that
13 increased vulnerability indicates a greater need
14 for immediate intervention and support services
15 and that the City of Hamilton acknowledges that
16 and they actually use assessments that consider
17 that. But that increased risk corresponds with
18 increased risk for mortality.
19 130 Q. Understood. I'm talking about
20 the mechanisms that harm can occur through. So I
21 understand what you're stating about
22 vulnerability. But in terms of the mechanisms
23 that were identified in the article you cited, you
24 don't disagree with those mechanisms, correct?
25 A. Disagree? I would say no. As
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1 I shared earlier, I would convene additional
2 analyses through academics and researchers that
3 engage with literature that allows for an
4 appreciation of the social, historical and
5 political context as they differentially impact
6 marginalized groups that need specific forms of
7 attention.

8 131 Q. I'm not talking about the need
9 for attention, I'm talking about the mechanisms
10 that cause harm. Are there any mechanisms
11 involved in harm of encampment abatements, in your
12 opinion, other than the four that we just read out
13 from the J.S. Chang article that you cite?

14 A. Are there mechanisms of harm,
15 other than the four, that relate to housing
16 abatement -- or sorry, encampment abatement?

17 132 Q. Encampment abatement, that's
18 right.

19 A. I would say I wouldn't want to
20 speculate beyond what I cited in the article as
21 what I believe to be an important emphasis and
22 contribution.

23 133 Q. Okay. I understand from
24 paragraph 5 of this supplementary affidavit, I'll
25 scroll to that now, I understand it to be your
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1 opinion that encampment abatements produce an
2 increased risk of death. You reference infection,
3 disease, substance and alcohol use and worsening
4 mental health. Those are the associated risks of
5 encampment abatements, in your opinion?

6 A. They are associated with the
7 citation there.

8 134 Q. So you would agree that an
9 encampment being abated or dismantled does not
10 necessarily strip any individual of any resources,
11 right?

12 A. No, I wouldn't agree with that.

13 135 Q. Possessions could be lost, but
14 that's not necessarily the case, correct?

15 A. Could you repeat the question?

16 136 Q. Possessions could be lost, but
17 that's not necessarily the case, right?

18 A. If possessions include the idea
19 that one feels like they are in a place that
20 they've chosen and safely for them, case by case,
21 analyzed and appreciated in a context that sees
22 the uniqueness of each case and appreciates it, I
23 guess it depends on what you determine to be as
24 possession.

25 137 Q. You would agree that not all
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1 individuals who move when an encampment is abated
2 or dismantled necessarily move to a less visible
3 space, correct? A6590

4 A. If a person living in an
5 encampment voluntarily moves to another space,
6 that they are -- that is less visible, is that,
7 itself, harmful; is that your question?

8 138 Q. That's not my question. You
9 would agree that not all individuals who move when
10 an encampment is abated or dismantled necessarily
11 move to a less visible space, correct?

12 A. Not all people that leave --

13 139 Q. It's not necessarily the case
14 that they move to a less visible space; is that
15 correct or it's not?

16 A. I'm sorry, could you state the
17 question again?

18 140 Q. Let me put it a different way.
19 Some people when an encampment is dismantled or
20 abated may move to another location with equal or
21 better access to health outreach workers and
22 support systems, correct?

23 A. Some people, yes.

24 141 Q. And you would agree that
25 negative encounters between unhoused people and
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1 authorities, such as law enforcement, do not
2 necessarily occur when an encampment is abated or
3 dismantled, correct?

4 A. Are we referring to item 1 in
5 the terms for the mechanisms or item 4?

6 142 Q. Well, I believe that it would
7 be number 3. But my question is, you would agree
8 that negative encounters between unhoused people
9 and authorities, such as law enforcement, do not
10 necessarily occur when encampments are dismantled
11 or abated, correct?

12 A. I would say that I would never
13 say that thing. I would probably articulate that
14 there are a number of ways that people move from
15 place to place when living in an encampment.

16 I would refer to that particular
17 document that I cited for the ways that they've
18 tried to create sort of analytical buckets for the
19 kinds of ways that crime can occur, and that
20 attending to them, all of them, requires specific
21 and necessary attention. So I would rarely, if
22 ever, or probably never, make such a generalized
23 statement.

24 143 Q. Would you agree that
25 individuals do not necessarily become more
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1 reluctant to seek or accept formal forms of
 2 support and protection after an encampment is
 3 dismantled or abated?
 4 **A.** Could you repeat?
 5 **144 Q.** Yes. You would agree that
 6 individuals do not necessarily become more
 7 reluctant to seek or accept formal forms of
 8 support and protection after an encampment was
 9 dismantled or abated, correct?
 10 **A.** I would assess that, I believe,
 11 on a case-by-case basis.
 12 **145 Q.** In fact, some people might
 13 accept shelter when it's offered to them as part
 14 and parcel of a shelter being abated or
 15 dismantled, correct?
 16 **A.** Again, on a case-by-case basis
 17 depending on the person, whether shelter is
 18 amenable or beneficial to them and whether the
 19 shelter space is available.
 20 **146 Q.** Are you aware of any examples
 21 of that very thing occurring in the City of
 22 Hamilton?
 23 **A.** Which thing?
 24 **147 Q.** A person accepting shelter when
 25 it was offered to them as part and parcel of a
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1 shelter or an encampment being dismantled.
 2 **A.** I've experienced more of the
 3 case where shelter space is unavailable.
 4 **148 Q.** Are you aware of any examples
 5 of that very thing occurring in the City of
 6 Hamilton, referencing acceptance of shelter when
 7 offered as part and parcel of an encampment being
 8 abated or dismantled?
 9 **A.** Specific examples, I cannot
 10 recall.
 11 **149 Q.** And if I'm following you in
 12 paragraphs 2 and 3, and I'll put paragraph 3 up on
 13 the screen now of your June 7th, 2024 affidavit,
 14 you indicate that harms, that are not necessarily
 15 part of an encampment abatement occur, those harms
 16 are necessarily magnified when an individual
 17 experiences them is one of either racialized,
 18 Indigenous, disabled or has a mental health issue;
 19 is that right?
 20 **A.** Could you point to the
 21 paragraph you're referring to?
 22 **150 Q.** Yes. Well, you do indicate,
 23 for example in paragraph 2, that there are, for
 24 example, increased vulnerability due to acuity,
 25 that that is something that is recognized by the
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1 City of Hamilton. You also indicate that in
 2 paragraph 3 there are references to Hamilton
 3 Homeless Mortality Data project. There is also,
 4 you reference mental illness, stimulant use and
 5 opioid use were among the top comorbid conditions
 6 in terms of the individuals who passed away during
 7 the period June 2021 to 2023. And there's also
 8 reference to the vulnerability of people living
 9 unsheltered.
 10 So in terms of the magnification,
 11 I'm actually going to search for that word. Wrong
 12 document. Instead of keeping you waiting, I'll
 13 withdraw that question and move on. I'm missing
 14 the reference.
 15 So Exhibit "A" to this June 7th,
 16 2024 affidavit is data produced by the Hamilton
 17 Homeless Mortality Data project; is that correct?
 18 **A.** That's correct.
 19 **151 Q.** That's a project in which you
 20 have participated; is that right?
 21 **A.** It is a project for which one
 22 of the lead researchers is a doctoral student that
 23 I supervise directly.
 24 **152 Q.** Who is that?
 25 **A.** Gessie Stearns.
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1 **153 Q.** That's Gessie Stearns who we
 2 were discussing earlier?
 3 **A.** I also supervised her Master's
 4 research.
 5 **154 Q.** I thought that was referenced
 6 in your CV.
 7 A couple of brief questions about
 8 Exhibit "A" and then we'll be finished. So, as I
 9 understand it, the main cause in each of the
 10 periods studied in the Hamilton Homeless Mortality
 11 Data project of the deaths that occurred was
 12 overdose; is that correct?
 13 **A.** Is there a particular chart
 14 that we're referencing?
 15 **155 Q.** Well, there's a couple that we
 16 can go to. So, for example, if we go to page 556,
 17 which we are at, there is a total reported deaths
 18 during the period June to November 2021 of 22
 19 individuals.
 20 **A.** That's right.
 21 **156 Q.** There's an average age of death
 22 that's provided. There's age ranges, time ranges,
 23 gender expression of the individuals, the location
 24 and then cause.
 25 **A.** Correct.
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1 157 Q. Overdose is the main cause
 2 during that period. The largest number of
 3 individuals who died during that period, that was
 4 the cause of their death; is that correct?
 5 A. Correct.
 6 158 Q. And so if we jump forward to
 7 the same period the following year, so that's June
 8 to November --
 9 A. This one went to May.
 10 159 Q. No, so the same period of time
 11 the following year, so June to November 2022. So
 12 previously we were looking June to November 2021,
 13 now we're June to November 2022. The total
 14 reported deaths are the same number 22 individuals
 15 in this period, correct?
 16 A. Yes.
 17 160 Q. And, again, we have an average
 18 age of death that's provided, but we have the same
 19 sort of cohort data. We have the age ranges, we
 20 have the time ranges, we have the gender
 21 expression and location and cause. Again,
 22 overdose is the principal cause?
 23 A. Mm-hmm.
 24 161 Q. Sorry?
 25 A. Yes.

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1 decreased?
 2 A. In total number reported?
 3 167 Q. Yes.
 4 A. I would say moving from 22 to
 5 21, given the small sample size, is a gross
 6 decrease but not enough to make any conclusions
 7 over a period of time. There are five reports to
 8 date and one forthcoming. The current data is 29.
 9 168 Q. So in a forthcoming report that
 10 has not been disclosed in this matter you're
 11 saying the number is 29?
 12 A. There's data being collected.
 13 There is no report to share. The information that
 14 I've submitted is on the published and finalized
 15 reports that have been analyzed and published.
 16 This is, in answer to your question, 21 is less
 17 than 22 and that is a decrease.
 18 169 Q. Thank you. Those are all my
 19 questions. I appreciate your time.
 20 MR. CHOUDHRY: Dr. Joseph, just give
 21 me a minute to consult my notes. You're still
 22 under oath, sir, do please remain where you are.
 23 Don't communicate with anyone and I'll be back in
 24 just two minutes.
 25 -- Recessed at 5:39 p.m.

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1 162 Q. You have to say "yes" or "no"
 2 just for the record. I just want to make sure
 3 that we have that clear.
 4 So if we then again jump forward to
 5 the same period in 2023, which will be now June to
 6 November 2023, total reported deaths during that
 7 period is 21. So one fewer during that time
 8 period, correct?
 9 A. Correct.
 10 163 Q. Compared to the two previous
 11 years, correct?
 12 A. Correct.
 13 164 Q. And we have average age of
 14 death, again age range, time range, gender
 15 expression, location and cause. Again, overdose
 16 is the principal cause?
 17 A. Correct.
 18 165 Q. Would you agree with me that
 19 over those three years, the same period being
 20 examined in each year, the data does not support
 21 an increase in the number of deaths within those
 22 periods?
 23 A. I would say that year over year
 24 there is not an increase.

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1 -- Reconvened at 5:41 p.m.
 2 MR. CHOUDHRY: Professor Joseph,
 3 thank you, but the applicants have no questions
 4 for you for redirect, so I believe you're free to
 5 go, sir.
 6 MR. DIACUR: I agree. Thank you
 7 very much for attending and answering.
 8 THE DEPONENT: Thank you very much.
 9 ---Whereupon the examination adjourned at 5:41 p.m.

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REPORTER'S CERTIFICATE.

I, SHEILA M. FINLAY, CSR, Certified
Shorthand Reporter and Commissioner of Oaths within
and for the Province of Ontario, certify;

That the foregoing proceedings were
taken before me at the time and place therein set
forth, at which time the witness was put under oath
by me;

That the testimony of the witness and
all objections made at the time of the examination
were recorded stenographically by me and were
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That the foregoing is a true and
correct transcript of my shorthand notes so taken.

Dated this 30th day of August 2024

Sheila Finlay

[Signed Electronically]

SHEILA M. FINLAY, CSR /ACT
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Hamilton

Why Hamilton's encampment consultations can — and should — be different, say advocates

Ameil Joseph and Gessie Stearns share their thoughts on the city's encampment protocol and consultation

CBC News · Posted: Jul 21, 2023 4:00 AM EDT | Last Updated: July 21, 2023



Ameil Joseph, an associate professor in the school of social work at McMaster University and Gessie Stearns, a homelessness researcher. (Bobby Hristova/CBC and Submitted by Gessie Stearns)

As Hamilton wrestles with worsening homelessness and how to address it, city councillors are poised to finalize a plan next month to deal with a growing number of encampments.

In June, the city held three in-person public consultation sessions and had an [online survey](#) open for people to share their thoughts and offer feedback on the plan.

The plan works off the idea that without help from the province and federal government, encampments aren't going away anytime soon.

Lacking affordable housing, emergency shelter space and mental health supports, as well as an ongoing opioid crisis have created the current conditions, the city previously said.

It has put money into house, created an opioid action plan and declared states of emergency related to homelessness, opioid addiction and mental health to try and get extra funding.

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Exam of AMEIL JOSEPH

Heegsma et al v City of Hamilton

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Hamilton's community meetings are supposed to be part of the feedback the city is using to create recommendations for councillors in August. (Samantha Beattie/CBC)

While waiting for a long-term solution, [the city's proposed encampment plan](#) explores the idea of sanctioned encampment sites and rules for encampments that aren't in sanctioned areas.

A staff report with a recommended plan and summary of the feedback is due to be presented in August.

But the plan — and its public consultation process about the plan — is facing some criticism.

Ameil Joseph, an associate professor in the school of social work at McMaster University and Gessie Stearns, a homelessness researcher, both have concerns with the plan and process.

In a conversation with CBC Hamilton, they said the current discussions treat encampments like an eyesore instead of being more focused on creating housing. They also say there should be more transparency.

Some of that conversation is here. It has been edited and condensed for clarity.

How would you summarize the state of homelessness and housing in Hamilton?

Joseph: The state is terrible. The state is one that will produce people dying. Sometimes there are allusions to the fact shelters are over capacity or there are thousands of people on a waitlist for housing or waiting for an application to be processed without housing possibilities. People are spending 50 per cent of their income on renting. All these things together remind us of the historical context where we've been pulling out of addressing matters of housing for some time — income support, people with disabilities, ODSP, housing provisions, all inadequate over several years. These things are cascading upon one another without a coherent strategy.

- [People facing homelessness in Hamilton describe what they want the city to do](#)

Stearns: We focus on homeless people as the problem, and not on the way in which we develop our community or the way in which we plan all kinds of other things. It erases the idea that housing is actually what we need. We have inclusion policies and ideas of what belonging looks like in Hamilton and none of these plans and processes don't actually reflect any of that. We silo many of the things going on in our community as though they're distinct items and as a result, we focus on people's

Why Hamilton's encampment consultations can — and should — be different, say advocates | CBC News
inability, trauma and drug use, rather than looking at many of the core reasons why we are where we are today.

A6596



Storm Mallinson, right, stands next to his partner, as they shared their story about being unhoused and explained what they wanted the city to do to help combat Hamilton's homelessness issue. (Bobby Hristova/CBC)

What do you think about the city's plan and consultation process?

Joseph: We see people outside as something broken that needs to be fixed rather than our policies, programs and resourcing infrastructure that is a problem that needs to be fixed. The consultations are about how do we identify and police those people outside and remove them and place them somewhere else. Every one of these consultations, people are saying, "I live outside, no one has offered me anything, I can't afford any option talked about and none of this makes sense." What about housing? We offer them no guarantee or provision or plan for how they can access anything they need at all.

- [Your questions answered on encampments and Hamilton's proposed plans](#)

Stearns: Consultation happened, housing wasn't on the table. There are rooms full of people with the will to start talking about solutions, but we're always told housing is not one of them. We were told to not talk about housing all along the way and the reason we were given is we'd have to draw from provincial and federal governments to do that and we're waiting. We're never quite pulling together all the ways we build this community in an inclusive way that people can belong. The way the current documents to draw upon are written, with five metres here or 50 metres there, leaves the responsibility of finding a space to people outside. What we have are a set of prohibitions never quite looking to how we're developing.



A2312

Amanda Clarke is unhoused. She previously said she has had trouble accessing services to help her and also said people in encampments face violence daily — from people who are homeless and people who aren't. (Bobby Hristova/CBC)

Is something different possible? What does that look like to you? And what do we do next?

Stearns: What are we doing here waiting for levels of government that aren't responding to this scathing Auditor General of Canada report that says we don't really know if we're doing the thing we set out to do? In this community, we need to be having conversations about how to address the needs of folks we're seeing struggling now. There's the ability to have more transparency to have these discussions. There's a lot of will but this consultation process has not laid out a path for us to have these conversations.

- [Hamilton man stabbed at Woodlands Park encampment in critical but stable condition, police say](#)

Joseph: When people are telling you over and over again there are a number of ways we can weigh in differently, that's where we need to think about how to get to. The pass the buck kind of conversations where we can't talk about provincial, federal and municipal issues continuously is a strange entry point. It's not just the case we need Ontario Works and ODSP to be higher amounts, it's also the case we can take municipal funding programs and make them livable for people on social assistance in terms of cost by re-sourcing how they're funded ... rather than retreating to "how do we get rid of these people we see as the worst?"

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Harms of encampment abatements on the health of unhoused people

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Ex # 2 m/d/y 08/27/2024 Pg 1 of 10

Exam of AMEIL JOSEPH

Heegsma et al v City of Hamilton

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A B S T R A C T

Introduction: Abatements, or “sweeps,” are key instruments used by local governments to address increasing numbers of homeless encampments, but they are controversial, underdocumented, and understudied. To examine how social policies, such as abatements, impact the health of people who are unhoused, we interviewed unhoused people on their recent experiences with local abatement practices.

Materials and methods: Between 2018 and 2020, we used community-based participatory research approaches and the docent method to conduct participant-guided, in-depth, semi-structured interviews with unhoused people in Santa Clara County (n = 29). We used grounded theory approaches to analyze interview data.

Results: Abatements harmed unhoused people's health through four key mechanisms. First, forced relocation and property seizures stripped people of health resources and necessities (e.g., personal belongings, social support) required to survive unhoused. Second, abatements drove unhoused people into hazardous, isolated, less visible spaces, which increased health risks while reducing access to health outreach workers and support systems. Third, abatements were the grounds for frequent negative encounters between unhoused people and authorities such as law enforcement - interactions that produced anger, stress, and distrust. Finally, distrust of authorities and law enforcement led to people's reluctance to seek or accept formal forms of support and protection. The necessity of self-policing in encampments created cycles of interpersonal violence that resulted in suffering, injury, and premature death.

Discussion: Sweeps undermined or directly harmed unhoused people's health, leading to serious health consequences. Common abatement practices are social policies that may be causal factors in the declining health of unhoused people. Improved documentation, reporting, and tracking of abatement practices are needed.

1. Introduction

For the thousands of people in Santa Clara County (SCC) who have no option but to live outdoors due to the lack of shelters and affordable homes, there are few places one can exist uncontested. Laws and systems labeling unhoused people as vagrants, transients, trespassers, and suspicious persons make their presence a perpetual struggle, even a crime, in most spaces. A key battleground in this struggle is the encampment. Encampments are the tents, wooden pallets, tarps, cars, vans, or other materials set up by unhoused people in order to survive without shelter (Cohen et al., 2019). People who are unhoused, housed residents in the community, business interests, and various local government agencies, including public health, criminal justice, and law enforcement, are stakeholders in the social struggle over the existence of encampments and the right to live outdoors when there is nowhere else to live.

A central apparatus in this struggle is *the sweep*. The definition of a sweep (i.e., encampment sweep, abatement, “move-along” order) is

varied, but in general, the term refers to authorities removing one or more persons from a location in adherence to ordinances that ban staying on a wide range of public or private spaces. If an individual refuses or cannot move, they are subject to citation and potential arrest, and their belongings can be confiscated and discarded. Abatements, and the controversies surrounding them, have a long history in the United States (Baker, 1990; Simon, 1991). The magnitude of abatements has escalated in many cities since the 1990s due to substantial increases in anti-homeless ordinances and technologies facilitating the reporting of neighbor complaints (Craven et al., 2021; Herring, 2019; Herring et al., 2020; Rankin, 2019; Wilking et al., 2018), despite ongoing legal concerns surrounding the constitutionality of sweeps. One example of a constitutional concern is a Ninth Circuit decision banning local governments from citing and arresting people sleeping on public property in the absence of adequate shelter space (Martin v. City of Boise, 2019). The court's underlying conclusion was that the abatement of unhoused people is cruel and unusual punishment when there is no reasonable alternative place to stay.

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Beyond legality, there are debates surrounding the efficacy, cost, and consequences of abatements. Academic studies examining the effects of abatements are limited, but research emerging around the United States, including from government reports and advocacy organizations, consistently show that abatements are costly to city budgets and ineffective at reducing homelessness. In 2019, the City of San Jose spent \$8,557,000 on encampment responses, 57% of which was used for encampment abatements, versus 17% for encampment prevention, and 10% for homeless outreach (Dunton et al., 2020). Due to the lack of effective coordinated documentation and reporting systems, most cities and counties are unable to assess the effectiveness of abatements. However, available detailed reports and audits have shown that abatements result in the dispersal and destabilization of unhoused people, rather than long-term removal from public spaces (e.g. Office of the City Auditor San Diego, 2020; Office of the City Auditor of San Jose, 2018). Arrest records in Chico, California showed that following the passage of anti-homeless “sit-lie” prohibition policies, there were substantial increases in arrests and relocation of unhoused people, at almost twice the cost of official estimates. Locations of arrests occurred incrementally further from the downtown area over time, suggesting that abatement practices pushed unhoused people away from city centers (Wilking et al., 2018). In Greensboro, North Carolina, anti-homeless policies resulted in increased contacts between unhoused people and law enforcement. There were also racial disparities, as Black people who were unhoused reported high rates of racial profiling in police contacts (Craven et al., 2021). During abatements, unhoused people are rarely introduced to viable shelter or housing options. In San Francisco, California, the vast majority (91%) of unhoused people remained outdoors following an abatement, and relocation into housing was rare (Herring et al., 2020). In Denver, Colorado, unhoused survey respondents reported that in over 80% of “move-along” encounters with police, they were forced to move without receiving any information about supportive services (Robinson, 2019).

In health research, there is strong epidemiological evidence that being *unsheltered* while unhoused is a major health risk (Anderson et al., 2021; Lee et al., 2016; Levitt et al., 2009) that is associated with premature mortality (Montgomery et al., 2016; Romaszko et al., 2017; Roncarati et al., 2018). However, evidence specifically linking sweeps to health outcomes is limited. In Denver, Colorado, unhoused people's experiences with abatements led to a range of physical and mental health issues, including poorer sleep, isolation, risk of interpersonal violence, and weather-related health hazards (Westbrook & Robinson, 2021). Ethnographic researchers (Bourgeois & Schonberg, 2009; Knight, 2015; Lopez, 2020; Stuart, 2016) have chronicled the ways that policing and criminalization of homelessness - frequently interconnected with policing drug use - have resulted in prolonged exclusion and harassment of unhoused individuals. These ethnographies report a range of poor health outcomes ensuing, from languishing health to overt physical violence. Outside of health research, qualitative studies have examined the effects of abatements on quality of life, justice, and safety. Researchers have shown that abatements result in the loss or destruction of people's property, causing excessive cost and stress for those living unsheltered (Darrah-Okike et al., 2018). The loss of property and continuous relocation are underlying factors in crime and safety risks, as unhoused people are forced to undergo extreme lengths to regain necessities (Herring et al., 2020; Langegger, 2016). Criminalization of homelessness through abatements creates forms of hidden homelessness, as well as a direct pipeline into the criminal justice system, causing additional harm to the unhoused individual (Rankin, 2019, 2021). All together, these studies show that policies that criminalize homelessness are a structural driver of the pervasive destabilization, suffering, and violence that unhoused people experience, which lead to a range of legal, health, and social consequences.

In this study, we set out to investigate the social environmental mechanisms and dynamics created by abatement policies, which set the stage for unhoused people's exposure to health issues and ability to protect themselves. Drawing on community-based participatory research

(CBPR) principles, we explored this topic in a place-based, participatory manner to center the often invisible lived experiences and personal narratives of people who are unhoused.

2. Materials and methods

This study was approved by the Institutional Review Board at Santa Clara University. The data used for this manuscript are a subset of an ongoing qualitative study investigating how local policies surrounding abatements shape people's health in the San Francisco Bay Area. Here we report on in-depth, semi-structured interviews conducted with people who are unhoused recruited between 2018 and 2020 (n = 29). We also report based on observations and notes from several months of ethnographic data collection conducted in encampments in SCC during the study period, during which at least one of the authors met and discussed the study topics with unhoused people and wrote detailed memos, but did not formally enroll participants. To be eligible for the study, participants had to be an adult who was unhoused in SCC for at least six months within the last 5 years of enrollment. All participants had personal experiences with encampment abatements.

2.1. Community-based participatory research and the Docent method

Community-based participatory research is a research approach that acknowledges, challenges, and attempts to dismantle the current and historical harm done by academic privilege in health research. It is a set of interrelated principles (Israel et al., 2013; Minkler & Wallerstein, 2011) that informed the study design of this research. Based on CBPR principles, we involved members of the unhoused community as co-leaders of the study development and implementation. We relied on unhoused people's expertise to make decisions about the study, including what topics/concepts to focus on, and what spaces to visit. Based on CBPR, the academic-community partnerships and relationships are ongoing, as we continue to build and strengthen ties between academics and people in the unhoused community.

We used the *docent method* (Chang, 2017) to focus the data collection and analysis on the role of social and built environments, which is a central concept in CBPR. The docent method is a place-based, participant-guided, walking interview approach rooted in grounded theory (Charmaz, 2014) and CBPR principles. The docent method was designed to challenge or reverse the power dynamics of traditional interviews by 1) privileging the leadership and expertise of study participants, and 2) incorporating the everyday spaces and settings that are consequential to health into the semi-structured interviewing process. In the docent method, participants act as docents - resident experts - who guide the researcher on walking interviews through key conceptual sites. In this study, the three “sites of interest” were 1) the personal space of the unhoused person (e.g., tent, vehicle, shelter bed/space), 2) the community space (e.g., shared or open spaces in or around the encampments and shelters), and, for people in encampments, 3) the routes/pathways to and around the encampments. By visiting these conceptual sites guided by the expertise of each participant, the docent method enabled a systematic, participant-led investigation of the environmental, social, neighborhood, and structural factors that impacted people's health.

2.2. Participant recruitment and data collection

Participants were recruited in three stages. First, in Summer 2018, we recruited people living in encampments and vehicles (n = 14) using a convenience sample and snowball sampling approaches. R.J.A., who was formerly unhoused and has longstanding relationships with members of several key encampments, contacted or approached potential participants to inform them about the study. We focused on three semi-durable encampments for recruitment, locally known as the Bassett, Tully, and Roosevelt encampments. Interviews took place on-site at the encampments, in a semi-private location selected by the participant.

Next, we recruited people staying in shelters ($n = 9$), all of whom had prior experience living in encampments and/or vehicles. Participants were recruited at a large shelter facility in San Jose with the support of staff who posted flyers advertising the study, distributed information sheets, and provided interview rooms. Study participants were interviewed in a private room, then each participant guided us around their personal spaces (e.g., cot, room), and around the facility, including shared spaces and outdoor recreation areas.

In March 2019, at the start of the COVID-19 pandemic, we redesigned the study into a virtual format in order to comply with restrictions to in-person research. Participants ($n = 6$) were recruited by two community-based organizations that provide services to people who are unhoused. Eligible participants were given information sheets about the study, and asked to contact the researchers, who then set up virtual interviews on Zoom or by telephone.

All study participants provided informed consent prior to enrollment. Interviews were recorded using a digital audio-recorder. We used a semi-structured interview guide to cover interview topics, focusing on experiences with shelters, encampments, abatements, and health. The interview process took between one to two hours. During the docent method interviews, we took photos of the physical surroundings using a cell phone camera, avoiding identifying photographs of people's faces. At the end of the interview, we gave each participant twenty dollars in cash or gift card, and in-person interview participants received a care package containing food and personal care items.

2.3. Data analysis

All audio files were transcribed verbatim with identifying information removed. All participants were assigned pseudonyms. All transcripts were uploaded into ATLAS.ti for storage, coding, and analysis. The transcribed data were analyzed by three researchers using grounded theory data analysis approaches (Charmaz, 2014). First, we listened to all of the interview audio files as we reviewed transcripts and field notes for each interview. Reviewing the transcribed data, we conducted initial line-by-line inductive coding of a portion of the interviews. We wrote memos on broad theoretical and substantive topics drawn from initial impressions and interpretations, and organized these memos into an initial set of inductive codes. Next, we used this initial set of inductive codes to code all transcripts in ATLAS.ti. The initial set of inductive codes was supplemented by emerging concepts from the transcript coding. We then listened to the original audio files while reviewing and re-coding interview transcripts. Some codes clustered thematically and were analyzed together. We focused on queries for the codes “encampment experiences” and “encampment abatements” for analysis.

3. Results

For context, in SCC, abatements are initiated based on neighbor complaints, but also on grounds of environmental protection and sanitation. Santa Clara County, known as Silicon Valley, is a large, 1300 square mile, geographically diverse region, and a substantial portion of unhoused people stay in fairly remote outdoor spaces, such as in sites near the forested hills, rivers, creeks, abandoned lots, and industrial spaces interspersed throughout the county. Santa Clara County has among the highest proportions of *unhoused-unsheltered* people in the United States (Turner, 2017). The 2019 unhoused point-in-time count estimated that approximately 9700 unhoused people live in SCC, with 82% living unsheltered. The unhoused-unsheltered population increased 45% (5448 in 2017 to 7922 in 2019) since the 2017 point-in-time count (Applied Survey Research, 2019).

An audit of homeless service programs in San Jose showed a sharp increase in abatements following a 2015 lawsuit to keep waterfronts clean (Office of the City Auditor of San Jose, 2018). Abatements involve a constellation of city departments (e.g., housing, transportation, police, fire, parks and recreation, etc.), abatement contractors, and community

organizations. Though the protocols and practices involved vary, in general, unhoused people are required to remove themselves and their property from a location within 72-hour following notification (“getting posted”). Abatement workers are typically accompanied by law enforcement, who have the authority to seize and discard belongings, issue citations, or even arrest people who do not comply with orders to move (Office of the City Auditor of San Jose, 2018).

The study participants were closely split between women (51.7%) and men (48.3%). Almost half of participants self-identified as Latino (48.3%), 31% as White, 17.2% as Black, and 3.4% Asian Pacific Islander. At the time of the interview, 15 (51.7%) participants were living in encampments, 9 (31%) in shelters, 4 (13.8%) in vehicles, and 1 (3.4%) recently in supportive housing. Most participants were older than 50 (27.6% age 50–59, 31% age 60+), 9 (31%) were in their forties, 2 (6.9%) in their thirties, and 1 (3.4%) was in their twenties.

We report on our grounded theory analysis of participants' experiences with encampments and abatements, focusing on the social environmental mechanisms through which abatements affected their health.

3.1. Forced removal and property seizure destabilized people, and dispossessed them from resources (belongings, social support) needed to survive unhoused

At a basic level, abatements harmed the physical and emotional health of unhoused people by dispossessing them of the belongings they need to survive outdoors - belongings that were often painstakingly procured. Participants reported that during sweeps, their personal belongings of all kinds were taken and discarded by authorities (Image 1). Belongings that were necessities for survival (e.g., medications, tents, blankets, essential records/documents) were routinely seized. Nina, a Latina woman in her fifties and a San Jose native, had been living intermittently in her encampment located in a forested area near Coyote Creek for eleven years. She stayed in a tent, situated under a tarp strung between tree branches. During her interview, she thought back on the destabilizing effects of the prior year when her area was swept every few weeks. She became hypervigilant and unable to let her guard down, because sometimes, her camp would be given a 72-hour notification of an impending sweep, and other times, abatement contractors came without warning. If Nina could not carry her belongings away, everything she needed to survive would be gone, decimating her ability to stay healthy:

Every two weeks ... They would come, and they would sweep. Sometimes they would put up [72-hour] notices, sometimes they wouldn't. A few times, they came and wiped out everything of everybody's. Clothes, food ... It didn't matter what it was. If you had it there, they took everything. Tents. Then you were left with no clothes, no food, nowhere to stay, no blankets or anything. What they're doing is, they're keeping us down. Because then you gotta work harder. You're not able to go to work and make money.

Another participant, Sammy, exemplified the dehumanization and psychological stress of abatement property seizures, and used the term “inhumane” to describe them. Sammy is a White woman in her thirties, and a U.S. Military Veteran, who we met while she was staying at a shelter. During her service and following discharge, Sammy experienced a series of violent traumas and became addicted to opioids. She was a young mother, but tragically lost her youngest son when he was an infant. Sammy, a poised and articulate soldier, choked back tears as she recounted the first major sweep she endured, during which the only remaining photograph she had of her son was discarded. Her account of personal, irreplaceable possessions being seized and tossed away was common among participants. Sammy thought she had an arrangement with the abatement authorities - if she kept the area tidy, they would not sweep the encampment. One day, she discovered the deal was off:

Our first real experience with being swept, we had a guy come up and check our camp out. He goes, “If you clean it up and it looks good



Image 1. July 2019. The final day of the abatements at Bassett encampment, after most residents, including Maria, had vacated. Pictured is a tent being discarded as abatement workers cleared the site.

can stay.” And I said, “Okay! I’ll have it cleaned.” We got it spotless. There was not a piece of paper anywhere in the half block radius of my spot. We made it habitable. Well, they took everything. They took the last picture I had of my son. One of their workers ripped it up, in front of me. It’s just inhumane.

Beyond causing material losses, psychological distress, and emotional trauma, encampment sweeps disrupted social connections. Encampments are frequently depicted as nuisances or dangerous spaces, but participants were clear that, in the absence of alternatives, their encampment site was the safest place available to them. We recorded numerous examples of unhoused individuals bonding at their sites, watching out for one another’s property, gathering for meals, and checking in on each other regularly. Even strangers, tacitly understanding their common circumstances, went out of their way to help one another. For example,

Ted is a White man in his late thirties, a U.S. Military Veteran, and the informal leader of his tight-knit encampment. Abatements break up communities, which, Ted explained, were cautiously constructed over time. In his encampment, people supported one another, a dynamic that was hard to come by:

We enclose this area to people that we know, or that we can trust. Because you start getting a camp full of people you don’t know, then you don’t know what’s going on with your stuff while you’re gone. People start stealing your things. So we try to keep it a community here. We’ve got a group of people around us that we’ve known for a while, so we consider it more of a community. We help each other out with food. Some of these people who get food stamps pitch in for food during dinner and we all throw in something to cook, so that helps out with the people who don’t get stamps.

These participants described how common abatement practices resulted in the increased destabilization of unhoused people through the seizure of health necessities and irreplaceable personal belongings, and displacement of community support needed to survive outdoors.

3.2. Abatements pushed unhoused people into hazardous, isolated, often remote areas that were less accessible to health outreach workers

To avoid being swept or forced to move along, unhoused people need to be invisible in plain sight. In response to the threat of abatement orders, unhoused people in SCC have adapted by moving to more isolated, secluded areas that are less likely to be seen and swept. Largely through personal experiences and word of mouth, they have deciphered some of the myriad of abatement patterns and practices, and learned what areas are safer from frequent sweeps. Oftentimes, places that are safer from abatement are those that are difficult to access and less visible to the public. In SCC, these are hazardous spaces, such as the land along train tracks, along or under freeways, behind industrial buildings, on construction sites or empty lots, and deep in forested creeks and hills. That is, sweeping practices effectively push unhoused people into acutely risky places that are isolated, remote, and largely out of reach from public health services and homeless service providers.

For example, Maria, a Latina woman in her fifties, is one of the original members of the Bassett encampment whom we interviewed on several occasions. She settled on the spot alongside the train tracks upon figuring out that three local jurisdictions, who did not coordinate their efforts, owned different parts of the property - the City of San Jose, Union Pacific Railroad, and CalTrans. An abatement by one jurisdiction simply meant that encampment residents could relocate across the street to another jurisdiction's property. As she guided us along the stretch of land occupied by tents, the health risks were apparent. There were no sources of water or bathrooms nearby. Tents, which were often on dirt and gravel, flooded in the rain. Staying alongside the train tracks exposed residents to smog and pollution, including noise pollution, as screeching freight trains passed through every hour, every day, around the clock.

The location put the encampment residents at risk of mortal injury. Maria recounted several incidents of people being injured or killed by trains. Media reports have shown that in California, the number of unhoused people dying from collisions with trains is increasing (Swan, 2019). Yet amid these risks, Maria lived twenty unprotected feet from a moving freight train line because it was a good place to avoid abatements (Image 2). She put herself at risk to reduce the impact of sweeps:

Interviewer: How did you decide on this particular site, out of all of the places in San Jose, to set up?

Maria: Because they can't come over here and give us a paper and tell us to move. They can't. They can't sweep up. This belongs to the train company. So if the train company comes and tells us, "Out!", because it's dirty or whatever, then we have to leave. But we've been here going on five months. All the other camps they had to leave [because it was] too messy, and it wasn't a proper place to be.

The Bassett encampment was fairly conspicuous, visible to residents in an adjacent apartment complex and office building. For most unhoused people, reducing visibility was an essential adaptation to abatements. For example, Martha, a White woman in her fifties, lived in a van with her spouse. The couple was unhoused and unsheltered in encampments for years, but five years ago purchased the van. They equipped it with a narrow twin mattress, mini-fridge, storage, and a hotplate. They usually stayed in the parking lot of a mall, where Martha got informal "permission" from the store manager to park occasionally. In her van, Martha could stay hidden from public judgment, and drive away if detected. She informed us that people staying in visible encampments did not fare well:

They sweep them all the time. There's a small encampment over there at that park over there, Columbus Park. There's one in the middle of the field, and then there's another one across the way in the trees over there. You can see them from the street, that's why they're not going to last that long ... That's just the way it is. [Abatement authorities] say, "I don't care where you go, but you can't stay here."



Image 2. June 2018. Peering out of Maria's tent at Bassett encampment. A man sleeps under a blanket on the reclining couch as a freight train screeches by. Maria stayed in this community with several dozen other individuals because the site was swept less frequently.

The risk of visibility forced unhoused people into living long term in environments that were unsustainable and inadequate for maintaining health (Image 3). Nina, introduced above, lived near the creek, in a spot sheltered by tarps tied to tree branches. Residents staying by the creek explained that the location had no access to electricity or clean water for cooking, cleaning, or bathing. The cellular phone signal was spotty. Without electricity, it was pitch black most nights. We saw several camps burned to the ground from campfires, and other sites were washed away by the creek during seasonal floods (Image 4). Amid these hazards, fifty or more people lived in small camps on a half-mile footpath along the creek. The invisibility and inaccessibility of the location - which could only be accessed by hiking along a dirt path, crossing car gates and wire fences - exposed Nina to health and safety risks, but it appealed to her because it was safer from abatements. When looking for a place to set up in the forest, she said, “You look for the flattest spot. The almost hidden, but not hidden. And you look for who you're living next to you, because that truly matters ... You want to try to get a spot where it's not that accessible.”

When unhoused people become invisible to escape abatements, they are also invisible to health outreach workers and other “outside” support systems, cutting off a lifeline. For example, in SCC, public health workers, such as the Backpack Homeless Healthcare Program (“backpack medicine” teams) - a street medicine program run through the county hospital - play an essential role in homeless outreach. Teams of health care providers travel to encampments and provide on-site emergency and basic health care services, as well as providing referrals. Several participants knew the backpack medicine providers by name and eagerly anticipated their visits. However, because unhoused people's risk assessment favored remaining hidden, medical teams encountered persistent issues locating patients in encampments. In one example, Ted, introduced above, told us he suffered from injuries related to his time in the military. The backpack medicine team visited his encampment every few months, but Ted had not seen them in a year because he had to move to a more secluded location (Image 5):

There is a really great group of doctors who come through here on foot. I think they come through maybe every few months ... I haven't seen them in a little while and it seems like every time they do, they've asked about me, but I haven't actually talked to them. My sister has talked to them ... I don't know if they've been down here or not. Or if I've just missed them because I'm off in the bushes now, further away, or if they just haven't been here in a while.

In adapting to sweeps, unhoused people relocated to hazardous, riskier, often less visible spaces, an outcome that had detrimental impacts on health. Moreover, this was at odds with public health efforts to locate people, provide on-site services, and maintain consistent contact, further magnifying the harm of social exclusion on unhoused people's health.

3.3. Abatements increased hostility and distrust between unhoused people and authorities, especially law enforcement

Orders to move were commonly carried out by or alongside law enforcement, resulting in frequent tense, hostile interactions between unhoused people and police. Several participants mentioned their efforts to be friendly and stay on the “good side” of police and abatement workers. Some recounted positive interactions, in which specific police officers offered support. However, such interactions were rare. Most commonly, participants reported that police officers used their authority to harass, disrupt, and, notably, to send the message that unhoused people were unwelcome. Ted, introduced above, was convinced that the purpose of the sweeps was not to clean up encampment sites or promote sanitation, but to cause suffering to the extent that unhoused people do not, or cannot, return. From his perspective, causing distress to unhoused people was itself the objective. He referred to abatements as a form of “state-sponsored harassment.” He told us about one morning when he returned to his encampment to find his tent and belongings were gone:

Slowly but surely, [abatement workers] have come more frequently, but cleaned up less. They're just trying to bounce us from place to



Image 3. June 2021. A small section of the Columbus Park encampment, referenced by Martha as a site that will eventually be swept. The large encampment is located on empty, open lots adjacent to San Jose Mineta International Airport, which were razed and abandoned decades ago to create a flight path. The encampment population swelled during the COVID-19 pandemic.

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Image 4. July 2018. The remainder of a campsite near the Guadalupe River, a secluded, forested area where Nina preferred to stay hidden from sweeps. Sites at the bank of the river were prone to being swept away by seasonal flooding.



Image 5. August 2018. Ted's former encampment under the freeway overpass, occupied by his younger brother. We reached this site by traversing the unpaved path between the freeways and creek system. We hiked along the creek, crossed an abandoned train rail, and jumped over security gates to access this location. Ted relocated from this section to an even more secluded area in a nearby field.

place hoping that we don't come back Most of the time the cops come down the minute the [abatement workers] are here. Cops let anyone who's still around know that they can no longer grab their stuff. Whatever is left now belongs to [the abatement workers]. People gotta get out of here or they'll be arrested ... Now, they don't clean up any of the garbage. What they do is they just take our personal property if we haven't been able to move it out in time.

Ted's descriptions of the aggravation and grief caused by law enforcement during abatements were echoed by several other participants. Izza is a Latinx transgender woman in her fifties who has been unhoused in SCC for over ten years. When we met her, she and her partner were staying in a collection of tents, cardboard, shopping carts, and tarps alongside a fence surrounding a vacant lot that had been cleared for a construction project. During the daylight hours, the couple

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pushed a shopping cart with five-gallon water containers and a small dog to a sidewalk with tree shade near a strip mall parking lot. By moving to the shade, Izza risked being noticed and encountering police, but decided it was worth the momentary reprieve from the heat. She told us that from her perspective, the police were the source of instability and greatest misery:

(Translated from Spanish) Things have been awful. There has been a lot of trouble. Not only with other people, but with the police. They are very cruel. They give me citations for no reason, they tell me to move - all in the same day. Throw me out, and look through my things for no reason. They treat me like I am a criminal. I will tell you, my only crime is not having a place to live or sleep in. Even on rainy days they don't have compassion, they kick me out, too, and we get all wet. We have had to move too many times in the same night.

Steven, a Black man in his fifties, occasionally stayed at the Bassett encampment when he was unable to get a bed at the large homeless shelter. He became unhoused four years prior, when his wife's terminal illness put their family in major medical debt. Staying near the train tracks in a tent, working to recover from financial and emotional grief, Steven grappled with what he viewed as law enforcement's indifference toward people's personal hardships. He viewed sweeps as a form of harassment that worsened an already painful period in his life:

The police, when they [sweep], they come on the premises at 6 o'clock or 7 o'clock in the morning, beating on people's tents, say, "Hey. Come on out here. We've got some goodies for you." And then you find out it's the police. They serve you, put a notification on your tent. That's their strategy. They come in their gear and all that. And there's nothing you can do. [Police,] why are you bothering me? You see what I'm going through. Why are you over here bothering me? Some of these encampments are clean. Some of these encampments are kept well up. The police are aware, but it's harassment.

Maria, introduced above, described her efforts to de-escalate the stressful encounters with abatement authorities at the Bassett encampment, back when the site was swept every three months. She recalled when the police tried to intimidate her into leaving ("running"), but she remained, refusing to be treated like a criminal when she had done nothing wrong in her mind:

Packing our bags, packing our carts, and moving to a different spot, that's tough ... I bribe [abatement authorities]. I make them burritos. I give them a sandwich and water ... But they bring a [police] officer. They don't scare us! Maybe they can help us instead of trying to scare people! The [unhoused] people that get scared, they all run. They see a cop, they run. But why are you guys running? They'll go, "Run, Maria, run." Why am I gonna run? Why should I run? I haven't been in trouble since 1988, and that was just for tickets.

The psychological stress and dehumanization experienced by unhoused people, resulting from abatement practices oriented around law enforcement, fortified participants' skepticism and distrust of authorities.

3.4. Distrust in law enforcement increased self-policing and interpersonal violence in unhoused communities

I want the police officers to apologize for all these years, for degrading my humanity ... I'm just so angry every time I see them. Oh, my God, if I could just ... Maybe they'll disappear, because you made my life pure hell, every time I walk down the street. Every time. Every time.

Alexa, a Black woman in her forties, who is quoted above, expressed her outrage at the treatment she received from the police while living unsheltered on the streets. Partly due to the hostility spurred by abatements, law enforcement was largely viewed by participants as a threat and risk. As a result, participants often refused or were reluctant to

contact or interact with police, even in serious, life-threatening situations. To participants, contact with police placed them at greater risk of harassment and arrest, which outweighed the potential benefit of protection. For example, Miranda is a Latina woman in her fifties who was born and raised in San Jose, and was unhoused for several years, but was living in supportive housing when we met her. She recalled the day, five years prior, when her ex-husband was fatally stabbed in a large encampment north of downtown San Jose, known as the Jungle. Miranda called 911 for an ambulance, angering other residents of the encampment:

Because of everything that is going on, a lot of [unhoused] people take justice into their own hands. Which they shouldn't ... They don't trust the cops at all ... Before my ex passed away, they stabbed him up there in the Jungle. I had to [call] 911. Had to wait for enough officers to go down there. They had 15 officers behind me carrying their guns ... I pointed out the direction where my ex was, because he didn't want to get help. He had been stabbed six times ... Everybody was mad at me because I called the cops. Dude, I didn't call the cops, I called the ambulance! But they assume I sent the whole city of San Jose. Still, I think I did the right thing.

In the absence of police, Miranda described that people "take justice into their own hands" in encampments. Over the course of the interviews, several participants described brutal accounts of violence in the encampments, including sexual violence. Sammy, who is introduced above, informed us in detail that in the prior year, she was kidnapped, and physically and sexually assaulted by a stranger. Not trusting law enforcement, and viewing them as ineffective, she did not inform the police or file a police report. One morning, months after the assault, she saw the attacker on the street. When she told her husband, he was determined to seek retribution and settle matters himself. She pleaded with him that retribution was not worth the risk of being caught by law enforcement:

[In encampments] you have no restrictions, you have no rules, except for the rules of law. Even those have been bent, broken, and moseyed around. Even the law will overlook you sometimes. I didn't report [the attack], but [the police] already knew [about the attacker], and that guy's still out there. I encountered him once riding my bike. I almost crashed my bike as soon as I saw him. I rode back as fast as I could, and [my husband was] like, "what was that about?" I told him, "that was him." My husband was like, 'I will chop his head off right now.' I said, "you can't do that. There's too many cameras, you can't do that. I'm not condoning the [assault], but you just can't do that." That's just too much to have to put up with, and I don't want that on my conscience, or on his conscience.

As noted in Finding 1, many congregate encampments were self-managed, with residents developing their own cultures and systems for surviving. There were several examples of self-managed encampments that were operated by tight-knit and supportive communities, such as the one Ted described. In most cases however, self-management in encampments involved self-policing, and, at times, forceful and violent enforcement of informal rules. Nina, who is introduced above, told us about the unofficial "leader" of her encampment by the creek, who created and enforced rules. Interpersonal violence between unhoused people frequently erupted as a result:

Everybody has their little ways. Just recently, we've been having a problem with Little Hitler, I call him. He's trying to be a Hitler here. He has a new rule, and I don't live by his rules ... Basically we're all together, and we try to live together. If we can't, then we either tell the person higher up. If [higher ups] don't do anything, then we try to not be vigilantes. But me? I'm tired. I'm going to hit you if I feel threatened. I'm going to hit you. It's not like I want to do it, but I'm going to do it. If I feel like you're going to come and ruin my space or ruin anything for me or mess with mine, I'm going to do it.

Nina resorts to physical violence to protect herself because she cannot rely on others to help her - not the police, or even others in her encampment. In this context of exclusion from forms of support, she described that encampments can become susceptible to influence from organized crime.

[The gangs] had their laws down there. If you weren't wanted there, they would get your stuff, pack you up, and throw you out. You were gone. A lot of killings, a lot of bodies. Lots of, lots of bodies. That is MS-13's territory. What do they do when they do something? There were a lot of murders, a lot of things like that.

With no formal ways to pursue justice, these conditions entangled some unhoused people into cyclical, entrenched forms of violence, with serious health outcomes. For these individuals, encampment sweeps were an upstream, fundamental cause of downstream interpersonal violence, injury, and death.

4. Discussion

Drawing from unhoused people's narratives of their lived experiences in encampments in SCC, we described four interconnected ways abatements harmed their health: 1) forced relocation and property seizures severed people from possessions, resources, and social supports needed to sustain health; 2) abatements were the underlying reason people relocated into more isolated, hazardous, and remote spaces, which amplified health risks while reducing access to support systems such as health outreach workers; 3) abatements were viewed as a form of harassment, a persistent source of distress and tension between unhoused people and authorities; and 4) distrust caused unhoused people to avoid law enforcement and other authorities altogether, increasing self-policing and the risk of interpersonal violence in encampments. In these ways, we argue that unhoused people's health is harmed directly through encampment sweeps, or through the perilous social environmental conditions created by them.

There are several implications of this research and areas of needed future inquiry. First, in light of the health harms of abatements, we hypothesize that abatement practices may be a key structural factor explaining the soaring numbers of people who are dying while unhoused in SCC. The number of unhoused people dying annually in SCC has increased from 60 deaths per year in 2011, to 203 deaths in 2020 - rising almost every year (Jordan & Wells, 2017), a stark indication of worsening health in this population. Abatement rates are not routinely reported, but an audit of San Jose homeless services showed that in an overlapping time frame, there was a sharp increase in abatements taking place - one estimate indicating a leap from 49 sites in 2013 to 564 sites in 2018 (Office of the City Auditor San Jose, 2018). Overlapping increases do not necessarily indicate a relationship, but given our findings on the health harms of abatements, further research is warranted investigating the scope, dimensions, and directionality of the relationship between abatement practices and health outcomes such as mortality.

Given the growing body of research showing the consequences of abatements on human health, findings like these call into question the practical effectiveness and acceptability of common abatement practices. Abatements have been shown to have destabilizing effects, major health consequences, and cause psychological suffering to unhoused people. They create logistical burdens to public health outreach efforts. Abatements also counter public health logic and street medicine practice recommendations for unhoused people, which call for increasing stability, developing trust, and maintaining ongoing contact with outreach workers and health systems (Stefanowicz et al., 2021; Withers, 2011). In some regions, moratoriums and restrictions on abatements have been enacted given the potential health harms. In California, some counties (e.g., Alameda County) placed limitations on encampment abatement practices, restricting abatements when there are no shelter beds available (per the 2018 decision by the 9th U.S. Circuit Court of Appeals cited

above). In response to COVID-19, several counties in California, including SCC, initially enacted moratoriums on encampment abatements to reduce capacity in the shelter system and allow unhoused people to practice social distancing outside. However, since March 2021, abatements have resumed.

One theme that is apparent through the interviews is that society's heavy reliance on law enforcement in the management of encampments has long term, serious ramifications on people's health. As an alternative to current practices, researchers and advocacy organizations have supported restructuring abatements in favor of models that are less police-oriented and more driven by public health. These can involve specialized police units that exclusively focus on homelessness (e.g., Wichita, Kansas), that respond alongside providers or social workers (e.g., Philadelphia, Pennsylvania; Eugene and Portland, Oregon), and models where service providers or social workers respond to calls without automatic police involvement (e.g., San Francisco, California; New York, New York) (Batko et al., 2020; Townley & Leickly, 2021). In 2020, the San Jose Police Department began a small new pilot program, Mobile Crisis Assessment Team (MCAT), partnering police officers with behavioral health teams to provide a police presence in encampments geared toward de-escalating conflict, crisis management, and harm reduction, instead of only enforcement. These alternative models to police-focused abatements are promising strategies in reducing the health harms of abatements if they are appropriately scaled.

There is also an urgent need for improved documentation, reporting, and tracking of abatement practices, such as types of outreach efforts provided, prevention efforts, demographics of unhoused people who are posted and swept, and abatement-related incidents. In most counties, there is no integrated system for documenting abatements, and sweeps are conducted by a network of organizations - public, private, non-profit. There is no systematic, coordinated way to track, analyze, or report the effectiveness of abatements, nor to assess accountability during abatements. Such data and coordinated tracking systems are needed in local governments to understand the impact of sweeps on unhoused people and the broader community.

Fundamentally, the vast majority of people who are unhoused are living in encampments because there is no alternative when the cost of living is substantially higher than wages. A home is a necessity for basic health and safety. There is an urgent need for long term housing for unhoused people, an issue that requires stronger housing policies beyond the local level, needing to be addressed at the state and federal levels. At the local level in SCC, there is a commendable focus on prioritizing permanent supportive housing, but given the severity of the current housing crisis, there is also an immediate need for wide ranging solutions to unhoused people's health needs. Recognizing the persistent harms that stem from living on the streets for thousands of people, alternative interventions include moving people into hotels, expanding capacity in the shelter systems, providing basic health services in encampments (e.g., food, water, bathrooms, hygiene, medical services), creating safe parking locations with supportive services, funding substance use treatment outreach, and bolstering street medicine outreach. Policy efforts should also focus on interventions that prevent low income individuals from losing housing, such as investments in affordable housing and stronger eviction protections for renters.

There are limitations to this study that require future research. One limitation is that we focused on the health effects of abatements in encampment settings and did not examine how abatements shape people's medical care in health care settings. People of different genders, races, ethnicities, sexualities, and documentation statuses have wide-ranging experiences with encampment dynamics, law enforcement, and abatement authorities that we were not able to analyze fully for this manuscript. In the interviews with unhoused participants, we did not differentiate between abatement practices of different magnitudes (e.g., large-scale abatement of congregant, durable encampments; routine move-along orders of individuals).

The health harms of encampment abatements are preventable. It is common in health research to focus on individual-level factors, such as age or health comorbidities, including substance use or mental health. Another frequent area of focus is social determinants of health, which can include built environments or social networks. This analysis contributes to a growing body of evidence that demonstrates how structural determinants - such as *social policies* created to manage homelessness - ultimately undermine their health. As the numbers of unhoused people's deaths continue to soar every year, there is an urgent need to reimagine social policies with the goal of reducing preventable suffering and untimely deaths of unhoused people.

Acknowledgements

This study was funded by faculty startup funds from the College of Arts and Sciences at Santa Clara University. We are very grateful to the peer reviewers who volunteered to review this paper, for the time and energy they devoted. This study would not have been possible without the collaboration of local organizations supporting unhoused people, including HomeFirst Services of Santa Clara County (Andrea Urton, staff, residents, and volunteers), CHAM Deliverance Ministry (Pastor Scott Wagers), and Recovery Cafe San Jose (Kathy Cordova). We are grateful to Olivia Glowaki and Jennifer Friedenbach from San Francisco Coalition on Homelessness for providing feedback on parts of the manuscript. We would like to thank former Santa Clara University students, Ryan Sharek and Gina Chavez, for their support in data collection and documentation.

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1. Name

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 Citizenship: Canada

3. Educational Background

Doctor of Philosophy (PhD): Social Work: York University, Toronto, ON	2014
Master of Social Work (MSW): Wilfrid Laurier University, Kitchener, ON	2007
Social Work Diploma: Renison University College, Waterloo, ON	2004
Bachelor of Arts, Psychology: University of Waterloo, Waterloo, ON	2003

4. Current Status at McMaster

Associate Professor- Tenured, School of Social Work July 1, 2019- Present

Professorship in Equity, Identity and Transformation, Faculty of Social Sciences July 1, 2021- Present

Assistant Professor- Tenure Track, School of Social Work July 1, 2014-June 30, 2019

Current Centre/Institute Memberships:

Centre of Human Rights and Restorative Justice
<https://chrrj.humanities.mcmaster.ca/people/>

McMaster Institute for Health Equity
<https://mihe.mcmaster.ca/members/>

Centre for Advanced Research on Mental Health and Society
<https://socialsciences.mcmaster.ca/advanced-research-on-mental-health-and-society/people>

5. Professional Organizations

Archives of Ontario: Registered researcher	2012-Present
Canadian Association for Social Work Education: Member	2011-Present
Ontario College of Social Workers and Social Service Workers: Registered Social Worker	2007-Present
Mental Health Commission of Canada: Network of Ambassadors Member	2016-Present

6. Employment History

a. *Academic*

A6609

- Academic Director, Community-Engaged Research and Relationships** July 2021-Present
Office of Community Engagement
McMaster University
- Research Assistant** May-August 2014
Professor Sarah Maiter, York University, Toronto, ON
Critical Race Research, methodological issues
- Research Coordinator- Toronto-York site** Fall 2009-Fall 2010
The Self-Other Issue in the Healing Practices of Racialized Minority Youth
Social Sciences and Humanities Research Council (SSHRC) Funded Standard Research Grant
Primary Investigator: Prof. Martha Kuwee Kumsa, Wilfrid Laurier University
- Research Assistant/Volunteer Coordinator** November 2003-April 2005
The Canadian Early Childhood Language Project
Canadian Institutes of Health Research (CIHR) Funded
Primary Investigator: Prof. Daniela O'Neill, University of Waterloo

b. *Consultations*

- Ontario Ministry of Education: Fact/lens-checking: December 2021-2023
Grade 10 Civics and Citizenship
- Hamilton Community Legal Clinic June 2022-Present
Charter Challenge to Encampment Evictions
- Waterloo Region Community Legal Services August 2022-September 2022
Superior Court Challenge to Encampment Evictions
- Government of Canada, Consultation on National Anti-Racism Strategy January 23, 2019
Lincoln Alexander Centre, Hamilton, ON
- Niles, C., Jama, S., Joseph, A.J. October 25, 2018
Disability Justice Network of Ontario & The Ontario Council of Agencies Serving Immigrants:
A round-table discussion on supporting newcomers with in/visible disabilities access safe, affordable, and
accessible housing, Hamilton, Ontario
- Ontario Anti-Racism Directorate Consultation with the Anti-Racism Resource Centre February 9, 2017
City Hall, Hamilton, ON
- Ontario Anti-Racism Secretariat Roundtable discussion with Andrea Horwath MPP February 5, 2016
Immigrants Working Centre, Hamilton, ON
- Joseph, A. J., Dei-Amoah, M., Cameron, R.W., Komlen, M., Otite, Y. November 18, 2015
Hamilton's Anti-Racism Resource Centre: Presentation to the City of Hamilton's General Issues
committee. City Hall, Council Chambers, Hamilton, ON.
- Toronto Central LHIN consultation with Community Mental Health May 2, 2013

A2325

and Addictions Boards and Executive Directors-St. Paul's Church, Toronto, ON A6610

Think Tank on Racialized Populations and Mental Health and Addictions ED use March 26, 2013
 Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, ON

Community of Interest for Racialized Populations and Mental Health and Addictions Jan. 30, 2013
 Canadian Mental Health Association: Ontario Division, Toronto, ON

ODSP Roundtable on Mental Health Conditions and Disability Nov. 27, 2012
 Ministry Of Community and Social Services: Toronto, ON

Central Local Health Integration Network: Health Equity Roundtable May 19, 2011
 York University: Toronto, ON

Central Local Health Integration Network: Creating Quality in the Transitions of Care March. 3, 2011
 Westin Prince Hotel: Toronto, ON

c. Other/Professional

Canadian Mental Health Association, Toronto, ON: Dec. 2012- September 2013
Social Work Practice Lead

Canadian Mental Health Association, Toronto, ON February 2009 – September 2013
Social Worker; MSW, RSW– Mood and Psychosis Early Intervention Team

Canadian Mental Health Association, Toronto, ON July 2007 – February 2009
Social Worker; MSW, RSW– Assertive Community Treatment Team; West Metro

Waterloo Regional Homes for Mental Health, Kitchener, ON March 2004 – July 2007
 (Now: Thresholds Homes and Support)
Mental Health Worker

Waterloo Regional Police Service, Cambridge, ON September – December 2006
Community Resources Department - MSW Internship

Kitchener-Waterloo Multicultural Centre, Kitchener, ON June – December 2006
Settlement Worker

Grand River Hospital, Kitchener, ON January – June 2006
Social Work Department – MSW Internship

Waterloo Regional Homes for Mental Health, Kitchener, ON May – November 2005
 (Now: Thresholds Homes and Support)
Crisis Respite Program Implementation Team

7. Scholarly and Professional Activities

a. Editorial boards

2022-present-Qualitative Research (Journal Editorial Board Member)

2020 Hamilton Anti-Racism Conference- editorial committee

2021- present- Editorial Advisory Board members for the new book series *The Politics of Mental Health and Illness*, published by Palgrave Macmillan.

2021-present-Co-editor, Special Issue on History and Social Work in *Critical and Radical Social Work*

b. *Grant & Personnel Committees*

N/A

c. *Executive Positions*

N/A

d. *Journal Referee*

<i>Social Work</i>	2022
2 reviews	
<i>Hypatia</i>	2019
1 review	
<i>Canadian Social Work Review/ Revue Canadienne de Service Social</i>	2019
1 review	
<i>Psychology of Violence</i>	2018 and 2019
2 reviews	
<i>New Horizons in Adult Education and Human Resource Development</i>	2018
1 review	
<i>Social Theory and Health</i>	2017
1 review	
<i>Canadian Journal of Disability Studies</i>	2016 and 2017
For special issue and general	
2 reviews	
<i>Qualitative Research</i> , Cardiff University	2016 and 2020
2 reviews	
<i>Social and Legal Studies</i> , Edinburgh	2016
For Special Issue on Prof. Penelope Pether's work	
1 review	
<i>British Journal of Social Work</i>	2015, 2019, 2020, 2021
4 reviews	
<i>Journal of Progressive Human Services</i>	2012-2013
8 reviews	

e. *External Grant Reviews*

N/A

8. Areas of Interest

Critical Mental Health, Forensic Mental Health, Postcolonial Theory and Social Work, Critical Race Theory, Critical Disability Studies, Social Justice, Violence, Ethics, Confluence, Historiography and Social Work.

John C. Holland Awards: Vince Morgan Ally Award	Community Award	2021
Early Career Research Award, Faculty of Social Sciences, McMaster University	\$500	2019
Barbara Godard Prize for the Best York University Dissertation in Canadian Studies Robarts Centre for Canadian Studies , York University	\$500	2014
Fourth International Conference on Health, Wellness & Society Graduate Student Award	\$300	2013-2014
Nathanson Graduate Fellowship - Osgoode Hall Law School, York University (Nathanson Centre on Transnational Human Rights, Crime and Security)	\$15000	2013-2014
Kent Haworth Archival Research Fellowship - Archives of Ontario	\$1365	2012-2013
Doctoral Ontario Graduate Scholarship – York University	\$30000(Total)	2012&2013
Doctoral Fellowship - York University	\$80600(Total)	2009-2014
PhD Graduate Scholarship – York University	\$3000	2009-2010
Bettina Russell Social Justice Award - Wilfrid Laurier University	\$1248	2007
Helmut Braun Memorial Award - Centre for Community Based Research	\$1000	2006

10. Courses Taught

a. Undergraduate

Course Instructor September 2019-December 2019
 SW 4J03: Social Change: Social Movements and Advocacy
School of Social Work: McMaster University, Hamilton, ON

Course Instructor Jan. 2017- Apr. 2017, Sept. 2018- Dec. 2018, Sept. 2021-Dec. 2021,
 Sept. 2023-December 2023
 SW 4Y03: Critical Issues in Mental Health & Addiction:
 Mad & Critical Disability Studies Perspectives for SW
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2016- April 2017, September 2018- April 2019
 SW 2A06: Theory, Process & Communication Skills for Social Work
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2015- December -2015, January 2018- April 2018, January 2020-March
 2020, January 2022-April 2022, January 2024-April 2024
 SW 4C03: Racism and Social Marginalization in Canadian Society (changed to SW 4C03 Critical
 Perspectives on Race, Racialization, Racism and Colonization in Canadian Society in 2018)
School of Social Work: McMaster University, Hamilton, ON

Course Instructor September 2014-April 2015, September 2015- April 2016
 SW 4D06/4DD6: General Practice II/Field Practicum II

School of Social Work: McMaster University, Hamilton, ON

A6613

Course Instructor Spring, Fall, 2013, Winter, Spring, 2014, Spring 2015, Fall 2015
CINT 907 Teamwork for Community Services
Interdisciplinary Studies: Toronto Metropolitan University, Toronto, ON

Course Instructor Fall 2013
CINT 905 Conflict Resolution in Community Services
Interdisciplinary Studies: Toronto Metropolitan University, Toronto, ON

Course Instructor Spring 2013
CSWP 900 Race and Ethnicity
School of Social Work: Toronto Metropolitan University, Toronto, ON

Tutorial Leader Fall/Winter 2011/12 & 2012/13 & 2013/14
SOWK 1011 Introduction to Critical Social Work
School of Social Work: York University, Toronto, ON

b. *Graduate*

Course Instructor Jan. 2020- Apr. 2020, Sept. 2021-Dec. 2021, Sept. 2022-Dec. 2022, Sept. 2023-December 2023
SW 721: Changing Communities: Tensions and Possibilities for Citizenship and Social Justice
School of Social Work: McMaster University, Hamilton, ON

c. *Postgraduate*
N/A

d. *Other*

Course Instructor

SW 705: Directed Readings Course January 2023-April 2023
Critical Analysis of Intimate Partner Violence and Judicial Responses
School of Social Work: McMaster University, Hamilton

SW 705: Directed Readings Course January 2023-April 2023
Critical Discourse Analysis of the roles of Immigrant Grandparents Working as Care Providers in Canada
School of Social Work: McMaster University, Hamilton

SW 705: Directed Readings Course January 2022-April 2022
Critical (Historiographical) Analysis of Homelessness as Discourse
School of Social Work: McMaster University, Hamilton

SW 705: Directed Readings Course September 2021-December 2021
Critical Analysis of Motherhood, Race, and Substance Use
School of Social Work: McMaster University, Hamilton

Course Instructor

GLOBHTH 715: Directed Reading/Independent Study September 2021-December 2021
Critical race, Afrocentricity and Intersectionality epistemologies and methodologies
Faculty of Health Sciences, Ph.D. Program Global Health: McMaster University, Hamilton, ON

A2329

Course Instructor

September 2019-December 2019

SW 705: Directed Readings Course:

Critical Discourse Analysis of Ontario's Long-Term Care Act and its Impact on older LGBTQ+ people in care

School of Social Work: McMaster University, Hamilton, ON**Course Instructor**

September 2019-December 2019

SW 705: Directed Readings Course: Critical Analysis of South Asian Culture, Violence and Trauma

School of Social Work: McMaster University, Hamilton**Course Instructor**

September 2018-December 2018

SW 705: Directed Readings Course: Critical Analysis of Children's Participation in Child Custody and Access Disputes

School of Social Work: McMaster University, Hamilton, ON**Course Instructor**

January 2016-May 2016

SW 705: Directed Readings Course: Critical Analysis of Refugee Experiences

School of Social Work: McMaster University, Hamilton, ON**11. Contributions to Teaching Practice**

a. Pedagogic innovation and/or development of technology-enhanced learning(2022). Championing EDI at McMaster. Art of Change Podcast, McMaster University, Office of Community Engagement. [8. Championing EDI at McMaster University \(Part 1\) by The Art of Change \(anchor.fm\)](#)

(2021) Hamilton Health Sciences- Presidents Advisory Committee on Equity, Diversity, and Inclusion Developed a series of 5 training workshops for members and leadership

(2021) Faculty of Health Sciences: Equity, Advocacy, And Allyship Program Co-developed curriculum, delivered workshop for the Faculty of Health Sciences on Equity, and "Thinking Respectfully about Identity and Difference".

(2017) Three short videos contributed to deBie, A. & Brown, K. (2017). Forward with Flexibility: A Teaching and Learning Resource on Accessibility and Inclusion. <https://flexforward.pressbooks.com/front-matter/forward-with-flexibility/>

- Disabled Student's Participation in Education <https://youtu.be/bOEb3pKZBU4>
- Our Responsibility as Educators <https://youtu.be/Fp2cg3Ei3io>
- Seeking Ongoing Feedback from Students <https://youtu.be/8-Wulencl-U>

b. Leadership in delivery of educational program

Lead the organization and development of an event/symposium with colleagues to examine the politics of anti-oppression in education.

- Anti-Oppression: A Critique and Reimagining Event Date: April 18, 2016 1pm-4pm
CIBC Hall, McMaster University

c. *Course/curriculum development*

A6615

- Redeveloped SW 721 Changing Communities: Tensions and Possibilities for Citizenship and Social Justice, course design, readings, lectures.
- Redeveloped SW 4J03 Social Change: Social Movements and Advocacy, entire course design and readings, lectures.
- Developed new course: SW 4Y03: Critical Issues in Mental Health & Addiction: Mad & Critical Disability Studies Perspectives for SW, McMaster University, Hamilton, ON, 2016
- Redeveloped SW 2A06 Theory, Process and Communication Skills for Social Work in consultation with prior instructors: McMaster University, Hamilton, ON, 2016
- Developed Graduate Directed Reading Course SW 705: Directed Readings Course: Critical Analysis of Refugee Experiences in collaboration with MSW student. McMaster University, Hamilton, ON, 2015
- Developed SW 4C03 Racism and Social Marginalization in Canadian Society for Fall 2015 and taught first run of this course: McMaster University, Hamilton, ON
- Met with Undergraduate course 4D06 instructors to revise and redevelop course/curriculum, suggested and incorporated new provocative readings: McMaster University, Hamilton, ON, 2014
- Developed Undergraduate course: CSWP 900 Race and Ethnicity, School of Social Work: Toronto Metropolitan University, Toronto, ON for Spring 2013
- Developed interactive course website using blackboard software for a 13-week online Undergraduate course on interdisciplinary teamwork in community services. Toronto Metropolitan University, Toronto, ON, 2013-2015
- Contributed to revisions of Undergraduate course outline for SOWK 1011 Introduction to Critical social Work to include updated research and literature relevant to the field. York University, Toronto, ON. 2009-2013

d. *Development/evaluation of educational materials and programs*

- Book Proposal Reviewer: *More than a Diagnosis, More than a Clinician: How the Stories of Clinicians and the Individuals We Work With Shape Us and Our Practice* By Jennifer Gerlach, Routledge 2019
- Book Proposal Reviewer: *Critical Clinical Social Work: Counterstorying for Social Justice* By Catrina Brown and Judy MacDonald, Canadian Scholars Press 2018
- Book Proposal Reviewer: *Troubling Care: A Theory of Institutional Violence*, by Kate Rossiter and Jennifer Rinaldi, Routledge 2017
- Book Reviewer: *Working with People: Communication Skills for Reflective Practice* by Louise Harms and Joanna Pierce, Oxford University Press 2016

e. *Other*

- Deep Diversity Leadership Training- Anima Leadership 2019
Employment Equity Facilitators Training 2019

12. Supervisorships

a. *Master*

A2331

Completed: 18 In progress: 1

Kaiden Penny MSW Thesis School of Social Work, McMaster University	2023-2024
Mariana Martinez Guevara MA Gender Studies and Social Justice	2022-2023
Gessie Stearns MSW Thesis School of Social Work, McMaster University	2021-2022
Nickay Palmer MA, Gender Studies and Feminist Research, McMaster University	2019-2020
Chriselle Vaz MSW Thesis School of Social Work, McMaster University	2019-2020
Shangaari Kanesalinkam MSW Thesis School of Social Work, McMaster University	2019-Present
Fatemah Shamkhi MSW Thesis School of Social Work, McMaster University	2019-2020
Kendra Mackenzie MSW Thesis School of Social Work, McMaster University	2019-2020
Alison Jones MSW Thesis School of Social Work, McMaster University	2018-2023
Amarachi Chukwu MA, Gender Studies and Feminist Research, McMaster University	2017 - 2018
Laura Stothart MSW Thesis School of Social Work, McMaster University	2017- 2018
Beshele Caron MSW Thesis School of Social Work, McMaster University	2017- 2018
Kattawe Henry MA Gender Studies and Feminist Research, McMaster University	2016 - 2017
Teagan Rooney MSW Thesis School of Social Work, McMaster University	2016 - 2017
Amy Rector MSW Thesis School of Social Work, McMaster University	2016 - 2017
Sarah Adjekum MSW Thesis School of Social Work, McMaster University	2015 - 2016
Gillian Martel MSW Thesis School of Social Work, McMaster University	2015 - 2016
Heston Tobias MA MRP Cultural Studies and Critical Theory, McMaster University	2016 – 2016
Jeffrey Corrin MSW Thesis School of Social Work, McMaster University	2014 - 2020

b. *Doctoral*

In progress: 4

Zoha Salam Ph.D. Global Health, McMaster University	2022-2024 (Completed)
Gessie Stearns Ph.D. School of Social Work, McMaster University	2023-Present
Mercy Lilian Gichuki. Ph.D. Global Health, McMaster University	2022-Present
Sherry Barrett Ph.D. School of Social Work, McMaster University	2022-Present
Kusum Bhatta Ph.D. Thesis School of Social Work, McMaster University	2021-2024
Shailla Kumbhare Ph.D. Thesis School of Social Work, McMaster University	2019-Present
Michelle Hayes Ph.D. Thesis School of Social Work, McMaster University (withdrawn)	2017-2019
Nicholas Carveth Ph.D. Thesis School of Social Work, McMaster University	2015-2021

c. *Post-doctoral/fellowship*

Nicole Schott. Post-Doctoral Fellowship in Critical Mental Health Equity and Community Engaged Research	September 2022-September 2023
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d. *Clinical/Professional*

Field Supervisor: BSW Field Placement Hamilton Center for Civic Inclusion & McMaster University, School of Social Work	September 2019- April 2020
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Graduate placement supervisor: GENDRST 707 Hamilton Center for Civic Inclusion & McMaster University, Gender Studies and Feminist Research	September 2019- December 2019
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Field Supervisor: BSW Field Placement 3DD6	September 2017- April 2018
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University of Toronto: Master of Social Work –Field Placement Supervisor Sept. 2010-April 2011
CMHA Toronto Early Intervention, Provision of Clinical and Professional Supervision

Ryerson University: Internationally Educated Social Work Professionals Bridging Program
Post-Master of Social Work –Canadian Field Placement Supervisor April-June 2011
CMHA Toronto Early Intervention, Provision of Clinical and Professional Supervision

e. *Supervisory Committees*

Naghm Azzam. Doctor of Science in Rehabilitation and Health Leadership Queens University	2023-Present
Mercy Lilian Gichuki. Ph.D. Global Health, McMaster University	March 2021-September 2022
Aisha Wilks. Ph.D. English and Cultural Studies, McMaster University	November 2021- Present
Chavon Niles. Ph.D. Department of Social Justice Education, Ontario Institute for Studies in Education University of Toronto	June 2020-November 2020
Rochelle Maurice. Ph.D. Social Work, McMaster University	2020-Present
Ciceley Janet Lawson. Ph.D. Social Work, McMaster University	2020-Present
Nishi Singh. MA in Globalization Studies, McMaster University	Completed 2015

f. *Other – second reader on thesis, Undergraduate Student Research Awards*

Mona Xin Huang Undergraduate Student Research Award, McMaster University	2022
Pamandeep Jhaji MSW Thesis School of Social Work, McMaster University	Completed 2019
Alex Wilson Interdisciplinary Science 4A12 Thesis, McMaster University	Completed 2018
Chriselle Vaz Undergraduate Student Research Award, McMaster University	2018 & 2019
Monique Pitt MSW Thesis School of Social Work, McMaster University	Completed 2017
Brittany Madigan. MSW Thesis School of Social Work, McMaster University	Completed 2015
Joel Martin. MSW Thesis School of Social Work, McMaster University	Completed 2015
Madhav Khurana MSW Thesis School of Social Work, McMaster University	Completed 2016

g. *External Examination*

Savitri Sabrina Persaud, Ph.D. Thesis, Social and Political Thought, York University <i>No Sovereign Remedy: Distress, Madness, and Mental Health Care in Guyana.</i>	2022
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13. Lifetime Research Funding

Type:	2023 SSHRC Knowledge Synthesis Grant: Shifting Dynamics of Privilege and Marginalization
Agency:	Social Sciences and Humanities Research Council
Amount:	\$29873
Purpose:	Research
Recipients:	Jennifer Ma (PI), Ameil Joseph (Co-applicant), Chelsea Gabel (Co-applicant), Aasiya Satia (Collaborator)
Title:	Dismantling white supremacy through anti-racist and decolonial pedagogies: Mapping postsecondary education's capacity for shifting dynamics
Type:	2022 SSHRC Research for Post Pandemic Recovery
Agency:	Social Sciences and Humanities Research Council

Amount: \$499319
 Purpose: Research
 Recipients: Trudo Lemmens (PI), Alison Thompson (co-PI), (co-applicants): Fernando Aith, Sonia Alima, Kevin Bardosh, Neil Belanger, Megan Boler, Alex de Figueiredo, Lisa Forman, Patrick Garon-Sayegh, Sarah Jama, **Ameil Joseph**, Robert Lattanzio, Tara Levandier, Lisa Schwartz, Neil Seeman, Deborah Stienstra
 Title: Rebuilding Public Trust after COVID-19: Examining Public Health Measures and Their Impacts on Disadvantaged Communities

Type: 2022 Future of Canada Project
 Agency: McMaster University
 Amount: \$150000
 Purpose: Research
 Recipients: Ameil Joseph
 Title: Defying Systemic Racism and Hate: Building Community Solidarity for Knowledge Sharing, Mutual Aid and Action for the Future

Type: 2021 SSHRC Partnership Grant
 Agency: Social Sciences and Humanities Research Council
 Amount: \$2.5 Million
 Purpose: Research
 Recipients: Bonny Ibhawoh (PI) (Ameil Joseph's role: Co-Investigator, McMaster University)
 Title: Participedia Phase 2: a global network and crowdsourcing platform for researchers, educators, practitioners, and policymakers working on public participation and democratic innovations

Type: 2020 SSHRC Partnership Engage Grants (PEG) COVID-19 Special Initiative
 Agency: Social Sciences and Humanities Research Council
 Amount: \$22228
 Purpose: Research
 Recipients: Diana Singh (PI) & Ameil Joseph & James Gillett (Co-Applicants)
 Title: COVID-19 - Emotions Matter: Skill Building, Emotional Resilience and Social Support for Care Workers

Type: 2020 SSHRC Partnership Engage Grant (March competition)
 Agency: Social Sciences and Humanities Research Council
 Amount: \$24984
 Purpose: Research
 Recipients: Ameil Joseph (PI) & the Disability Justice Network of Ontario
 Title: "What happened to you?": The disablement of youth across socioeconomic indicators

Type: 2020 Mitacs Accelerate Research Grant
 Agency: Mitacs
 Amount: \$45000
 Purpose: Research
 Recipients: Ameil Joseph (PI), Shaila Kumbhare (Intern), CMHA Hamilton (Agency partner)
 Title: Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Type: 2020 McMaster COVID-19 Research Fund
 Agency: McMaster University
 Amount: \$29000

Purpose: Research
 Recipients: Ameil Joseph (PI), CMHA Hamilton (Agency partner)
 Title: Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Type: 2020 McMaster Institute for Health Equity Seed Grant
 Agency: McMaster Institute for Health Equity
 Amount: \$6000
 Purpose: Research
 Recipients: Ameil Joseph & Bernice Downey (Co-PIs)
 Title: Hamilton Public Health Equity Data Community Advisory Research Project

Type: SSHRC Insight Grant 2018 (funded years May 15, 2018-March 31, 2021)
 Agency: Social Sciences and Humanities Research Council
 Amount: \$70862
 Purpose: Research
 Recipients: Ameil Joseph
 Title: The ethics and social relations of undesirability: exploring the experiences of immigration detention and deportation for Canadian immigrants with histories of mental health issues

Type: Fall 2019 SSHRC Explore – Major Collaborative Project Seed Grant
 Agency: Arts Research Board, McMaster University
 Amount: \$9000
 Purpose: Research
 Recipients: Vanessa Watts (PI), Amber Dean (Co-applicant), Ameil Joseph (Co-applicant)
 Title: (Re)imagining Critical Approaches to Social Justice in Higher Education

Type: 2017/2018 Scholar in Community Fellowship
 Agency: Faculty of Social Sciences, McMaster University
 Amount: \$15000
 Purpose: Research
 Recipients: Ameil Joseph
 Title: *Hamilton's Anti-Racism Resource Centre Foundational Research Project*

Type: Priority Areas for Learning and Teaching Research Grant, 2017
 Agency: Paul R. MacPherson Institute for Leadership, Innovation & Excellence in Teaching, McMaster University
 Amount: \$5000
 Purpose: Research (or Pedagogical Research)
 Recipients: Ameil Joseph
 Title: *Enhancing teaching capacity for universal design, accessibility and inclusion through a critical engagement with the confluence of mental health, madness, sanism, eugenics, ability and colonization in the classroom*

Type: Fall 2015 (now named SSHRC Explore) Standard Research and Creative & Performing Arts Grant competition,
 Agency: Arts Research Board, McMaster University
 Amount: \$5950
 Purpose: Research
 Recipients: Ameil Joseph
 Title: *Exploring social relations at the confluence the mental health, criminal justice, and immigration systems*

Conference and Publication Grants

Fall 2019 SSHRC Exchange - Conference Attendance and Representational Activities Grant \$3957
 Arts Research Board, McMaster University, Hamilton, ON
Crime, Justice and Social Harms in Oxford University, Keble College, UK.

Spring 2017 (now named SSHRC Exchange) Conference Attendance
 and Representational Activities Grant competition, \$1070
 Arts Research Board, McMaster University, Hamilton, ON
Interrogating Social Work's Role in "Nation" Building CASWE-ACFTS 2017 Conference, Toronto, ON

Fall 2015 (now named SSHRC Exchange) Scholarly Publications Grant competition, \$842
 Arts Research Board, McMaster University, Hamilton, ON
Deportation and the Confluence of Violence within Forensic Mental Health and Immigration Systems

Fall 2015
 (now named SSHRC Exchange) Conference Attendance
 and Representational Activities Grant competition, \$2,272
 Arts Research Board, McMaster University, Hamilton, ON
Experiencing Prison - 7th Global Conference in Budapest, Hungary

Fall 2014
 (now named SSHRC Exchange) Conference Attendance
 and Representational Activities Grant competition, \$1,630
 Arts Research Board, McMaster University, Hamilton, ON
The International Journal of Arts & Sciences (IJAS) International Conference for Social Sciences and Humanities in Harvard university, Boston, MA

Total \$943415

14. Lifetime Publications

a. Peer Reviewed

i) Books

Joseph, A.J. (2015). *Deportation and the confluence of violence within forensic mental health and immigration systems*. Basingstoke: Palgrave-Macmillan.

ii) Contributions to Books

Joseph, A. (2022). The said and the unsaid: Confronting Racism in Social Work as "Uncanny". In *The Routledge Handbook of International Critical Social Work* (pp. 379-388). Routledge.

Joseph, A.J. (2022). Maddening intersectionality with assemblages, conviviality and confluence for epistemic dissidence. In, LeFrançois, B & Shaikh, S. (eds). *Critical Social Work Praxis* (pp. 477-490). Fernwood Press.

Joseph, A.J. (2021). The subjects of oblivion: subalterity, sanism, and racial erasure. In Beresford, P., Russo, J., & Boxall, K. (eds). Routledge International Handbook of Mad Studies. Routledge. A6621

Joseph, A.J., Double, D. (2020). *Critical perspectives in mental health*. In Savelli, M. Gillett, J. & Andrews, G. (eds). Introduction to Mental Health and Illness: Critical Perspectives (pp. 240-256). Oxford University Press.

Joseph, A.J. (2020). Excavating hostility and rationalizing violence through anti-immigrant confluent discourses of racial threat, risk, burden and lack. In Spivakovsky, C., Steele, L. & Weller, P. (eds). *The Legacies of Institutionalisation Disability, Law and Policy in the 'Deinstitutionalised' Community*. (pp.107-122.). Hart-Bloomsbury Publishing.

Joseph, A.J. (2019). Contemporary forms of legislative imprisonment and colonial violence in forensic mental health. In Daley, A., Costa, L., Beresford, P. (eds.). *Madness, violence and power: A radical anthology*. Toronto: UofT Press.

Joseph, A. J. (2018). Traditions of Colonial and Eugenic Violence: Immigration Detention in Canada. In Kilty, J. M., & Dej, E. (eds.). *Containing Madness: Gender and 'Psy' in Institutional Contexts* (pp. 41-65). Palgrave Macmillan, Cham.

Joseph, A.J. (2017). Making Civility: Historical Racial Exclusion Theories within Canadian Democracy. In Daenzer, P. (eds.), *Civil Society Engagement: Achieving Better in Canada*. (pp. 17-30). New York: Routledge.

Joseph, A.J., (2017). Pathologizing distress: The Colonial Master's Tools and Mental Health Services for "Newcomers/Immigrants". In Baines, D. (ed.), *Doing Anti-Oppressive Practice: Social Justice Social work*, (3rd Edition, pp. 233-251). Halifax, Canada: Fernwood.

Joseph, A.J. & Maiter, S. (2015). Post-national Belonging: Strategies of Racialized Youth in Multicultural Western Contexts. In Baffoe, M. Asimeng-Boahene, L. & Ogbuagu, B. (eds.), *Settlers in Transition: Pathways and Roadblocks to Settlement and Citizenship of New Comers in New Homelands*. (pp.23-31). Ronkonkoma: Linus Learning.

iii) Journal Articles

Joseph, A. J. (2024). Justice and ethics from the horizons of totality and infinity: Challenging the violence of obliteration in the proposed entry to practice exams in Ontario and beyond. *Critical Social Work*, 25(1). **DOI:** <https://doi.org/10.22329/csw.v25i1.8939>

Salam, Z., Carranza, M., Newbold, B., Wahoush, O., & Joseph, A. (2024). Racialized Immigrants' Encounters of Barriers and Facilitators in Seeking Mental Healthcare Services in Ontario, Canada. *Community Mental Health Journal*, 1-12. doi: 10.1007/s10597-024-01362-8

Wilson, T. E., & Joseph, A. J. (2023). Critical temporalities in social work after 'the end of history'. *Critical and Radical Social Work*, 11(3), 327-331. Retrieved Jan 18, 2024, from <https://doi.org/10.1332/20498608Y2023D000000005>

Joseph A, Bedminster T, Dampsey K, Jama S, Stearns G, Brockbank M. (2023). The Restoration House COVID-19 Vaccination Clinic: Challenging Systemic Racism and Ableism through Community Solidarity and Action. *Health Reform Observer - Observatoire des Réformes de Santé* 11 (1): Article 6. <https://doi.org/10.13162/hro-ors.v11i1.5435>.

Joseph, A.J. (2021). Simulating the Other in Social Work Pedagogy: Pathologizing the oppressed through neoliberal/colonial practice teaching. *British Journal of Social Work*. <https://doi.org/10.1093/bjsw/bcab048>

Adjekum, S. A., & Joseph, A. J. (2021). Violence by any other name: constructing immigration crises, the threat of the sick refugee and rationalising immigration detention through moral panic. *Critical and Radical Social Work*. <https://doi.org/10.1332/204986021X16355210292075>

Joseph, A.J., Janes, J., Badwall, H., Almeida, S. (2019). Preserving white comfort and safety: the politics of race erasure in academe. *Social Identities: Journal for the Study of Race, Nation and Culture*. <https://doi.org/10.1080/13504630.2019.1671184>

Joseph, A.J. (2019) Constituting “lived experience” discourses in mental health: The ethics of racialized identification/representation and the erasure of intergeneration colonial violence. *Journal of Ethics in Mental Health*. <https://jemh.ca/issues/v9/documents/JEMH%20Inclusion%20i.pdf>

Tobias, H., & Joseph, A.J. (2018). Sustaining systemic racism through psychological gaslighting: Denials of racial profiling and justifications of carding by police utilizing local news media. *Race and Justice*. <http://journals.sagepub.com/doi/full/10.1177/2153368718760969>

Maiter, S., & Joseph, A. J. (2016). Researching racism: The colour of face value, challenges and opportunities. *British Journal of Social Work*, 47(3), 755-772.

Joseph, A.J. (2015). Beyond intersectionalities of identity or interlocking analyses of difference: confluence and the problematic of “anti”-oppression. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, 4(1), 15-39.

Joseph, A. J. (2015). The necessity of an attention to Eurocentrism and colonial technologies: an addition to critical mental health literature. *Disability & Society*, 30(7), 1021-1041.

Lamoureaux, A., Joseph, A., (2014). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. *Social Work in Mental Health*, 12(3), 212-230.

Joseph, A. J. (2014). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. *Critical Criminology*, 22(2), 273-293.

Joseph, A. J. (2013). Empowering alliances in pursuit of social justice: Social workers supporting psychiatric-survivor movements. *Journal of Progressive Human Services*, 24(3), 265-288.

Maiter, S., Joseph, A., Shan, N., Saeid, A., (2013). Doing participatory qualitative research: Development of a shared critical consciousness with racial minority research advisory group members. *Qualitative Research*, 13(2), 198-213.

Joseph, A. J. (2010). Advocacy in social work: Recovery-focused systems for people living with serious mental health issues. *Canadian Social Work*, 12(2), 25-42.

iv) Journal Abstracts

N/A

v) Other, including Proceedings of Meetings

Joseph, A.J. (2019). Big data and social services: Public overseers of human suffering for private gain. pp. 77-87. Digitization and Challenges to Democracy, *Institute on Globalization & the Human Condition, Globalization Working Papers* 19(1). McMaster University, Hamilton, ON.
<https://globalization.mcmaster.ca/research/publications/working-papers/2019/working-paper-oct-2019.pdf>

Joseph, A. J. (2012). Ancestries of racial and eugenic systems of violence in the mental health sector. In I. Needham, K. McKenna, M. Kingma, N. Oud (Ed.), *Third International Conference on Violence in the Health Sector, Vancouver, BC*. (pp. 234-238). The Netherlands: Kavanah.
http://www.oudconsultancy.nl/Resources/Proceedings_3rd_Workplace_Violence_2012.pdf

Vaz, C., & Joseph, A.J. (2018, November). Negotiating Conflicting Understandings of Intimate Relationships: Exploring Meaning Making, Isolation and Identity in Cross Cultural Contexts for South Asian University Students. Poster session presented at the *2018 Undergraduate Student Research Award Poster Session*, McMaster University, Hamilton, ON.

b. *Not Peer Reviewed*

i) Books

N/A

ii) Contributions to Books

N/A

iii) Journal Articles

N/A

iv) Journal Abstracts

N/A

v) Other, including Proceedings of Meetings

Canadian Federal Government Policy Briefs

The Standing Senate Committee on Legal and Constitutional Affairs

RE: Bill C-7: An Act to amend the Criminal Code (medical assistance in dying)

January 27, 2021

https://sencanada.ca/content/sen/committee/432/LCJC/Briefs/Brief_AmeilJoseph_e.pdf

Standing Committee on Citizenship and Immigration

Federal Government Policies and Guidelines Regarding Medical Inadmissibility of Immigrants. Published on: Monday, November 20, 2017 to 8:32 p.m. (EST)

Website Creation:

[Home - A Way Through \(mcmaster.ca\)](#): Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing

Contribution to feature film/Documentary

Frost Bites 2023, The Community Impact Map: An incomplete account of Hamilton's community work.
<https://youtu.be/6K0VYqpEUIw?si=2POW70DjilyGzoFP>

The World is Bright (Documentary film) <https://www.theworldisbright.ca/impact/expert-interviews/>
<https://boxoffice.hotdocs.ca/websales/pages/info.aspx?evtinfo=125201~741853d5-bf72-40a5-a015-09aded779383>

Contribution to Documentary Production, “The World is Bright”- “History”: <https://youtu.be/WIqRmchoS5I>

Knowledge Exchange

Television/Live Interviews

- Reflecting on the rise of Islamophobia as Ramadan begins (chch.com) (2023, March 22). <https://www.chch.com/reflecting-on-the-rise-of-islamophobia-as-ramadan-begins/>
 - [Science table finds lower-income and racialized communities are more frequently ending up in the ICU - CHCH](#) (2021, November 13).
 - Hamilton vaccination program to prioritizes black & other racialized populations ages 18+ in hot spots, CHCH Evening News (2021, April 23). <https://www.chch.com/hamilton-vaccination-program-to-prioritizes-black-other-racialized-populations-ages-18-in-hot-spots/>
- Related pieces:
- <https://www.cbc.ca/news/canada/hamilton/hamilton-bipoc-vaccine-priority-1.5989119>
 - 'Good public health policy': The success of vaccine clinics for Black, racialized Canadians, CTV News. <https://www.ctvnews.ca/health/coronavirus/good-public-health-policy-the-success-of-vaccine-clinics-for-black-racialized-canadians-1.5416822>
 - <https://www.thespec.com/news/hamilton-region/2021/04/29/racist-backlash-to-hamiltons-effort-to-vaccinate-black-and-racialized-residents-condemned.html>
 - <https://www.thespec.com/news/hamilton-region/2021/04/26/hamilton-covid-vaccines-latest-news.html>
 - White Supremacy in Hamilton. The O Show, Cable 14 (2021, January 12). <https://cable14now.com/video-on-demand/video/?videoId=5591>
 - COVID-19 Stay-at-home order, policing. CHCH evening news (2021, January 13). <https://www.chch.com/news/evening-news/>
 - Sir John A. Macdonald statue in Hamilton vandalized. CHCH (2020, November 9). <https://www.chch.com/sir-john-a-macdonald-statue-in-hamilton-vandalized/>
 - What is Antifa? CTV Newsday (2020, June 1). <https://link.quibi.com/PGRFjSUCZ6>
 - Group urging council to reverse decision to take over setting up anti-racism centre. CBC. (2019, December 11). <https://www.cbc.ca/news/canada/hamilton/harrc-1.5391472>

- Hate speech and Anti-Racism in Hamilton. *Vital Signs*, Cable 14. (2019, October 9). **A6625**
<https://www.cable14.com/tv-shows/vital-signs>
- Hate in Hamilton. *The O Show*, Cable 14. (2019, September 17). <https://www.cable14.com/tv-shows/o-show-the>
- Hate in Hamilton: what went wrong and how we make it right. *CBC*. (2019, August 7).
<https://www.cbc.ca/news/canada/hamilton/hamilton-hate-live-1.5218029>
- Diversity and Representation. *City Matters*, Cable 14. (2019, April 10).
<https://cable14now.com/video-on-demand/video/?videoId=4271>
- Diversity advocates call recently appointed member to Hamilton Police Board a missed opportunity. *CHCH evening news* (2019, April 6). <https://www.chch.com/diversity-advocates-call-recently-appointed-member-to-hamilton-police-board-a-missed-opportunity/>
- Stoney Creek hate crime exemplifies disturbing trends in racism. *CHCH evening news* (2018, July 29). <http://www.chch.com/stoney-creek-hate-crime-exemplifies-disturbing-trends-racism/>
- What you need to know about political extremism in 2017, Your Morning with Ben Mulroney, *CTV* (2017, February 15) <http://www.ctvnews.ca/politics/is-antifa-activism-a-necessary-answer-to-the-alt-right-1.3327449>
- Race and Identity, *The Morning Show*, *Global T.V. National* (2015, June 16).
<http://globalnews.ca/video/2057575/race-and-identity-interview-with-ameil-joseph/>

Radio Interviews

- CBC Radio-Canada (2023, Sept. 20) Hamilton's Homeless Encampments: Report by Julie-Anne Lamoureux. Catch-up: Protests and counter-protests on gender identity in Canada, and Volodymyr Zelensky at the UN Security Council (radio-canada.ca)
- CBC Radio, Ontario Today -(2022, May 18): The racist ideas behind the Buffalo shooting: Are you confronting them? <https://www.cbc.ca/listen/live-radio/1-45/clip/15913452>
- Globalnews, 640 Toronto, Toronto Today with Greg Brady (2022, Nov. 2) Worker's rights
<https://cms.megaphone.fm/channel/CORU7809549774?selected=CORU5881817303>
- CBC Radio. Ontario today with Rita Celli. (2020, June 17). Renaming Dundas Street: Is it a way to right a wrong? <https://www.cbc.ca/listen/live-radio/1-45-ontario-today/clip/15782717-renaming- Dundas-street-is-it-a-way-to-right-a-wrong>
- AM900 CHML/Global News, the Bill Kelly Show. (2020, June 11). Calls for police to be defunded, Petition to rename Dundas St. & Liberal government did not get support to update rules on CERB. <https://omny.fm/shows/bill-kelly-show/the-bill-kelly-show-podcast-calls-for-police-to-be?t=17m33s>
- AM900 CHML/Global News, the Bill Kelly Show. (2019, December 11). McMaster's Ameil Joseph talks about the city's decision to take over the Hamilton Anti-Racism Resource Centre (HARRC). <https://globalnews.ca/news/6282905/city-takes-over-hamilton-anti-racism-resource-centre/>
- AM900 CHML/Global News, the Bill Kelly Show. (2019, September 19). Three instances of Justin Trudeau in brownface have emerged. <https://www.iheart.com/podcast/256-bill-kelly-show-31080203/episode/three-instances-of-justin-trudeau-in-49416209/>
- Newstalk 1010 Moore in the Morning. (2018, September 30). The Rise of Hate.
<http://www.iheartradio.ca/newstalk-1010/audio/the-rise-of-hate-1.8470727?mode=Article&autoplay=1.8470727>
- AM900 Radio Interview with Anthony Urciuoli (2016, November 26). Anti-Racism Action Initiative <https://omny.fm/shows/anthony-urciuoli-show/disappointing-ticket-sales-for-the-grey-cup-game-m?t=29m31s>

- 60 Seconds with Ameil Joseph PACBIC (President's Advisory Committee on Building Inclusive Community) (2016, November 8), Morningfile, CFMU 93.3
<https://www.youtube.com/watch?v=mW-BMRylrQI>

Magazine Articles:

- Joseph, A.J. & Briarpatch Staff (2022). Migration has Always been a Disability Justice Issue. Briarpatch Magazine. <https://briarpatchmagazine.com/articles/view/migration-has-always-been-a-disability-justice-issue>
- Joseph, A.J. (2022). The integrity of McMaster University is at stake in the CUPE 3906 strike. Spring Magazine. <https://springmag.ca/the-integrity-of-mcmaster-university-is-at-stake-in-the-cupe-3906-strike>
- Joseph, A.J. & Kumbhare, S. (2022) Mental health, grief, loss, and bereavement through COVID-19. Academic Matters. <https://academicmatters.ca/mental-health-grief-loss-and-bereavement-through-covid-19/>
- Joseph, A.J., (2020). Equity data as an ethical necessity: Understanding the viral confluence of injustice through COVID-19. *Canadian Dimension*.
<https://canadiandimension.com/articles/view/equity-data-as-an-ethical-necessity-understanding-the-viral-confluence-of-injustice-through-covid-19>
- Joseph, A.J., (2016). Putting alt-Right's Racism in Context. *Our-Times: Canada's Independent Labour Magazine*. http://ourtimes.ca/Between_Times/article_513.php

Newspaper Articles:

- El-Dakhakhni, W., Haddara, Y., Joseph, A., & Palestine, F. 4 M. (2024, May 30). *Dear mcmaster: Encampment students are your "Brighter world."* The Hamilton Spectator. https://www.thespec.com/opinion/contributors/dear-mcmaster-encampment-students-are-your-brighter-world/article_18db82aa-4852-508e-881f-6ea1453254f7.html
- Joseph, A. J., & Adjekum, S. (2023, November 14). *Israel's war against civilians is not self-defence*. The Hamilton Spectator. https://www.thespec.com/opinion/contributors/israel-s-war-against-civilians-is-not-self-defence/article_4c6fde8c-3610-5bd3-8c4b-0ecaddb0d526.html
- Adjekum, S., & Joseph, A. J. (2023, October 27). *Canada once recognized the humanity of Palestinians and it can do so again*. The Hamilton Spectator. https://www.thespec.com/opinion/contributors/canada-once-recognized-the-humanity-of-palestinians-and-it-can-do-so-again/article_87d74932-c695-5893-b99e-c59db6c074dc.html?utm_source=twitter&utm_medium=social&utm_campaign&utm_content=ap8uj92liy7q
- Joseph, A. J. (2023, March 27). *Student protest should cause McMaster to reconsider divestment*. The Hamilton Spectator. https://www.thespec.com/opinion/contributors/student-protest-should-cause-mcmaster-to-reconsider-divestment/article_70e44bc4-e310-5eb7-80d4-0213f618d4b5.html
- Joseph, A., & Adjekum, S. (2023, February 17). *Another Hamilton is possible*. The Hamilton Spectator. https://www.thespec.com/opinion/contributors/another-hamilton-is-possible/article_c0223c76-98c8-562d-a804-7193b303e029.html
- Robson, K. & Joseph, A.J. (2022). McMaster Faculty Members Need to Unionize. <https://www.thespec.com/opinion/contributors/2022/12/02/mcmaster-faculty-members-need-to-unionize.html>
- Joseph, A.J. (2022, May 5). *A Way to End Hatred in Hamilton*. Hamilton Spectator. <https://www.thespec.com/opinion/contributors/2022/05/05/a-way-to-end-hatred-in-hamilton.html>

- Joseph, A.J., Jama, S. & Linton, M. (2022, January 23). [Our long-term care system must be dismantled | TheSpec.com](#) **A6627**
- Joseph, A.J. (2021, December 3). [Misusing the language of safety and social justice | TheSpec.com](#)
- Joseph, A.J., Dampney, K. (2021, June 7). [It's time to be honest about racism in Hamilton | TheSpec.com](#)
- Joseph, A.J. (2020, October 18). Systemic injustices, policing, and mental health. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/10/18/systemic-injustices-policing-and-mental-health.html>
- Joseph, A.J. (2020, September 27). Hamilton police not mental health professionals. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/09/27/hamilton-police-not-mental-health-professionals.html>
- Joseph, A.J., (2020, June 15). How Much More Do You Need to See: Black Lives Matter. *Hamilton Spectator*. <https://www.thespec.com/opinion/contributors/2020/06/15/how-much-more-do-you-need-to-see-black-lives-matter.html>
- Joseph, A.J., (2019, April 12). Police board ignores city's promises of inclusion and diversity with latest appointment. *Hamilton Spectator*. <https://www.thespec.com/opinion-story/9281084-police-board-ignores-city-s-promises-of-inclusion-and-diversity-with-latest-appointment/>
- Joseph, A.J., (2016, December 30). Hamilton Police Still not Getting it On Racism. *Hamilton Spectator*. <http://m.thespec.com/opinion-story/7041880-hamilton-police-still-not-getting-it-on-racism>
- Joseph, A.J. (2014, November 14). *ARRC more than a 'hotline': Centre will be step toward equity, social justice and preventing racial tension*. *Hamilton Spectator*, Retrieved December 10, 2014 from <http://www.thespec.com/opinion-story/5013061-arrc-more-than-a-hotline/>

Online Publications

- Joseph, A., & Stearns, G. (2023, July 21). *Why Hamilton's encampment consultations can - and should - be different, say advocates | CBC News*. CBCnews. <https://www.cbc.ca/news/canada/hamilton/encampment-plan-question-answer-response-1.6902080>
- Stearns, G., & Joseph, A. (2023, July 10). *Sanctioned encampment sites a slippery path*. *The Hamilton Spectator*. https://www.thespec.com/opinion/contributors/sanctioned-encampment-sites-a-slippery-path/article_58175ecf-8481-5fc6-b271-69fe1e43f66c.html
- Joseph, A.J. (2022). Labour negotiations can't be in 'good faith' without acknowledging the cruelties workers face. *CBC NEWS*. <https://www.cbc.ca/news/canada/hamilton/labour-talks-in-good-faith-1.6659193>
- Joseph, A.J., Daniel, J., Ibhawoh, B., Deen, J., Coleman, D., Abebe, A., Ogunkoya, F., Kapiriri, L. (2021). [Beyond cohorts and clusters: redressing systemic anti-Blackness in higher education — University Affairs](#)
- Joseph, A.J., (2021). Expanding MAiD could worsen discrimination against people with disabilities. <https://ipolitics.ca/2021/02/19/expanding-maid-could-worsen-discrimination-against-people-with-disabilities/>
- African & Caribbean Faculty Association of McMaster (2020) <https://dailynews.mcmaster.ca/articles/statement-on-the-killing-of-george-floyd-and-racial-justice/> (writer 95%)
- Joseph, A.J., (2018). Erasing race but not racism in the Peter Khill trial. *The Conversation*. <http://theconversation.com/erasing-race-but-not-racism-in-the-peter-khill-trial-99337> also published on CBC, <https://www.cbc.ca/news/canada/hamilton/erasing-race-but-not-racism-in-the-peter-khill-trial-1.4736894>

- Joseph, A. J., (2017). We must speak out against racism. *University Affairs/Affaires Universitaires*. A6628
<https://www.universityaffairs.ca/opinion/in-my-opinion/must-speak-racism/>
- Joseph, A.J. (2015) Speaking voice into the silence and naming the deception of “hoaxes”: Islamophobia and other forms of racism at McMaster University. PACBIC Dialogues. <https://pacbic.mcmaster.ca/documents/PACBICameilSpeakingvoiceintothesilence12112015.pdf>
- Joseph, A.J. (2015). Food justice or/= Social justice? Systemic exclusion and discrimination: Do we respond by raising issues of access and equity or advocate for transformation. *PACBIC Dialogues*. <https://pacbic.mcmaster.ca/documents/PACBICameilFoodJusticeorSocialJustice.pdf>

c. *Accepted for Publication (in final form)*

d. *Submitted for Publication*

Joseph, A.J., Niles, C., Vaz, C., Gooding, W., Millard, B. (Under Review). Frozen, invisible, indefinite: Immigration detention in Canada and the carceral violence of temporal torment. *Journal of Human Rights and Social Work*

e. *Unpublished Documents*

Joseph, A.J. (2019). Hamilton Anti-Racism Resource Centre, Findings and Analysis report 2018-2019. (32 pages)

Joseph, A.J. (2019). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2018 (annual report, 19 pages)

Joseph, A.J. (2018). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2017 (annual report, 21 pages)

Joseph, A.J. (2017). McMaster’s President’s Advisory Committee on Building an Inclusive Community - 2016 (annual report, 19 pages)

15. Presentations at Meetings

a. *Invited*

Joseph, A.J. (2024, February 28). Equitable Vaccine Access: Bridging Gaps for Health Equity. Ontario Public Health Association, Harnessing Perspectives Conference, Online.

Joseph, A.J. (2023, December 8). The Restoration House Clinic. Emerging lessons from health systems policies and reforms during COVID-19. Institute for Pandemics, University of Toronto, Toronto, ON

Joseph, A.J. (2023, November 13). Systemic and structural problems require systemic and structural analyses and solutions. Hamilton Anti-Racism Resource Centre Press Conference on Hamilton Board of Health Reform. Hamilton City Hall, Hamilton, ON.

Joseph, A.J. (2023, November 2). Defying Systemic Racism and Hate: Building Community Solidarity for Knowledge Sharing, Mutual Aid and Action for the Future. Future of Canada Symposium. McMaster University, Hamilton, ON.

Joseph, A.J. (2023, June 22). The Wielding of Racial Tropes of Dangerousness in Police Use of Force Analyses. Hamilton City Hall, Hamilton, ON. A0629

Joseph, A.J. (2023, May 8). We Support Hamilton, A history of community advocacy and action to challenge hate. Hamilton City Hall. WeSupportHamilton.ca Launch Event. Hamilton, ON.

Joseph, A.J. (2023, March 3). Racial discrimination and bias in context in the ASWB exam data. ASWB Teach-In. School of Social Work, McMaster University, Hamilton, ON.

Joseph, A.J. (2023, March 1). The Necropolitical and Thanatopolitical. MAiD (Medical Assistance in Dying), social inequalities and structural vulnerabilities: why it matters. Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, MB. <https://youtu.be/UHmCyFBhp6s?si=3-HN-CiU6aYfSj8g>

Joseph, A.J. (2022, January 12). Race, Racism, Racialization and Colonialism: The Context for Governance in Education. HWDSB, Board of Trustees, Hamilton, ON

Joseph, A.J. (2021, December 16). *Confronting and Defying Racism in Mental Health*. Mental Health and Addiction Program Rounds, St. Joseph's Healthcare, Hamilton, ON.

Joseph, A.J. (2021, September 23). Understanding Inequity in Healthcare Education. ReThink Clinical Reasoning Conference. Faculty of Health Sciences, McMaster University.
<https://youtu.be/nG8d8CJNAWE>

Joseph, A.J. (2021, October 28). *Thinking Respectfully about Identity and Difference (3-hour workshop)*. Faculty of Health Science, Equity Advocacy and Allyship Program.

Joseph, A.J. (2021, October 26; 2021, November 17; 2022, January 11; 2023, January 10). *Racism in Healthcare: Are we talking about the same things? Anti-Black Racism and Black Exclusion in Medicine* Professional Competencies Curriculum, McMaster MD Program, McMaster University.

Joseph, A.J. (2021, October 21). *Racism, Race, and Racialization in Healthcare & Emergency Medicine*. FRCPC, Emergency Medicine Residency Program, McMaster University

Joseph, A.J. (2021, June 23). *Compositional Diversity and Community*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 14). *Professional Practice, Education, and Research*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 13). *White supremacy, Critical Race Theory and Wokeness*. The Communal with Kojo Damptey, Hamilton, ON. <https://www.youtube.com/watch?v=s1RWhKUjuoo&t=3s>

Joseph, A.J. (2021, June 11). *System Interaction and Culture*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, June 9). *Equity through Organizational Commitment and Integration*. Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2021, May 19). *Equity, Diversity, and Inclusion in Healthcare: Are we talking about the same thing?* Hamilton Health Sciences, President's Equity Diversity and Inclusion Advisory Council, Hamilton, ON

Joseph, A.J. (2019, November 29). Responding to hate in Hamilton. CityLab, McMaster University, Hamilton, ON.

Joseph, A.J. (2019, November 28). The erasure of experience and the subjects of oblivion: speaking back to the obliviousness of whiteness. *Let's Talk About Race!*, McMaster University, Hamilton, ON.

Joseph, A.J. (2019, September 28). Navigating racial issues in healthcare. *6th Annual Canadian Haemoglobinopathy Conference*, The Canadian Haemoglobinopathy Association, Hamilton, ON.

Joseph, A.J. (2019, May 23). The subjects of oblivion: subalterity and contemporary technologies of transnational eugenics, sanism, and racial eradication. *Southwestern Ontario Disability Scholars Workshop*, Windsor Law, University of Windsor, Windsor, ON.

Joseph, A.J. (2019, May 8). Confronting and Challenging racism in Healthcare: The Ethical Necessity of anti-Racism for Practice. *Ethics and Diversity Grand Rounds*, Hamilton Health Sciences, Hamilton ON.

Joseph, A.J. (2019, February 15). Dismantling Racism in Hamilton. *Vital Signs*, Hamilton Community Foundation. Mulberry Café, Hamilton, ON, <https://youtu.be/trJvha3rRv8>

Joseph, A.J. (2018, November 29). Freedom of Speech and Race. *Let's Talk About Race!*, McMaster University, Hamilton, ON.

Joseph, A.J. (2018, November 10). Criminalization and Racialization of Poverty and Mental Health. *Town of Ajax 3rd Annual Diversity Conference*, Ajax Convention Centre, Ajax, ON.

Joseph, A.J. (2018, September 15). Big data and social services: Public overseers of human suffering for private gain. *Digital Democracy: Transformations and Public Contestations*. Institute on Globalization and the Human Condition, McMaster University, Hamilton, ON.

Joseph, A.J. (2018, April 11). From the insidious to the brazen: Realities of racism and resistance *The Trump Talks: Free Public Lecture Series*, McMaster Centre for Continuing Education, Hamilton, ON

Joseph, A.J. (2017, October 24). Overseers of Violence: Big Data & the Role of the Social Worker. *Legacies of Social Welfare Work in Canada Conference*. Wilfrid Laurier University, Brantford, ON.

Joseph, A.J. (2016, November 25). Respecting the Histories of Anti-racist Activism in Hamilton: Working towards collective action together. *Anti-Racism Action Initiative Community Meeting*. Hamilton Central Public Library, Hamilton, ON.

Joseph, A.J. (2016, March 9). The criminalization/racialization of poverty. *The Criminalization of Poverty - Race, Poverty, and Policing in Hamilton Event*, McMaster Community Poverty Initiative. McMaster University, Hamilton, ON

Joseph, A.J. (2016, January 19). Food justice is social justice: beyond the food security talk. *Feeding the Faiths 2016*, McMaster Students Union Diversity Services, Interfaith Committee. McMaster University, Hamilton, ON

Invited Keynotes/Plenaries

Ali, H., Umaigba, B., Rashid, M., Joseph, A.J., Uppal, M., Arya, N. (2024, May10). A Changing Landscape - Increased urgency to respond to the needs of Black and Refugee populations - the time is now! *Symposium: Refugee Health, Black Health and Social Services*, Advancing Health Equity for Communities Made Marginalized. (Plenary Panel). David Braley Health Sciences, McMaster University, Hamilton, ON.

Joseph, A.J. (2023, June 9). Equitable Community Compensation. Community Based Research Canada. Waterloo, ON

Joseph, A.J. (2023, February 2). *Health Equity Advocacy Through Community Mobilization & Solidarity. Community-Based Research Canada, Moving the Dial.* <https://youtu.be/jXltlMfnfhM>

Joseph, A.J. (2022, June 8). Data and Justice: Mobilizing Solidarities for Action. Action Now-Building Equitable Futures Together: Primary Health Conference. Alliance for Healthier Communities, Delta Hotels by Marriot Toronto Airport and Conference Centre. Toronto, ON

Joseph, A.J. (2022, February 16). Challenging Systemic Racism for Health Equity in Hamilton: Mobilizing Solidarities for Action. McMaster Institute for Health Equity, McMaster University. <https://youtu.be/bWai1PrI0ms>

Joseph, A.J. (2022, February 17). Confronting and Resisting Racism in Mental Health & Pediatrics. Department of Pediatrics, Grand Rounds, Faculty of Health Sciences, McMaster University. https://www.macvideo.ca/media/Bridging+the+GapA+Confronting+and+Resisting+Racism+in+Mental+Health+%7C+Dr.+Ameil+Joseph+%7C+February+17%2C+2022/1_5mojt3dg

Joseph, A.J., Bedminster, T, Jama, S, Frketich, J. (2021, December 2). *Community Responses to #COVID-19 in Hamilton*. Hamilton Centre for Civic Inclusion, 2020/21 Annual General Meeting. Hamilton, ON

Joseph, A.J. (2021, November 16). *Affordable housing, accessible housing, not-for-profit housing-acknowledging complicities and histories of exclusion*. 2021 Housing Central Conference, BC Not-For-Profit Housing Association. Vancouver, BC.

Joseph, A.J. (2021, June 16). *Courageous solidarities: Listening and supporting the most marginalized in the struggle for a better Hamilton*. Hamilton Community Foundation, Annual General Meeting, Hamilton, ON

Joseph, A.J. (2021, February 10). Beyond the Individual: Confronting and Challenging Racism in Health and Mental Health. Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON, <https://youtu.be/LV5hk7A83aM>

Joseph, A.J. (2020, October 23). Race & racism in 2020 and beyond: Confronting individual, systemic, and structural complicities for transformative change. *Anti-Racism Day*, Ministry of Economic Development, Job Creation and Trade, Business Partnerships and Programs Division, Toronto, ON.

Joseph, A.J. (2020, September 10). Appreciating Individual, Systemic, and Structural Inequities in ~~2021~~ **A2348** Current and Historical Contexts for Change. City of Hamilton, Mayor's Task Force on Economic Recovery. Hamilton, ON.

Joseph, A.J. (2020, September 3). Defunding Harm and Violence. Defunding the Police-Community Teach-in. City of Hamilton, City Hall Forecourt, Hamilton, ON.

Joseph, A.J. (2020, June 24). Defying Racism in Hamilton. *Hamilton Anti-Racism Conference*, Hamilton Center for Civic Inclusion, Hamilton, ON. <https://youtu.be/Lf1zOaZJyss>

Joseph, A.J. (2019, September 26). Race and racism in Hamilton. *Hamilton Urban Core Community Health Centre, Annual General Meeting*. Hamilton, ON

Joseph, A.J. (2015, May 8). The untreatable mentally ill, the unrehabilitatable criminal and the undeserving alien: Contemporary eugenic and racial technologies of violence at the confluence of forensic mental health and immigration systems. *8th Annual Social Work Research Symposium: Interdisciplinary Conversations on Social Transformation and Critical Practices*. York University, Toronto, ON.

Joseph, A.J. (2014, November 25). Violent interventions: Neo-colonization in contemporary forensic mental health and the (re)production of difference. *UN International Day of Person with Disabilities Lecture, Office of human rights and equity services*, MACCESSIBILITY program, McMaster University, Hamilton, ON.

Invited Panelist

Shail, M., Ahmed, I, Caid, N, Joseph, A.J. (2024, April 18.). Learning from approaches to community engagement and equity initiatives to foster trust in health systems. 2024 Interdisciplinary Symposium, Institute for Pandemics, University of Toronto. <https://youtu.be/wtoahxDx6yM>

Joseph, A.J. Sekha, S. (2022, October 22). Building Just Communities: Abolition work across carceral domains touching on the work of clinics. Parkdale Community Legal Services at 50: Defining our Future, Symposium. Toronto, ON

He, B., Joseph, A.J., Anciano, F., Warren, M., Montambeault, F. (2022, June 10). Democracy in Times of Crisis: Reflection and Action in Participedia Research. Participedia Partners Conference 2022, McMaster University, Hamilton, ON.

Wilks, A, Joseph, A.J., Kumbhare, S., Suart, C. (2022, June 1). Reframing Disability in Healthcare. Faculty of Health Sciences, McMaster University, Hamilton, ON.

D'Souza, R. Joseph, A.J., Marshall, L-J, Loen, M. (2022, May 27). The Vax Scene: Understanding Factor in Vaccine Uptake. Canada's Global Nexus for Pandemics and Biological Threats. McMaster University, Hamilton, ON

Joseph, A.J., Dampney, K., Walker, J. (2022, March 25). Data, equity, and justice: respecting relationships for health equity. Greater Hamilton Health Network, Hamilton Centre for Civic Inclusion, Indigenous Health Learning Lodge, McMaster Office of Community Engagement, Hamilton, ON.
<https://www.youtube.com/watch?v=NC5zeLJbCaY>

Joseph, A.J., Jama, S., Linton, M., Clutterbuck, P., Martin, K. (2022, March 10). Town Hall on changes Needed in Home Care and Community Care. Disability Justice Network of Ontario, Seniors for Social Action, Social Planning and Research Council of Hamilton, Hamilton, ON. [Virtual Town Hall on Home Care, Elder Care and Community Care - March 10, 6 to 8 PM \(djno.ca\)](#)

Joseph, A.J., Peters, G., Hawes, S., Ward, K., Theriault, A. (2021, November 16). Disability & Accessibility Panel. 2021 Housing Central Conference, BC Not-For-Profit Housing Association. Vancouver, BC.

Lepofsky, D., McMeekin, G. and Joseph, A.J. (2021, October 28). Disability Justice, Accessibility and Beyond. Access to Justice Week, Faculty of Law, University of Alberta, Alberta.
<https://www.albertaaccesstojustice.com/blog/disability-justice-resources>

Joseph, A.J., McCradden, M., Singh, D. (2021, October 27). Addressing Inequities in AI and Technology as Clinicians and Researchers. The Hospital for Sick Children. Fifth annual Department of Paediatrics and Faculty of Medicine, We All Belong: Equity and Data Justice for Precision Health and Research. Toronto, ON. <http://www.cvent.com/events/we-all-belong-equity-and-data-justice-for-precision-health-and-research/agenda-499720ce21824c0d829adb31ce32437.aspx>

Joseph, A.J., Elghawaby, A., Hashim, M., & Narro-Pérez, R. (2021, August 3). Responding to Hate in Hamilton. Hamilton Centre for Civic Inclusion, Hamilton, ON.
<https://www.youtube.com/watch?v=aWMB09W8P5g&t=3s>

Disability Justice Network of Ontario. (2021, June 30). [Abolish The Psych Ward Panel featuring Dr. Ameil Joseph and Dr. Syrus Marcus Ware \(djno.ca\)](#)

Art Gallery of Hamilton (2021, May 20). Esmaa Mohamoud Exhibit, Play in the Face of Certain Defeat.
<https://www.artgalleryofhamilton.com/program/free-thursdays-esmaa-mohamoud-panel-talk/>

GritLit Festival (2021, April 17). No Place Like Home: Issues Around Homelessness, Hamilton Ontario

Joseph, A.J., (2020, November 17) Racism in Healthcare: Are we talking about the same things? Anti-Black Racism and Black Exclusion in Medicine, Professional Competencies Curriculum, McMaster MD Program, McMaster University.

From Stories to Action: Addressing Anti-Black Racism in Healthcare. (2020, October 1). Chair's Grand Rounds, Hamilton Health Sciences, Department of Medicine, McMaster University, Hamilton, ON.

Resistance in Academia. (2019, January 31). *Diversity Week Panel*, Diversity Services, McMaster Student Union, McMaster University, Hamilton, ON.

Psychiatric Detention: Problem in Policy & Practice. (2019, March 15). *Detained: From supporting Prisoners to Abolishing Prisons. Journal of Law and Social Policy*, Osgoode Hall Law School, York University, Toronto, ON.

Immigration detention in Canada: A historical confluence of gendered ideas of the dangerous, the racialized, the immigrant, the biologically mad threat. (2017, December 5). *Research Forum on Immigration, Borders, and Social Justice*. McMaster University, Hamilton, ON

Mental health and gender violence. (2017, March 30). *Decolonize and Deconstruct*

Imagining new approaches to sexuality and consent education. Brock University, St. Catharines, ON. A6634

Decolonizing leadership. (2017, March 29). *Leadership Panel - Diversity/Respect/Bias- Strategic Leaders Program*, McMaster University, Ron Joyce Centre, Burlington, ON.

Critical Race/Decolonial Perspectives for Social Justice Practice. (2017, January 27). *Senior Leadership Panel on Anti-Oppressive Practice in Ontario's Child Welfare Field*. The Catholic Children's Aid Society of Hamilton, Hamilton, ON

Crimes against Humanity, the International Criminal Court and the Rome Statute: Reflecting on Resistance to Historical Technologies of Hatred at State levels. (2016, November 16). *Making History Now: Racism, Resistance and Strategies for Building Alliance in the World of Trump*. McMaster University, Hamilton, ON

Hamilton Living Together Symposium (2016, March 29). *Canadian Race Relations Foundation*, Art Gallery of Hamilton, Hamilton, ON

b. *Contributed*

i) Peer reviewed

Joseph, A. (2024, July 23). Colonial Cyborg Carceralities of Decomposition: Immigration Detention in Canada. XXXVIIIth *International Congress on Law and Mental Health*, International Academy of Law and Mental Health. Faculty of Law, University of Barcelona, Barcelona, Spain,

Joseph, A. (2024, June 19). Challenging the violence of obliteration in the proposed entry to practice exams in Ontario and beyond. Canadian Association for Social Work Education (CASWE-ACFTS) 2023 Conference, University of Montreal, Montreal, QC.

Bent-Womack, C., Satia, A., Khan, M. S., Ma, J., Salih, A., Esemu-Ezewu, J., Rukh-E-Qamar, H., Huang, X., Maradiaga Rivas, V., Joseph, A., & Gabel., C. (2024, June). *Dismantling white supremacy through anti-racist and decolonial pedagogies*. Paper presentation. 2024 STLHE Annual Conference, Society for Teaching and Learning in Higher Education, Niagara Falls, ON, Canada.

Ma, J., Joseph, A.J., Satia, A. Maimuna S. Khan, M., Huang, X., Rivas, V. (2023, November 10). Post-secondary education's capacity for dismantling White supremacy through anti-racist and decolonial pedagogies. XII Decolonizing Conference: Speaking Out & Speaking Up in Fugitive Spaces. OISE, University of Toronto, Toronto, ON

Joseph, A.J. (2023, August 25). Beyond the prison industrial complex: Colonial cyborg carceralities, and the technologies of decomposition. International Consortium for Social Development 2023 Biennial Conference, University of Gävle, Gävle, Sweden.

Joseph, A.J. (2023, August 24) Mobilizing solidarities for health equity: Challenging systemic racism through COVID-19. International Consortium for Social Development 2023 Biennial Conference, University of Gävle, Gävle, Sweden.

Joseph, A.J. (2023, June 1). Racial Injustice: Entry-to-Practice Examination for New Social Work Graduates Conversation Circle. Canadian Association for Social Work Education (CASWE-ACFTS) 2023 Conference, York University, Toronto, ON.

- Joseph, A.J. (2023, May 31). Beyond the prison industrial complex: Colonial cyborg carceralities and the technologies of decomposition. Canadian Association for Social Work Education (CASWE-ACFTS) 2023 Conference, York University, Toronto, ON.
- Joseph, A.J. (2023, May 31). Critical Social Praxis: Transformation, Justice and Abolition. Canadian Association for Social Work Education (CASWE-ACFTS) 2023 Conference, York University, Toronto, ON.
- Joseph, A.J. (2023, May 31). Remembering Amy Rossiter: Unsettling Social Work. Canadian Association for Social Work Education (CASWE-ACFTS) 2023 Conference, York University, Toronto, ON.
- Watts, V., Joseph, A.J., Dean, A., (2022, October 21). Against the Corporatization of EDI and Reconciliation: Reimagining social justice approaches for another university, now. Another University, Now, Canadian Association of Cultural Studies / Association Canadienne des Études Culturelles Annual Conference, University of Toronto, Toronto, ON.
- Joseph, A.J. (2022, October 17). Challenging Systemic Racism for Health Equity: Mobilizing Solidarities for Change Through COVID-19. 7th International Conference on Global Public Health 2022, Bali, Indonesia
- Joseph, A.J. & Kumbhare, S. (2021, December 10). Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing. World Pandemic Research Network Conference. [Grief, Memorials, and Loss through COVID-19: Resources for caring while physical distancing \(wprn.org\)](https://www.wprn.org/)
- Joseph, A.J. (2021, June 2). Occidental appropriations of resistance to systemic racism: The erosion of Anti-Racism work & the maintenance of white supremacy. 2021 Canadian Association of Social Work Education, University of Alberta, Alberta, Canada.
- Joseph, A.J., Vaz, C., Millard, B., William Gooding, W., & Niles, C. (2020, April 1 -paper written but not presented due to cancellation/COVID-19). Frozen, invisible, indefinite: Immigration detention in Canada and the carceral violence of temporal torment. *Crime, Justice and Social Harms*, Howard League for Penal Reform, Oxford University, Keble College, UK
- Joseph, A.J. (2019, July 25). Tradition of Colonial and Eugenic Violence: Immigration Detention in Canada. *XXXVI International Congress on Law and Mental Health*, International Academy of Law and Mental Health, University of International Studies of Rome, Rome, Italy.
- Joseph, A.J. (2019, April 29). Invocations of historical colonial, racial, ableist, sanist tropes in contemporary anti-immigration discourse. *Mobilities and Transnationalism in the 21st Century*, University of Iceland, Reykjavik, Iceland.
- Joseph, A. J. (2018, June 21). Historical and contemporary uses of immigration detention by the mental health system in Canada: Racist, sanist, and eugenic violence in policy and practice. *Disability and (Virtual) Institutions: Interventions, Integration and Inclusion*, International Institute for the Sociology of Law, Onati, Spain.
- Joseph, A. J. (2018, March 2). Immigration detention in Canada: Constituting ideas of "the threat" and "the Canadian public" through racism, sanism and colonial eugenics. *2018 Canadian Association of Cultural Studies: Carceral Cultures Conference*, Simon Fraser University (Downtown), Vancouver, B.C.

Joseph, A., O'Connell, A., Gibson, M., Chapman, C., Good, B., Chambon, A. (2017, May 30). *Part 1 on Critical History as Social Work Practice 1: Epistemic Interventions through Decolonization, 2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON. A6696

Baines, D., Freeman, B., Pon, G., Phillips, D., Clarke, J., Abdillahi, I., Hulko, W., Brotman, S., Ferrer, I., Carter, I., Hanes, R., MacDonald, J., Joseph, A., Barnoff, L., Brown, C., Massaquoi, N., and LaRose, T. (2017, June 1). Panel on Doing Anti-Oppressive Practice: Social Justice Social Work. *2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON.

Singh, N., Wahoush, O., Joseph, A.J. (2016, June, 23). Conceptions of Mental Health Within the Punjabi Sikh Diaspora Community in Ottawa, Ontario. *Mental Health and Cultural Diversity International Conference: Exploring Transformative Practices and Service Models*. De Montfort University, Leicester

Joseph, A.J. (2016, March, 17). Imprisoning the mind and the body: Contemporary forms of legislative imprisonment and colonial violence in forensic mental health. *Experiencing Prison 7th Global Conference*. Inter-Disciplinary.Net., Hilton Hotel Castle District, Budapest Hungary.

Joseph, A.J. (2015 May, 28). Tracing contemporary eugenic and racial colonial technologies of dehumanization at the confluence of mental health, criminal justice and immigration systems. Presented at the *International Journal of Arts & Sciences International Conference for Social sciences and Humanities*. Harvard University, Boston, MA.

Joseph, A.J. (2014, November 3). Theorising violence at the confluence of mental health, criminal justice and immigration systems in Canada. Presented at: *6th Global Conference, Strangers, Aliens and Foreigners*, Inter-Disciplinary.net, Prague, Czech Republic.

Joseph, A.J. (2014, March 15). Civilizing disobedience: Contemporary colonization and the regulation of immigrants and indigenous people with mental health issues. Presented at: *Fourth International Conference on Health, Wellness and Society*, University of British Columbia, Vancouver, BC.

Joseph, A.J. (2013, April 26). The confluence of violence and the accretion of "truth": Reading deportation decisions for racialized people classified with serious criminality and mentally illness in Canada. Presented at: *Social Work's 6th Annual Research Symposium*, York University, Toronto, ON.

Joseph, A., & Maiter, S. (2012, November, 1). Postnational belonging: Strategies of racialized youth in multicultural western contexts. Presented at the *2012 Strangers in New Homelands- 5th Annual Conference on the Social Reconstructing of "Home" Among Immigrants in the Diaspora*, University of Manitoba, Winnipeg, MB.

Joseph, A. (2012, October, 25). Ancestries of racial and eugenic systems of violence in the mental health sector. Presented at the *2012 Third International Conference on Violence in the Health Sector*, Sheraton Vancouver Airport Hotel, Richmond, BC.

Joseph, A. (2012, March, 31). Authorities on the subject: Colonial ancestries of hierarchy and hegemony in mental health. Presented at the *2012 Canadian Association of Social Work Education Annual Conference*, University of Waterloo & Wilfrid Laurier University, Waterloo, ON.

Lamoureaux, A., Joseph, A., Feris, C. (2012, March, 22). Toward transformative practice: Facilitating access and barrier-free services with LGBTTIQQ2SA populations. Presented at the *2012 Ontario Working Group on Early Psychosis Intervention Conference*, Sheraton Centre Hotel, Toronto, ON. A0037

Joseph, A. (2011, June 2). A prescription for violence: The legacy of colonization in contemporary forensic mental health and the production of difference. Presented at the *2011 Canadian Association of Social Work Education Annual Conference*, University of St. Thomas, Fredericton, NB.

Maiter, S., Joseph, A., Shan, N., Saeid, A. (2010, May 14). Doing participatory qualitative research: Development of a shared critical consciousness with racial minority research advisory group members. Presented at the *27th Annual Qualitative Analysis Conference*, Wilfrid Laurier University, Brantford, ON.

Joseph, A., (2010, April 16). Empowering alliances in pursuit of social justice: Social workers supporting psychiatric-survivor movements. Presented at: *Social Work's Annual Research Symposium*, York University, Toronto, ON.

i) Not Peer Reviewed

Joseph, A.J., Mehdi, A., Stearns, G, Ahmad, S. (2024, March 25). Critical Community Perspectives on Housing and Homelessness in Hamilton, CityLab Hamilton, Office of Community Engagement, McMaster University, Hamilton, ON.

Joseph, A.J. (2022, March 1). Refusing colonial, carceral, eugenic, and surveillance technologies in mental health policy, practice, and law. Guest Lecture. HTH SCI 3RH3 Racism and Health, Faculty of Health Sciences, McMaster University.

Joseph, A.J. (2022, February 2). Beyond Intersectionality and Confluence. Guest Discussion/Lecture. Alice Salomon University of Applied Sciences, Berlin, Germany.

Joseph, A.J. (2021, October 25). *From Commitments to Reconciliation: Supporting Decolonizing Work in Community Engaged Research*. Guest Lecture, CMTYENG 2A03, McMaster University

Joseph, A.J. & Kumbhare, S. (2021, July 21). *Loneliness & Mental Health Through COVID-19 and Beyond*. CMHA Ontario, Toronto, ON.

Joseph, A.J. (2021, May 28). Refusing colonial eugenics rationalities in mental health policy, practice, and law. Beyond the Penal and the Carceral: Alternatives to criminalization to address social need. (Panel with Prof. Rinaldo Walcott). Centre for Human Rights and Restorative Justice, McMaster University. ["Beyond the Penal and the Carceral: Alternatives to criminalization to address social need" Panel - YouTube](#)

Joseph, A.J., James, L, Dampthey, K, Downey, B. (2020, December 3). Data colonialism and plantation logics in social services, and public health. Data & Sovereignty: Resisting Colonial Logics for Racial Justice, McMaster Institute for Health Equity, The Lewis and Ruth Sherman Centre for Digital Scholarship, The McMaster Indigenous Research Institute, McMaster University, Hamilton, ON. https://www.macvideo.ca/media/Data+%26+Sovereignty/1_2gxgha01

Joseph, A.J. & Kumbhare, S. (2020, November 23 & 2021, January 18). *Grief During COVID-19*. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, November 2). Anti-Racism, Resistance and Change. Invited guest lecture. ~~UNIV~~ **A6638** 2010, Anti-Discrimination and Anti-Oppression. University of Guelph, Guelph, ON.

Joseph, A.J. (2020, October 27). Race, Racism, Racialization and Colonialism. Invited guest lecture. UNIV 2010, Anti-Discrimination and Anti-Oppression. University of Guelph, Guelph, ON.

Joseph, A.J. (2020, October 21). Relationship, Respect, Complicities, Solidarities & Decolonial Resistance. Invited guest lecture. Advanced Practice. School of Social Work, University of British Columbia., Vancouver, British Columbia.

Joseph, A.J. (2020, November 16, 17, 18, 23). Racism, Race, and Racialization in Healthcare in Canada: Matters of life and death. Invited Guest Lecture. 2RR3 Social Determinant of Health. BScN Program, Faculty of Health Sciences, McMaster University, Hamilton, ON.

Joseph, A.J. (2020, August 12). Confronting and challenging racism: the individual, the systemic, and the structural. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, August 19). Racism and mental health. CMHA Hamilton, Hamilton, ON.

Joseph, A.J. (2020, October 7). Confronting and challenging racism: the individual, the systemic, and the structural. CMHA Kenora, Kenora, ON.

Joseph, A.J. (2020, October 14). Racism and mental health. CMHA Kenora, Kenora, ON.

16. Administrative Responsibilities

University:

Selection Committee Associate Vice President Research (Society & Impact)	2023
Selection Committee-Senior Manager Office of Community Engagement	2023
Selection Committee-Strategic Community Engaged Research Manager Office of Community Engagement	2022
Selection Committee- Knowledge Broker Manager Office of Community Engagement	2022
Selection Committee- Vice-Provost, Teaching and Learning	December 2021-January 2022
McMaster Institute for Health Equity- member	2020-present
Centre for Human rights and Restorative Justice- member	2020-present
Selection Committee - Dean, Faculty of Social Sciences	September 2019-October 2019
University Senate	July 2019- July 2022

School of Graduate Studies Scholarship Committee: SSHRC CGS-M	2019, 2020, 2021, 2022-2023	A6839
Chair: President's Advisory Committee on Building an Inclusive Community (PACBIC)	July 2016- July 2019	
Hiring Committee: Executive Assistant to the Associate Vice-President Equity and Inclusion	September 2018	
Renaissance Award and Chancellor's Gold Medal Selection Committee	October 2018	
2018 Graduatand Awards Selection Committee	May 2018	
Hiring Committee: Executive Assistant to the AVP Equity and Inclusion	July 2018-September 2018	
Accessibility Policy Development Committee	November 2016-2019	
Employment Equity Forum	November 2016 & December 2017	
Hiring Committee: AVP/ Vice-Provost Equity and Inclusion	October 2016- December 2017	
Hiring Committee: Human Rights Specialist	November 2017	
Hiring Committee: Anti-Racism Officer Hamilton Centre for Civic Inclusion/McMaster University/Anti-Racism Resource Centre	November 2017	
Hiring Committee: Employment Equity Specialist	March 2017	
Hiring Committee: Director of Human Rights and Dispute Resolution	September 2016	
Member, President's Advisory Committee on Building an Inclusive Community (PACBIC)	October, 2014-July 2020	
President's Advisory Committee on Building an Inclusive Community Race, Racialization and Racism working Group-Co-Convener	September 2015- July 2016	
African-Caribbean Faculty Association of McMaster	October, 2014-Present	
<u>Faculty:</u>		
Tenure and Promotions, Faculty of Social Science	July 2021-June 2022	
Faculty of Social Sciences Equity, Diversity, Inclusion and Indigenous Strategies (EDIIS) Advisory Group	2020- Present	
McMaster Faculty of Social Science SSHRC Doctoral Ranking Committee	2017/2018, 2018/2019	
<u>Department:</u>		
Graduate Program Director	2022-Present	

Hiring Committee, New Tenure-Track Faculty	2021-2022
United in Colour-Faculty Liaison	2019-2022
Graduate Admissions Reviewer, School of Social Work	2018, 2019
Library Liaison School of Social Work	September 2014- Present
School of Social Work's Transformative Social Justice Response Team (TSJRT) (Formerly Anti- Oppression Education Committee)	September 2015-September 2017
Undergraduate Studies Committee, School of Social Work	September 2014-December 2014, September 2015-Present
Graduate Studies Committee, School of Social Work	December 2014-May 2015

17. Other Responsibilities

Hamilton Public Health, COVID-19 Vaccine Readiness Network	2020-2022
President's Task Force on Equity, Diversity- Hamilton Health Sciences	2020-2022
Ontario COVID-19 Mental Health Network	March 2020-July 2020
City of Hamilton, Community Advisory Panel Hamilton Anti-Racism Resource Centre, Chair	October 2020-January 2021
Disability Justice Network of Ontario, Advisory Board, Hamilton, ON	2020-present
Disability Justice Network of Ontario, Research Committee, Hamilton, ON	2019-present
CIHR Doctoral Research Awards Committee – B Reviewer Doctoral Research Awards for the Canadian Institute of Health Research	September 2018- August 2019
Houselink Community Homes, Toronto, ON Board of Directors- Vice President (2013), President (2014) Nominations Committee, (Chair) Policy Committee, Sustainable Fundraising Committee Mission: to improve the quality of life of psychiatric consumers / survivors including those who are homeless or otherwise marginalized, through the provision of permanent affordable supportive housing and programs.	July 2011 – June 2014
Local Health Integration Network – Central, Toronto, ON Social Worker; MSW, RSW – Health Professionals Advisory Committee Provided professional advice to Central LHIN on how to achieve patient-centered health care within the local health system for the most diverse and populous LHIN in Ontario. Considered innovative approaches in health service delivery, health promotion and wellness and the utilization of health human resources. (As legislated: Local Health System Integration Act, 2006 - O. Reg. 264/07)	January 2008- March 2011

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO,
AND SHAWN ARNOLD, ET AL.**

Applicants

-and-

CITY OF HAMILTON

Respondent

**AFFIDAVIT OF AARON ORKIN
SWORN SEPTEMBER 14, 2022**

1. I, Aaron Orkin, MD MSc MPH PhD CCFP(EM) FCFP FRCPC , of the City of TORONTO in the Province of Ontario, MAKE OATH AND SAY:
2. I have personal knowledge with respect to the facts set out below, except where stated otherwise. Where the information is not based on my personal knowledge, it is based upon information provided by others which I believe to be credible and true
3. I provide these statements in my capacity as an independent physician, epidemiologist and researcher, and not on behalf of nor as a representative of any of the organizations or institutions with which I am affiliated.
4. I am providing this affidavit for the purpose of having the expertise of a physician and epidemiologist considered in proceedings concerning the coercive relocation of people

experiencing homelessness from encampments to shelters or other settings, and for no other or improper purpose.

A. MY QUALIFICATIONS AND EXPERIENCE:

5. I am a physician and epidemiologist, and Associate Professor in the Department of Family and Community Medicine and the Dalla Lana School of Public Health at the University of Toronto. I hold graduate degrees in History and Philosophy of Medicine (University of Oxford) and Public Health (University of Toronto), and a doctorate in Clinical Epidemiology (University of Toronto). I completed fellowships in family medicine research (Northern Ontario School of Medicine) and Clinical Public Health (University of Toronto).
6. My curriculum vitae is attached as **Exhibit A** to this affidavit.
7. I have been previously qualified as an expert witness, with respect to the opioid crisis, opioid overdose first aid and overdose prevention, and the risks of COVID-19 in correctional facilities.
8. I practice emergency medicine at St. Joseph's Health Centre, Unity Health Toronto. I serve as the Director of Population Health for Inner City Health Associates, an organization providing health services to people experiencing homelessness across Toronto.
9. I am a clinician scientist. This means that I spend a large portion of my time on research. That research focuses on health equity and vulnerable populations.
10. In my clinical, population health, and research work over the last 10 years, I spend a large portion of my time with people experiencing homelessness, other professionals and service

providers who work with this population, and with colleagues in other jurisdictions in Canada and internationally who work on homelessness and with people experiencing homelessness.

B. PEOPLE EXPERIENCING HOMELESSNESS MAKE HOUSING CHOICES

11. In most Canadian municipalities, people experiencing homelessness have restricted, but real choices regarding where they choose to reside. Real options include shelters, drop-ins, temporary settings like stairwells or transit settings, or creating encampment-type dwellings. These options exist regardless of the legality of each option, or whether they are socially sanctioned. Among those who choose to live in encampments, people may choose to do so alone or in groups, in highly visible public settings or in settings that are more hidden or removed from public view. Although choices are very limited, my experience is that people who reside in shelters rather than bus stops do so by choice, and people who live in a tent encampment rather than a shelter do so by choice. They make these choices based on their experiences, needs, goals, and priorities. They change their choices over time for a variety of reasons.

12. These choices are rational for the people who make them. For example, shelters can be restrictive regarding the number and volume of personal possessions, accessibility for pets, ability to live a partner, or use of drugs and alcohol. Shelters do however have a roof and heating in winter. A person who feels more comfortable when they have access to their possessions, has a pet, or cannot sleep in a communal environment with strangers, and for whom these factors are more important than a solid roof or heating, may choose to live in an encampment rather than a homeless shelter. Or they may choose to live in an

encampment in the summer and a shelter in the winter. These choices are not based only on means or need. That is, people living in encampments or bus shelters do not simply represent the excess number of people experiencing homelessness municipality relative to the number of shelter beds. People experiencing homelessness make choices in the face of limited and difficult options, but they nevertheless make choices.

13. These choices are not fundamentally different to housing choices made by other community members who enjoy greater means. For example, a person on a limited housing budget in a municipality with inflated housing prices might choose to live in a small basement apartment, move somewhere with lower housing prices, spend more time commuting, live with roommates, or allocate more of their resources to housing costs. That person would weigh these options based on their preferences, needs, and other factors. For one person on a limited housing budget, moving to a rural setting might be the obvious choice; for another person with identical financial means, the rural setting might seem horrible, but a dark metropolitan basement unit might seem ideal. This choice is different to the choice made by a person experience homelessness with respect to the available options and resources; but it is identical with respect to the rationality of the choice and the individual's role in making that decision.

C. CHOICES ARE RELATED TO HEALTH

14. The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.” I accept this definition for its pervasiveness, and note in particular the crucial and often overlooked role of “social well-being” in health. Scholars have also criticized the WHO definition for

enabling the medicalization of society and advancing a professionalized and bio-technical view of health care and health protection.^{1,2}

15. A 2013 federal Library of Parliament publication *The Federal Role in Health and Health Care* remarks that “*Health* (in its broadest sense) refers to the desirability of maintaining or achieving a positive state of overall well-being.”³

16. More recent conceptualizations refer to health as the “ability to adapt and self-manage”. This includes adapting to and managing physical and mental health ailments, as well as social health, where people have the “capacity to fulfil their potential and obligations, the ability to manage their life with some degree of independence despite a medical condition, and the ability to participate in social activities including work.”⁴

17. Based on these definitions, when people who experience homelessness make choices about where they want to live, those decisions are related to health. This relationship takes two forms:

- a. The person’s preferred place of residence may directly affirm their health better than another place of residence. For example, a person may know that they experience better health when they have their pet, their friend, or their possessions and may therefore be making a health-informed decision when they choose to

¹ World Health Organization. Constitution of the World Health Organization. 2021. Available from: <https://www.who.int/about/who-we-are/constitution>.

² Huber M, Knottnerus JA, Green L, Horst Hvd, Jadad AR, Kromhout D, et al. How should we define health? *BMJ*. 2011;343:d4163.

³ Butler M, Tiedmann M. *The Federal Role in Health and Health Care*. Ottawa: Library of Parliament. Publication No. 2011-91-E, 22 September 2011, Revised 20 September 2013. Available from: <https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/InBriefs/PDF/2011-91-e.pdf>

⁴ Huber M, Knottnerus JA, Green L, Horst Hvd, Jadad AR, Kromhout D, et al. How should we define health? *BMJ*. 2011;343:d4163.

reside in a place where they maintain access to these assets. I refer to this as “making healthy choices” and address its implications for involuntary removals from encampments in Section E, below.

- b. The person’s ability to make a choice and have that choice respected is itself related to health. For example, if we revisit the two people with limited housing budgets (one who chose rural life and one who chose a metropolitan basement unit), we can see that it could be hazardous to treat these two individuals as interchangeable. If the rural resident were forcibly relocated to the metropolitan basement unit (or vice versa), we might discover that the individual’s ability to adapt and self-manage had been compromised — that is, their health had suffered. I refer to this as “choices make healthy”, and address its implications for involuntary removals from encampments in Section F, below.

D. INVOLUNTARY REMOVAL

18. Involuntary relocation or resettlement refers to circumstances where individuals or groups are compelled to change their place or residence by coercion, physical force, or imposed will. Coercion in this case includes real or perceived the threats of force, imposition of fear, or other harmful consequences should the individual or group remain in their preferred place of residence. Involuntary relocation is therefore not limited to instances that involve an actual display of force or use of force.
19. What may be perceived as coercive by one individual may not be perceived as coercive by another. For example, informing a large housing corporation of a \$500 fine may not be

coercive, while that same fine could be coercive for an individual experiencing absolute poverty.

20. Perceptions of force, fear, or harm vary widely from person to person. These perceptions of coercion are based in part on past experiences and other knowledge including a history of trauma, conflict with authorities, and other marginalization. An individual who has experienced personal or multigenerational trauma and conflict with law enforcement, or involuntary relocation, may experience fears of force or harm and act based on coercion at a different threshold than individuals who have no such experience.
21. Racialized communities, religious minority groups, Indigenous communities, LGBTQ populations, newcomers and refugees have experienced involuntary relocation and coercion, including in Canada. These groups are overrepresented among people experiencing homelessness.

E. INVOLUNTARY REMOVAL AND MAKING A HEALTHY CHOICE

22. Various disease processes and threats to safety may be associated with homeless encampments. These include for example unsafe use of generators, fires and other heating devices, sanitation, conflicts and assaults, and harms associated with substance use such as overdose. These safety threats have been reported in the popular press in Canada, including instances in Hamilton, Ontario. I am not aware of any epidemiological or public health research on the health and health risks of living in a homeless encampment in Canada or internationally.

23. The health risks of homelessness, including among people living in shelters, is well known and has been widely researched and studied. Homelessness, including when living in a shelter, is associated with elevated risks of chronic and communicable disease, mental health and substance use problems including opioid overdose, and injury both intentional and unintentional.⁵
24. Therefore, there is no basis in the public health or epidemiological literature to conclude that living in an encampment is more or less healthy than living in a shelter. There is to my knowledge no available research to support the conclusion that individuals who choose to live in an encampment are making a choice that is objectively or universally less (or more) healthy than those who choose to live in a homeless shelter.
25. The corollary is that there is no available research to support the position that relocating individuals (or communities of individuals) from an encampment to a shelter will serve to protect or improve their health in any objective or absolute way. Stated differently, there is no scientific or health research to support the position that municipalities or other actors can involuntarily relocate people from encampments to shelters in order to protect their health.

F. INVOLUNTARY REMOVAL AND CHOICES MAKE HEALTH

26. Broadly speaking, coercion is itself harmful, and choice is itself healthful. People experience harms and threats to their health when they are unable to make decisions about

⁵ Guirguis-Younger M, Hwang SW, McNeil R, editors. Homelessness & health in Canada. University of Ottawa Press; 2014 Apr 24.

key aspects of their lives. The mechanism of this harm is straightforward: eliminating reasonable choices inhibits an individual or community from adapting and self-managing by artificially constraining the available options for that self-management. Conventionally, we consider healthy choices as the ability to choose between options with a health differential — choosing between eating vegetables and eating fried food. We must also consider the choice itself as a contributor to health, especially when there is a limited health differential between the available options. For example, forcing an individual to eat a nutritious meal may have adverse health effects, especially if that individual would eat almost as healthily if they were positioned to choose themselves. As discussed above (Para 23), there is no known health differential between shelter and encampment dwelling.

27. There are of course limits to the principle that choices make health. Limited circumstances where coercive and involuntary actions can be taken to protect an individual or community's health include involuntary admission under the Mental Health Act, protections from health hazards under the Health Protection and Promotion Act, or child welfare concerns under the Child, Youth, and Family Services Act. None of these acts or circumstances apply in a general way to individuals who choose to live in an encampment.
28. The harms of eliminating choices become more severe as they are compounded and as they recur. For example, people who experience homelessness often have profound and recurrent experiences of stigma and marginalization, including adverse experiences with state officials and enforcement, health care providers, landlords and other authority figures, housing workers, the finance system, and even in grocery stores. Each of these experiences

can serve to further restrict the options that an individual perceives as safe and reasonable, making it increasingly difficult to find a sense of security, safety, and health. For individuals who have experienced this kind of marginalization, further marginalization and conflict can spell a loss of access to social services, substance use treatment, medical care, community supports, and safety. In these circumstances, increasing isolation and dispossession become the primary drivers of poor health, and that isolation is often a proximal contributor to untimely death.

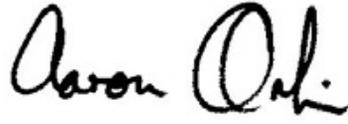
29. For this reason, involuntary removals from encampments are a particularly egregious threat to health. Among a severely marginalized and stigmatized population, with tenuous and fragile connections with existing services, involuntary removals deepen existing traumas, eliminate choice, and distance people from social services and state institutions. At the moment of displacement, this can result in immediate injuries, stressors, and health crises. In the short term, this can trigger health decompensations and instability. In the longer term, these events threaten health because they undermine broader efforts to build trust and a shared sense of health and safety between state actors and people experiencing homelessness.

30. Therefore, it is my professional opinion that, in general, involuntary relocations of people living in homeless encampments is deleterious to their health.

Sworn remotely by Aaron Orkin at the City of Toronto in the Province of Ontario, before me on September 14, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



Commissioner for Taking Affidavits
Sharon Crowe



Aaron Orkin

Bibliography

- Butler Martha Anne, and Marlisa Tiedemann. "The Federal Role in Health and Health Care." Publication No. 2011-91-E. Ottawa: *Library of Parliament*. September 22, 2011, revised September 20, 2013.
<https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/InBriefs/PDF/2011-91-e.pdf>.
- Guirguis-Younger, Manal, Stephen Hwang, and Ryan McNeil, eds. *Homelessness & health in Canada*. University of Ottawa Press, 2014.
- Huber, Machteld, J. André Knottnerus, Lawrence Green, Henriëtte Van Der Horst, Alejandro R. Jadad, Daan Kromhout, Brian Leonard, Kate Lorig, Maria Isabel Loureiro, Jos W.M. van der Meer, Paul Schnabel, Richard Smith, Chris van Weel, and Henk Smid. "How Should we Define Health?." *Bmj* 343 (2011): d4163.
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World Health Organization. "Constitution." 2022. Accessed June 11, 2022.
<https://www.who.int/about/governance/constitution>.

THIS IS EXHIBIT "A" TO THE
AFFIDAVIT OF AARON ORKIN
AFFIRMED REMOTELY BEFORE ME AT THE
CITY OF TORONTO DURING A "ZOOM" VIDEOCONFERENCE
IN ACCORDANCE WITH O.REG.431/20,
ADMINISTERNG OATH OR DECLARATION REMOTELY
THIS 14TH DAY OF SEPTEMBER, 2022



SHARON CROWE
LSO NO. 47108R

Commissioner for Taking Affidavits, etc

Aaron M Orkin
BArtsSc, MD, MSc, MPH, PhD, CCFP(EM), FCFP, FRCPC

A. Date Curriculum Vitae is Prepared: 22 Mar 2022

B. Biographical Information

Primary Office Li Ka Shing Knowledge Institute at Unity Health Toronto
 250 Yonge St
 Toronto, ON
 M5B 2L7
Telephone 647 923 7551
Email aaron.orkin@mail.utoronto.ca

1. EDUCATION

Degrees

2021 Dec **PhD.** Clinical Epidemiology and Health Services Research, Institute of Health Policy, Management, and Evaluation, University of Toronto, Toronto, ON.
2013 **MPH.** Epidemiology, Dalla Lana School of Public Health University of Toronto, Toronto, ON.
2010 **MSc.** History of Science, Medicine & Technology, Linacre College, Oxford University, Oxford, UK.
2007 **MD.** McMaster University, Hamilton, ON.
2004 **BArtsSc.** McMaster University, Hamilton, ON.

Postgraduate, Research and Specialty Training

2015-2016 **Fellow.** Clinical Public Health and Emergency Medicine, Dalla Lana School of Public Health and St Michael's Hospital, University of Toronto, Toronto, ON.
2014-2015 **Fellow.** Clinician Investigator Program, Royal College of Physicians and Surgeons, University of Toronto, Toronto, ON.
2014-2015 **Editorial Fellow.** *Annals of Family Medicine.*
2012-2013 **Junior Fellow.** Massey College, University of Toronto, Toronto, ON.
2012-2013 **Collaborative Program in Resuscitation Science.** School of Graduate Studies, University of Toronto, Toronto, ON.
2010 - 2014 **Medical Resident.** Public Health & Preventive Medicine, Dalla Lana School of Public Health, University of Toronto, Toronto, ON.
2010 **Research Fellow.** Family Medicine, Northern Ontario School of Medicine, Lakehead University, Thunder Bay, ON.
2007-2009 **Medical Resident.** Family Medicine, Northern Ontario School of Medicine, Lakehead University, Thunder Bay, ON.

Qualifications, Certifications and Licenses

2020 **Fellow.** College of Family Physicians of Canada, FCFP.

2015	Certificant. College of Family Physicians of Canada, Added Competency in Emergency Medicine, CCFP(EM)
2014	Fellow. Royal College of Physicians & Surgeons of Canada, Public Health & Preventive Medicine, FRCPC
2009	Licensure. College of Physicians and Surgeons of Ontario, License / Membership #: 86358
2009	Certificant. College of Family Physicians of Canada, CCFP
2008	Licentiate. Medical Council of Canada

2. EMPLOYMENT

Current Appointments

2022 Feb-pres	Research Lead. Department of Emergency Medicine. St Joseph's Health Center, Unity Health, Toronto, ON.
2022 Jan-pres	Associate Member. School of Graduate Studies, University of Toronto, Toronto, ON.
2022 Jan-pres	Assistant Professor. (non-budgetary cross-appointment). Dalla Lana School of Public Health, University of Toronto, Toronto, ON.
2021-pres	Director of Population Health. Inner City Health Associates, Toronto, ON.
2020-pres	Co-Medical Director. COVID-19 Assessment Centre and COVID-19 Vaccination Centre, St. Joseph's Health Centre, Unity Health, Toronto, ON.
2019-pres	Staff Physician. Department of Emergency Medicine, St. Joseph's Health Centre, Unity Health, Toronto, ON.
2019-pres	Staff Physician. Inner City Health Associates, Toronto, ON.
2019-pres	Staff Physician. Department of Emergency Medicine, Humber River Hospital, Toronto, ON.
2017-pres	Faculty Affiliate. Centre for Rural and Northern Health Research, Laurentian University, Sudbury, ON.
2016-pres	Assistant Professor (Clinician Investigator). Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, ON.
2016-pres	Volunteer Medical Director. Canoe North Adventures. Mono, ON and Norman Wells, NWT.
2013-pres	Volunteer Medical Director. Camp Pathfinder, Algonquin Park, ON.
2011-pres	President (volunteer). Remote Health Initiative.

Previous Appointments

2019-2021	Population Health Lead. Inner City Health Associates, Toronto, ON.
2019	Locum Physician. Muskoka Algonquin Health Centre, Huntsville, ON.
2016-2019	Clinician Scientist. Department of Emergency Medicine, Sinai Health System, Toronto, ON.
2016-2019	Staff Physician. Department of Emergency Medicine, Sinai Health System, Toronto, Ontario, Canada
2016-2019	Staff Physician. Seaton House Shelter Infirmiry, Inner City Health Associates, Toronto, ON.
2012	Co-Chief Resident. Residency Program, Public Health & Preventive Medicine University of Toronto, Toronto, ON.
2011-2016	Staff Physician. Department of Emergency Medicine, Humber River Hospital, Toronto, ON.
2010-2015	Assistant Professor. Division of Clinical Sciences, Northern Ontario School of Medicine, Lakehead University, Thunder Bay, ON.
2010-2012	Locum Physician. Taddle Creek Family Health Team, Toronto, ON.
2009-2012	Staff Physician. Emergency Medicine, Groves Memorial Hospital, Fergus, ON.
2009-2012	Locum Physician. Marathon Family Health Team, Marathon, ON.

2009-2011 **Locum Physician.** Meno-Ya-Win Health Centre, Sioux Lookout, ON.
 2009 **Locum Physician.** Dilico Nishnawbek Family Health Team, Thunder Bay, ON.

3. HONOURS AND CAREER AWARDS

Distinctions and Research Awards

INTERNATIONAL

Received

2008 **Commonwealth Master's Scholarship** (Canada – United Kingdom). (£40,000). *Declined to complete Canadian postgraduate medical training*
 2009 **Wellcome Master's Scholarship for the History of Medicine**, Oxford University, Oxford, UK. (£22,000).

NATIONAL

Received

2021 Nov **Best Research Paper.** Royal College of Physicians and Surgeons Simulation Summit 2021. Whittall JP, **Orkin AM**, Handford C, Klaiman M, Leece P, Charles M, Wright A, Turner S, Morrison L, Strike C, Campbell DM. Resuscitation simulation among people who are likely to witness opioid overdose: Experiences from the SOONER Trial. Presenter: Jonathan Whittall.
 2021 **Prix Claude Beaudoin.** Département de médecine de famille et de médecine d'urgence (DMFMU). Université de Montréal, Montréal, QC. Prize for excellence and originality of published research article:
 Kaczorowski J, Bilodeau J, **M Orkin A**, Dong K, Daoust R, Kestler A. Emergency department-initiated interventions for patients with opioid use disorder: A systematic review. *Acad Emerg Med.* 2020 Nov;27(11):1173-1182.
 2018 **Dr Walter Mackenzie Visiting Professor Award.** University of Alberta Faculty of Medicine and Dentistry, Edmonton, AB (\$1000).
 2016 **Travel Award.** Institute of Aboriginal Peoples Health, Canadian Institutes of Health Research. (\$1300).
 2009 **College of Family Physicians of Canada Murray Stalker Award.** Northern Ontario School of Medicine, Thunder Bay, ON.
 2009 **Northern Ontario School of Medicine Resident Leadership Award.** Northern Ontario School of Medicine, Thunder Bay, ON.
 2007 **Honor "M" Award.** McMaster University and Students' Union. Hamilton, ON.
 2006 **Dorothy Mann Award in Reproductive Biology.** McMaster University, Hamilton, ON.

Nominated

2022 **Canadian Association for Graduate Studies (CAGS)/ProQuest-UMI Distinguished Dissertation Award.**

LOCAL

Received

- 2022 Jan **St Josephs Mission Award** (inaugural recipient). St Joseph's Health Centre (SJHC), Unity Health Toronto, Toronto ON. \$1000 (donated to organization of recipient's choice).
- 2020 Oct **Excellence in Clinical Teaching Award (Post Graduate Preceptor Category)**. St. Joseph's Health Centre (SJHC) and the Department of Medical Education & Scholarship (DMES), University of Toronto, Toronto, ON.
- 2014 **Edward Christie Stevens Fellowship and Joseph M. West Family Memorial Fund Award**. Post- Graduate Medical Research Award, University of Toronto, Toronto, ON. \$6175.
- 2014 **C.P. Shah Resident Research in Public Health and Preventative Medicine Award**. University of Toronto, Toronto, ON.
- 2013 **Bart Harvey Resident Service in Public Health and Preventative Medicine Award**. University of Toronto, Toronto, ON.

Nominated

- 2020 **Excellence in Teaching Emergency Medicine (Early Career)**
University of Toronto, Department of Family and Community Medicine, Division of Emergency Medicine.

4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Professional Associations

- 2017-pres Canadian Point of Care Ultrasound Society (Independent practitioner)
- 2013-pres Royal College of Physicians and Surgeons of Canada
- 2012-pres Canadian Public Health Association
- 2012-pres Canadian Association of Emergency Physicians
- 2012-pres Public Health Physicians of Canada
- 2007-pres Canadian Doctors for Medicare
- 2006-pres College of Family Physicians of Canada
- 2004-pres Ontario Medical Association & Canadian Medical Association
- 2006-2017 Society of Rural Physicians of Canada

Administrative Activities

INTERNATIONAL

- 2019-pres **Member**. First Aid Task Force, International Liaison Committee on Resuscitation (ILCOR)
- 2019-pres **Member**. First Aid Subcouncil, American Red Cross Scientific Advisory Committee
- 2013-2015 **Project Advisor**. Dignitas International, Aboriginal Health Initiatives

NATIONAL

- 2020-pres **Member.** Working Group on Homelessness, Royal Society of Canada (RSC)
- 2020-pres **Lead.** Population and Public Health Community of Practice, Canadian Network of the Health and Housing of People Experiencing Homelessness (CNH3)
- 2020 **Expert Witness.** Ontario Superior Court of Justice, Ontario Court of Justice, Superior Court of Saskatchewan, Alberta Court of Appeal: Testimony concerning the risk of COVID-19 in correctional facilities. 2020 ONSC 2879 / ONSC 1938 / ONCJ 198 / ONSC 2870 / ONSC 2824 / ONSC 3152 / ABCA 194 / ONSC 2374 / ONSC 2997 / ONSC 2626 / ONSC 2946 / ONSC 2632 / ONSC 2671 / ONSC 2497 / ONCJ 236 / SKCA 45 / ONSC 3275 / ONSC 3102 / ONCJ 260 / ONSC 2694 / ONSC 2880.
- 2017-2019 **Member.** Community-based emergency care program development committee, Government of Northwest Territories
- 2017-2018 **Member.** Public Health Physicians of Canada Opioid Crisis Working Group
- 2013 **Member.** Royal College of Physicians and Surgeons of Canada Injury Control Advisory Committee
- 2011-pres **Member.** Médecins Sans Frontières Association Canada.

PROVINCIAL / REGIONAL

- 2018 **Expert Witness.** Office of the Chief Coroner of Ontario, Inquest into the death of Mr Bradley Chapman (OCC: 2015_09519). Testimony concerning the opioid crisis, overdose first aid, homelessness, and stigma.
- 2017-2019 **Co-chair.** Windigo First Nations Council Community-Based Emergency Care Working Group, Sioux Lookout, ON. Co-chair Chief Frank McKay
- 2017-2019 **Member.** Ontario Addictions Advisory Panel, Canadian Mental Health Association
- 2015-2016 **Member.** First Do No Harm Overdose and Overdose Death Prevention Project Team. Canadian Centre on Substance Abuse, Ottawa, ON.
- 2012-2018 **Member.** Ontario Opioid Overdose Prevention and Naloxone Access Working Group.

LOCAL

- 2020-pres **Member.** Public Health and Preventive Medicine Postgraduate (Residency) Program Research Committee. Dalla Lana School of Public Health, University of Toronto, Toronto, ON.
- 2019-pres **Member.** Strategic Planning Committee, Inner City Health Associates, Toronto, ON.
- 2017-2018 **Member.** City of Toronto Overdose Early Warning and Alert Committee, Toronto, ON.
- 2016-2019 **Physician Member.** Inner City Family Health Team, Toronto, ON.
- 2015 **Member.** Humber River Hospital Emergency Medicine Vision Committee, Etobicoke, ON.
- 2015-2016 **Member.** Dalla Lana School of Public Health Strategic Planning Committee, Subcommittee on Synergy between Population Health and Health Systems.
- 2014-2016 **Member.** Awards Committee, Public Health & Preventive Medicine Residency Program,
- 2014-2015 **Member.** Dalla Lana School of Public Health Governing Council. Public Health & Preventive Medicine Residency Program
- 2011-2013 **Member.** Global Health Division Education Advisory Committee, Dalla Lana School of Public Health.

Peer Review Activities

ASSOCIATE OR SECTION EDITING

- 2018-pres **Member.** Writing Group, American Heart Association/Heart & Stroke Foundation Canada and Red Cross First Aid Guidelines 2019
- 2018-pres **Member.** Editorial Advisory Board, *Annals of Family Medicine*
- 2010-pres **Editor.** *Ars Medica*, University of Toronto journal of medicine, arts and humanities

MANUSCRIPT REVIEWS

Reviewer

- 2022 **Peer Reviewer.** *JAMA Open* Number of Reviews: 1
- 2021 **Peer Reviewer.** *Canadian Journal of Emergency Medicine* Number of Reviews: 1
- 2020 **Peer Reviewer.** *Public Health Ontario Environmental Scan (COVID-19 and homelessness)*
- 2020 **Peer Reviewer.** *Canadian Research Initiative in Substance Misuse (Covid 19 Guidelines)*
- 2017-2018 **Peer Reviewer.** *Annals of Family Medicine* Number of Reviews: 4
- 2016 **Peer Reviewer.** *CMAJ Open* Number of Reviews: 1
- 2016 **Peer Reviewer.** *Addiction* Number of Reviews: 1
- 2015 **Peer Reviewer.** *Drug and Alcohol Dependence* Number of Reviews: 1
- 2014 **Peer Reviewer.** *BMC Health Services Research* Number of Reviews: 3
- 2013-2015 **Peer Reviewer.** *Canadian Journal of Public Health* Number of Reviews: 2
- 2008-2016 **Peer Reviewer.** *Canadian Family Physician* Number of Reviews: 4
- 2012-2015 **Peer Reviewer.** *Open Medicine* Number of Reviews: 1

Other Research and Professional Activities

PROFESSIONAL ACTIVITIES

- 2014-2015 **Co-lead and Adjudicator.** Humanities Poetry and Prose Competition, *Ars Medica* and *Canadian Medical Association Journal (CMAJ)*
- 2014-2015 **Evidence Reviewer.** International Liaison Committee on Resuscitation. Basic Life Support Interventions: 'Resuscitation care for opioid-associated emergencies' and 'Opioid overdose bystander education'.
- 2005-2011 **Curriculum developer/Instructor.** Wilderness Medical Associates Canada. (Founded a wilderness medicine elective now offered to students across Canada)

C. Research Funding**1. GRANTS, CONTRACTS AND CLINICAL TRIALS****PEER-REVIEWED GRANTS**

FUNDED

- 2022 Mar **Co-Investigator.** Effects of Recreational Cannabis Legalization on Polysubstance Use, Mental Health, and Injury in Canada: The RCL IMPACT Study. Canadian Institutes of Health Research. PI: Cusimano M. Co-Investigators: Bhalerao S, Mann R, Vaz E, Saarela O, Fairgrieve C, **Orkin A**, Isaranuwachai W, Lurie E, Selby P.

- 2022 Mar-2027 Feb **Co-Investigator.** TRACE STUDY: An RCT using tranexamic acid in the treatment of subdural hematoma. Canadian Institutes of Health Research. PI: Cusimano M. Co-Investigators: **Orkin A**, Taslimi S, Callum J, Priola SM, Moran P, Marcoux J, Prud'homme M, Laroche M, Katerina, Sholzberg M, Munoz D, Moreland R, Colak E, Yoon JY, Fish J, Sadeghian A, Rossiter J, Khellaf A, Saarela O, Thorpe K, Ming Y, Isaranuwachai W.
- 2021 Aug-2022 Aug **Co-Investigator.** Implementation of rapid antigen testing for SARS-CoV-2 and Influenza A and B in congregate living settings. Health Canada, Safe Restart. PI: Straus S. Co-Investigators: Baral S, Chen A, **Orkin A**. 1,260,000.000 CAD
- 2021 Aug-2023 Mar **Principal Investigator.** Increasing confidence, uptake and access to the COVID-19 vaccine. Public Health Agency of Canada (PHAC), Immunization Partnership Fund: Community Health Ambassador Program (CHAMP). Co-investigators: Svoboda T, Baral S, El-Khechen Richandi G, Kaur T, Siddiqui A, Sarty M. 490,000 CAD.
- 2021 Jun-2022 Dec **Co-Investigator.** A Qualitative Exploration of Vaccine Uptake and Hesitancy Among People Experiencing Homelessness in Toronto. Canadian Institutes for Health Research (CIHR). PI: Wang SW. Co-investigators: Jenkinson J, **Orkin A**, Kiran T, Thulien N. 100,258 CAD
- 2020 Jul-2020 Dec **Principal Investigator.** COVID-Alert Risk Evaluation and Management (CARE). Co-RIG Program Phase I. The Foundation for Advancing Family Medicine and the CMA Foundation. Co-Principal Investigators: Svoboda T, Baral S, Vasa P. 176,643.18 CAD
- 2019-2022 **Co-Investigator.** Study of Post-Hospital care for Opioid Overdoses that are Non-Fatal (SPOON). Canadian Institutes of Health Research (CIHR). PI: Bayoumi A and Leece P. Co-Investigators: Antoniou T, Caudarella A, Challacombe L, Firestone M, **Orkin A**, Gomes T, Guilcher S, Guimond T, Kendall C, Powis J, Strike C. 459,000.00 CAD
- 2018-2019 **Principal Investigator.** Community-Based Emergency Care in Tsiigehtchic, Northwest Territories. Government of the Northwest Territories, Department of Health and Social Services. Co-Investigators: VanderBurgh D, Ritchie S. 150,000.00 CAD
- 2018 **Co-Principal Investigator.** Advancing Care for People Who Use Opioids Through Co-education for Harm Reduction and Emergency Care Workers. Meta-Phi Project, Women's College Hospital, Toronto, Ontario. Co-Principal Investigators: Lim C, Primiani N. 36,000 CAD
- 2017-2022 **Co-Investigator.** CRISM Implementation Science Program on Opioid Interventions and Services – QC/Maritimes. Canadian Institutes of Health Research (CIHR). PI: Bruneau J. 1,875,000.00 CAD
- 2017-2018 **Co-Investigator.** Resuscitation in Motion (RiM) 2018: From Research to Real World-Dissemination and Knowledge Exchange for Best Practice. Canadian Institutes of Health Research (Heath Services and Policy Research). PI: Laurie Morrison. Co-Investigators: A Baker, S. Brooks, J. Buick, T. Chan, S. Cheskes, J. Christenson, K. Dainty, P. Dorian I. Drennan, B. Gruneau, S. Gupta, J. Jensen, S. Lin, **A. Orkin**, J. Parsons, S. Rizoli, L. Rose, O. Rotstein, D. Scales, B. Thoma, M. Welsford, C. Vaillancourt, S. Vaillancourt, P. Verbeek, M. Welsford, A. deCaen. 15,000.00 CAD
- 2017 **Co-Investigator.** A blinded, randomized controlled trial of opioid analgesics for the management of acute fracture pain in older adults discharged from the emergency

department. Canadian Association of Emergency Physicians: EM Advancement Fund. PI: Varner C. Co-Investigators: McLeod S, **Orkin A**, Melady D, Borgundvaag B. 10,000.00 CAD

- 2017 **Principal Investigator.** Community-Based Emergency Care in Tsiigehtchic, Northwest Territories. Government of the Northwest Territories, Department of Health and Social Services. Co-Investigators: VanderBurgh D, Ritchie S. 37,245.00 CAD
- 2016-2019 **Co-Investigator.** The Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOON-ER) trial: a randomized study of an opioid overdose education and naloxone distribution intervention for laypeople in ambulatory and inpatient settings. Canadian Institutes of Health Research (Neurosciences, Mental Health and Addiction). PI: Strike C, Morrison L, Campbell D, Handford C, Sellen K. Co-Investigators: Hopkins S, Hunt R, Klaiman M, Leece P, **Orkin A**, Parsons J, Shahin R, Stergiopoulos V, Thorpe K, Turner S, Werb D. 844,772.00 CAD
- 2015-2018 **Co-Principal Investigator.** Community-Based Emergency Care: Developing a Prehospital Care System with the Windigo First Nations Council in Northwestern Ontario. Northern Ontario Academic Medical Association. Co-PI: VanderBurgh D. Co-Investigators: Ritchie S, Bocking N. 49,990 CAD.
- 2012-2014 **Principal Investigator.** Knowledge translation for emergency management in remote and resource-poor communities. Indigenous Health Research Development Program. Dignitas International. Co-Investigators: VanderBurgh D, Ritchie S. Community Partners: Tait J, Morris J. \$25,000 CAD (IHRDP) 5,000 CAD (Dignitas)
- 2012-2013 **Co-Investigator.** Surviving Opioid Overdose with Naloxone (SOON) Project and Roundtable. CIHR Partnerships for Health Systems Improvement Planning Grant. PI: Hu H. Co-Investigators: Morrison L, **Orkin A**, Leece P, Bingham K, Klaiman M. 24,922.00 CAD
- 2011-2013 **Co-Principal Investigator.** The Access to Justice and Health Project. CIHR Café Scientifique Spring 2012 Competition. Co-PI: Baxter J. Co-Investigators: Cole D (Faculty Supervisor). 3,000 CAD
- 2009-2013 **Co-Principal Investigator.** Sachigo Lake Wilderness Emergency Response Education Initiative. Northern Ontario Academic Medical Association Innovation Fund, Canadian Institute of Health Research (CIHR) Meetings, Planning and Dissemination Grants – Aboriginal Health. Co-PI: VanderBurgh D. 98,000.00 CAD (NOAMAIF), 21,000.00 CAD (CIHR)
- 2008-2009 **Co-Principal Investigator.** Marathon Maternity Oral History Project. College of Family Physicians of Canada Janus Research Program, D.M. Robb Research Grant. Co-PI: Newbery S. 5,000 CAD

2. NON-PEER-REVIEWED GRANTS

- 2019 **Co-Investigator.** The Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOON-ER) trial: a randomized study of an opioid overdose education and naloxone distribution intervention for laypeople in ambulatory and inpatient settings. PI: Strike C, Morrison L, Campbell D, Handford C, Sellen K. Co-Investigators: Hopkins S, Hunt R, Klaiman M, Leece P, **Orkin A**, Parsons J, Shahin R, Stergiopoulos V, Thorpe K, Turner S, Werb D. Canadian Centre on Substance Abuse. 11,630.00 CAD

3. SALARY SUPPORT AND OTHER FUNDING

PERSONAL SALARY SUPPORT

2016-2018 Schwartz-Reisman Emergency Medicine Institute and the Sinai Health System Department of Emergency Medicine (\$40000)

TRAINEE SALARY SUPPORT

2017-2022 **Graduate Investigator Award**, Department of Family and Community Medicine, University of Toronto (\$100,000).

2016-2021 **Post-Doctoral Fellowship**, Institution of Population and Public Health, Canadian Institutes of Health Research (CIHR). (\$250000).

2014-2015 **Fellowship**. University of Toronto Clinician Investigator Program. (\$75000)

E. Publications**1. PEER REVIEWED PUBLICATIONS****Journal Articles**

1. Douma M, Handley A, MacKenzie E, Raitt J, **Orkin A**, Berry D, Bendall J, O'Dochartaigh D, Picard C, Carlson J, Djarv T, Zideman D, Singletary EM. The Recovery Position for Maintenance of Adequate Ventilation and the Prevention of Cardiac Arrest: A Systematic Review. *Resuscitation Plus* 10; 2022 Jun. <https://doi.org/10.1016/j.resplu.2022.100236>. **Co-author**.
2. Xie, E.C., Chan, K., Khangura, J.K. Jek-Khan Koh J, **Orkin AM**, Sheikh H, Hayman K, Gupta S, Kumar T, Hulme J, Mrochuk M, Dong K. CAEP position statement on improving emergency care for persons experiencing homelessness: executive summary. *Can J Emerg Med*. 2022 Apr 7. <https://doi.org/10.1007/s43678-022-00303-2>. **Co-author**.
3. Zhu A, Bruketa E, Svoboda T, Patel J, Elmi N, Richandi G, Baral S, **Orkin A**. Respiratory infectious disease outbreaks among people experiencing homelessness: a systematic review of prevention and mitigation strategies. *Annals of Epidemiology*. 2022 Jun 9. <https://doi.org/10.1016/j.annepidem.2022.03.004>. **Senior Responsible Author**.
4. Luong L, Beder M, Nisenbaum R, **Orkin A**, Wong J, Damba C, Emond R, Loutfy M, Wright V, Bruce-Barrett C, Cheung W, Cheung K, Williams V, Vanmeurs M, Lena S, Boozary A, Manning H, Hester H, Hwang SW. Prevalence of SARS-CoV-2 infection among people experiencing homelessness in Toronto during the first wave of the COVID-19 pandemic. *Canadian Journal of Public Health*. 2021 Dec 17: 1-9. doi: 10.17269/s41997-021-00591-8. **Co-author**.
5. Wyckoff MH, Singletary EM, Soar, J Olasveengen, T et al. 2021 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Neonatal Life Support; Education, Implementation, and Teams; First Aid Task Forces; and the COVID-19 Working Group. *Circulation*. 2021 Nov. <https://doi.org/10.1161/CIR.0000000000001017>. **Co-author**.
6. Sturgiss L, Phillips WR, Moriarty F, **Orkin A**, Lucassen P, van der Wouden JC. Consensus Reporting Items for Studies in Primary Care (CRISP): An international Delphi survey of researchers and end-users. *Australian Journal of Primary Health*. 2021 Aug 6; 27(4): XLVII-XLVII. **Co-author**.

7. Galarneau LR, Hilburt J, O'Neill ZR, Buxton JA, Scheuermeyer FX, Dong K, Kaczorowski J, **Orkin AM**, Barbic SP, Bath M, Moe J, Miles I, Tobin D, Grier S, Garrod E, Kestler A. Experiences of people with opioid disorder during the COVID-19 pandemic: A qualitative study. *PLOS ONE*. 2021 Jul 29. doi: <https://doi.org/10.1371/journal.pone.0255396> **Co-author**.
8. **Orkin AM**, Venugopal J, Curran JD, Fortune MK, McArthur M, Mew E, Ritchie SD, Drennan IR, Exley A, Jamieson R, Johnson DE, MacPherson A, Martiniuk A, McDonald N, Osei-Ampofo M, Wegier P, Van de Velde S, VanderBurgh D. Emergency care with lay responders in underserved populations: a systematic review. *Bull World Health Organ*. 2021 Jul 9; 99:514–528H doi: <http://dx.doi.org/10.2471/BLT.20.270249>. **Principal Author**.
9. **Orkin AM**, Gill PJ, Ghersi D, Campbell L, Sugarman J, Emsley R, Steg PG, Weijer C, Simes J, Rombey T, Williams HC, Wittes J, Moher D, Richards DP, Kasamon Y, Getz K, Hopewell S, Dickersin K, Wu T, Ayala AP, Schulz KF, Calleja S, Boutron I, Ross JR, Golub RM, Khan KM, Mulrow C, Siegfried N, Heber J, Kearney PR, Wanyenze RK, Hróbjartsson A, Williams R, Bhandari N, Jüni P, Chan A, CONSERVE Group. Guidelines for Reporting Trial Protocols and Completed Trials Modified Due to COVID-19 and Other Extenuating Circumstances: CONSERVE 2021 Statement. *JAMA*. 2021 June 21. doi:10.1001/jama.2021.9941. **Principal Author**.
10. Baral S, Bond A, Boozary A, Bruketa E, Elmi N, Freiheit D, Ghosh M, Goyer ME, **Orkin AM**, Patel J, Richter T, Robertson A, Sutherland C, Svoboda T, Turnbull J, Wong A. Seeking Shelter: Homelessness and COVID-19. *FACETS*. 2021 Jun 10. doi: <https://doi.org/10.1139/facets-2021-0004>. **Co-author**.
11. **Orkin A**, Charles M, Norris K, Thomas R, Chapman L, Wright A, Campbell D, Handford C, Klaiman M, Hopkins S, Shahin R, Thorpe K, Juni P, Parsons J, Sellen K, Goso N, Hunt R, Leece P, Morrison L, Stergiopolous V. Mixed Methods Feasibility Study for the Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER) Trial. *Resuscitation Plus*, 6, 2021 June 100131. <http://dx.doi.org/10.1016/j.resplu.2021.100131>. Corrigendum: *Resuscitation Plus* 7, 2021 Sep; 100158. <https://doi.org/10.1016/j.resplu.2021.100158> **Principal Author**.
12. **Orkin A**, Rao S, Venugopal J, Kithulegoda N, Wegier P, Ritchie SD, VanderBurgh D, Martiniuk A, Salamanca-Buentello F, Upshur R. Conceptual framework for task shifting and task sharing: An international Delphi study. *Human Resources for Health*. 2021 May. <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00605-z>. **Principal Author**.
13. Phillips WR, Sturgiss E, Yang A, Glasziou P, olde Hartman T, **Orkin A**, Russell GM, van Weel C. Clinician use of primary care research reports. *J Am Board Fam Med*. 2021 May 5; 34(3): 648-660. **Co-author**.
14. Dong KA, Lavergne KJ, Salvalaggio G, Weber SM, Xue CJ, Kestler A, Kaczorowski J, **Orkin A**, Pugh A, Hyshka E. Emergency physician perspectives on initiating buprenorphine/naloxone in the emergency department: A qualitative study. *Journal of American College of Emergency Physicians Open*. 2021 Apr. doi.org/10.1002/emp2.12409 **Co-author**.
15. Dezfulian C, **Orkin AM**, Maron BA, Elmer J, Girotra S, Gladwin MT, Merchant RM, Panchal AR, Perman SM, Starks MA, van Diepen S, Lavonas EJ. Opioid-associated out-of-hospital cardiac arrest: Distinctive clinical features and implications for health care and public responses: A scientific statement from the American Heart Association. *Circulation*. 2021 Apr 20; 143(16): e836-e870. **Co-author**.
16. **Orkin A**, Nicoll G, Persaud N, Pinto AD. Missing Demographics: Reporting of socio-demographic variables in randomized clinical trials, 2014-2020. *JAMA Netw Open*. 2021; 4(6):e2110700. doi:10.1001/jamanetworkopen.2021.10700. **Principal Author**.
17. Kestler A, Kaczorowski J, Dong K, Orkin A, Daoust R, Moe J, Van Pelt K, Andolfatto G, Klaiman M, Yan J, Koh J, Crowder K, Webster D, Atkinson P, Savage D, Stempien J, Besserer F, Wale J, Lam A, Scheuermeyer F. A survey on buprenorphine practice and attitudes in 22 Canadian emergency physician groups. *CMAJ Open*. 2021 Sep 21; 9(3): E864-E873; doi: <https://doi.org/10.9778/cmajo.20200190>. **Co-author**.
18. Phillips WR, Sturgiss E, Hunik L, Glasziou P, Olde Hartman T, **Orkin AM**, Reeve J, Russell GM, Van Weel C. Improving the reporting of primary care research: An international survey of researchers. *J Am Board Fam Med*. 2021 Jan-Feb; 34(1). doi: 10.3122/jabfm.2021.01.200266. **Co-author**.

19. Dezfulian C, **Orkin A**, Maron BA, Elmer J, Girotra S, Gladwin MT, Merchant RM, Panchal AR, Perman SM, Starks MA, Van Diepen S, Lavonas EJ, on behalf of the American Heart Association Council on Cardiopulmonary Critical Care, Perioperative and Resuscitation; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular and Stroke Nursing; and Council on Clinical Cardiology. Opioid-associated out-of-hospital cardiac arrest: Distinctive clinical features and implications for healthcare and public responses. A Scientific Statement from the American Heart Association. *Circulation*. 2021 Jan; 14(3): e1-e34. **Co-author**.
20. Pellegrino J, Krob JL, **Orkin AM**. First aid education for opioid overdose poisoning: Scoping review. *Cureus*. 2021 Jan; 13(1): e12454. doi:10.7759/cureus.12454. **Senior Responsible Author**.
21. Kaczorowski J, Bilodeau J, **Orkin AM**, Dong K, Daoust R, Kestler A. Emergency department-initiated interventions for patients with opioid use disorder: a systematic review. *Academic Emergency Medicine*. 2020 Nov. 27(11):1173-1182. doi:10.1111/acem.14054. **Co-author**
22. Greif R, Bhanji F, Bigham BL, Bray J, Breckwoldt J, Cheng A, Duff JP, Gilfoyle E, Hsieh MJ, Iwami T, Lauridsen KG, Lockey AS, Ma MH, Monsieurs KG, Okamoto D, Pellegrino JL, Yeung J, Finn JC and on behalf of the Education, Implementation, and Teams Collaborators. Education, Implementation, and Teams: 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Circulation*. 2020 Oct 20; 142(16_suppl_1):S222-S283. <https://doi.org/10.1161/CIR.0000000000000896>. **Co-author**.
23. Greif R, Bhanji F, Bigham BL, Bray J, Breckwoldt J, Cheng A, Duff JP, Gilfoyle E, Hsieh MJ, Iwami T, Lauridsen KG, Lockey AS, Ma MH, Monsieurs KG, Okamoto D, Pellegrino JL, Yeung J, Finn JC and on behalf of the Education, Implementation, and Teams Collaborators. Education, Implementation, and Teams: 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Resuscitation*. 2020 Nov;156:A240-A282. doi: 10.1016/j.resuscitation.2020.09.016. **Co-author**.
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1. NON-PEER REVIEWED PUBLICATIONS

1. Savage DW, Fisher A, Choudhury S, Ohle R, Strasser RR, **Orkin AM**, Mago V. Investigating the implications of COVID-19 for the rural and remote population of Northern Ontario using a mathematical model. Posted to pre-publication server-- medRxiv. <https://www.medrxiv.org/content/10.1101/2020.09.17.20196949v1>. **Co-author**.

Books and Invited Contributions to Published Works

1. Vanderburgh D, Webster M, Burton J, Carriere B, Ritchie S, Russell J, Sorsa L, Boriss E, Orkin A. (eds). *Community-Based Emergency Care: Remote Community First Aid Textbook*. Toronto: Community-Based Emergency Care, 2019. (CC BY-NC-SA 4.0). **Co-editor**.
2. Vanderburgh D, Webster M, Burton J, Carriere B, Ritchie S, Russell J, Sorsa L, Boriss E, Orkin A. (eds). *Community-Based Emergency Care: Instructor Companion Book*. Toronto: Community-Based Emergency Care, 2019. (CC BY-NC-SA 4.0). **Co-editor**.
3. Piggott T, **Orkin A**. "Deconstructing the Concept of Special Populations for Health Care, Research and Policy." In *Under-Served: Health determinants of Indigenous, Inner-City and Migrant Populations in Canada*. Toronto: Canadian Scholars Press, 2018. **Co-editor**.
4. Ritchie SD, Wabano MJ, Beardy J, Curran J, **Orkin A**, Vanderburgh D, Born K, & Young NL. Community-Based Participatory Research and Realist Evaluation: Complimentary Approaches for Aboriginal Health and Adventure Therapy. In C. L. Norton, C. Carpenter, & A. Prior (Eds.), *Adventure therapy around the globe: International perspectives and diverse approaches* Champaign, IL: Common Ground Publishing, 2015: 195-217. **Chapter co-author**.
5. Crawford A, Kay R, Peterkin A, Roger R, Ruskin R with **Orkin A** (eds). *Body & Soul: Narratives of Healing from Ars Medica*, University of Toronto Press, Toronto, 2011. **Co-editor**.
6. Vanderburgh D, **Orkin A**. "Professors, Parents and Partners: A Novel Typology of Community Preceptors" in *Community-Based Medical Education*, Len Kelly (ed.), Radcliffe Press, Oxford, 2011. **Chapter co-author**.

Reports and Position Papers

1. **Orkin A**. Improving Care in the Shelter Community: The CARE Model. In *Advancing Family Medicine During the Pandemic: Co-RIG Phase 1 Report*. Foundation for Advancing Family Medicine, The College of Family Physicians of Canada. 2021 Sept 20. <https://fafm.cfpc.ca/corig-phaseone/>. **Principal Author**.

2. Baral S, Bond A, Boozary A, Bruketa E, Elmi N, Freiheit D, Ghosh M, Goyer ME, **Orkin AM**, Patel J, Richter T, Robertson A, Sutherland C, Svoboda T, Turnbull J, Wong A. Seeking Shelter: Homelessness and COVID-19. Policy Brief. Royal Society of Canada. 2021 Feb. https://rsc-src.ca/sites/default/files/Homelessness%20PB_EN_0.pdf. **Co-author.**
3. International Federation of Red Cross and Red Crescent Societies. International first aid, resuscitation, and education guidelines 2020. Paris. 2021 Feb. <https://www.globalfirstaidcentre.org/first-aid-guidelines-2020/>. **Content contributor.**
4. Koh JJ, Klaiman M, Miles I, Cook J, Kumar T, Sheikh H, Dong K, **Orkin AM**, Ali S. CAEP Position Statement: Emergency department management of people with opioid use disorder. *CJEM*. 2020 Nov; 22(6): 768-771. doi: 10.1017/cem.2020.459. **Co-author**
5. **Orkin AM**. Expert report concerning the risk of COVID-19 in correctional facilities and other congregate settings. Ontario Superior Court of Justice, Ontario Court of Justice, Superior Court of Saskatchewan, Alberta Court of Appeal. 2020 April - May. **Principal Author.**
6. Xie E, Bond A, Hayman K, Hulme J, Sheikh H, **Orkin A**. "COVID-19 and persons experiencing homelessness or vulnerable housing". Canadian Association of Emergency Physicians (CAEP). 2020 Mar. <https://caep.ca/wp-content/uploads/2020/03/COVID-19-and-homelessness-CAEP-updated-0321.pdf>. **Co-author.**
7. Pellegrino JL, Krob, J, **Orkin A**, Bhanji F, Bigham B, Bray J, Breckwoldt J, Cheng A, Duff J, Glerup Lauridsen K, Gilfoyle E, Hiese M, Iwami T, Lockey A, Ma M, Monsieurs K, Okamoto D, Yeung J, Finn J, Greif R. on behalf of the International Liaison Committee on Resuscitation Education, Implementation, and Teams Task Force. Opioid Overdose First Aid Education: Scoping Review and Task Force Insights [Internet] Brussels, Belgium: International Liaison Committee on Resuscitation (ILCOR) Education, Implementation, and Teams Task Force, 2020 Jan. Available from: <http://ilcor.org> **Co-author.**
8. Woodin JA, **Orkin AM**, Singletary EM, Zideman DA. On behalf of the International Liaison Committee on Resuscitation First Aid Task Force. Cervical Spinal Motion Restriction Scoping Review and Task Force Insights. (Online). Brussels, Belgium: International Liaison Committee on Resuscitation (ILCOR) First Aid Task Force, 2019 Dec 15. Available from: <http://ilcor.org> **Co-author.**
9. **Orkin AM**. Clinical population medicine: A population health roadmap for Ontario Health Teams. 2019 Nov 26. *Longwoods*. <https://www.longwoods.com/content/26010> **Principal Author.**
10. **Orkin AM**, VanderBurgh D, Webster M, Russell J, Ritchie S. Tsiigehtchic community-based emergency care program evaluation, report and recommendations. Report for the Government of the Northwest Territories. 2019 Mar. (Commissioned research report) **Principal Author.**
11. **Orkin AM**. Expert report concerning the death of Mr. Bradley Chapman. Inquest of the Office of the Chief Coroner of Ontario No. 2015_09519. 2018 May. **Principal Author.**
12. **Orkin AM**, Russell J, VanderBurgh D, Ritchie S. Tsiigehtchic Community-based emergency care consultation report. Report for the Tsiigehtchic Charter Community, Gwichya Gwich'in Council and the Government of the Northwest Territories. 2017 Jun. (Commissioned research report). **Principal Author.**
13. **Orkin A**, VanderBurgh D, Ritchie S, Fortune M. Community-based emergency care: An open report for Nishnawbe Aski Nation. Thunder Bay: Northern Ontario School of Medicine. 2014. www.nosm.ca/cbec. **Principal Author.**

4. SUBMITTED PUBLICATIONS

1. Stephen G, Burton J, Detsky AS, Ivors N, Berthelot S, Atzema CL, **Orkin AM**. Absence of evidence that emergency department care is more costly than other outpatient settings for low-acuity conditions: Cost difference for treating patients with low-acuity ambulatory conditions in emergency department versus other outpatient settings: An empty systematic review. **Submitted to:** *JACEP Open*. 2022 May. **Co-author**.
2. D'Angelo JJJ, Ritchie SD, Oddson B, Little J, Johnson DE, Vanderburgh D, **Orkin A**. Validating the Remote First Aid Self-Efficacy Scale for Use in Evaluation and Training of First Responders in Remote Contexts. **Submitted to** *Wilderness and Environmental Medicine*. 2022 May. **Co-author**.
3. Jenkinson J, Sniderman R, Gogosis E, Liu M, Nisenbaum R, Pederson C, Spandier O, Tibebu T, Dyer A, Chrichlow F, Richard L, **Orkin A**, Thulien N, Kiran T, Kayseas J, Hwang S. Exploring COVID-19 vaccine uptake, confidence, and hesitancy among people experiencing homelessness in Toronto, Canada: Protocol for COVENANT qualitative study. **Submitted to** *BMJ Open*. 2022 Apr. **Co-author**.
4. Sturgiss E, Prathivadi P, Phillips WR, Moriarty F, Lucassen P, Van der Wouden JC, Glasziou P, Olde Hartman T, **Orkin A**, Reeve J, Russell GM, Van Weel C. Key items for reports of primary care research: An international delphi study. **Submitted to** *Annals of Family Medicine*. 2021 Dec. **Co-author**.
5. Whitthall JP, **Orkin AM**, Handford C, Klaiman M, Leece P, Charles M, Wright A, Turner S, Morrison L, Strike C, Campbell DM. Resuscitation simulation among people who are likely to witness opioid overdose: Experiences from the SOONER Trial. **Submitted to** *PLOS ONE*. 2021 Sep. **Co-author**.
6. Sellen K, Markowitz B, Parsons JA, Leece P, Goso N, Handford C, Hopkins S, Klaiman M, Shahin R, Milos G, Wright A, Charles M, Morrison L, Strike C, **Orkin A**. Design considerations for overdose education and Naloxone distribution: Results of a multi-stakeholder workshop. **Submitted to** *Health Expectations*. 2021 Jun. Preprint available at Research Square, doi: 10.21203/rs.3.rs-978690/v1. **Senior Responsible Author**.
7. Xie EC, Chan K, Khangura JK, Koh JJ-K, Orkin AM, Sheikh H, Hayman K, Gupta S, Kumar T, Hulme J, Mrochuk M, Dong K. CAEP Position Statement - Executive Summary: Improving Emergency Care for Persons Experiencing Homelessness. **Submitted to** *CJEM*. 2022 Feb. **Co-author**.

F. Presentations and Lectures

Papers/Posters/Abstracts

INTERNATIONAL

- 2021 Nov 19 Phillips W, Sturgiss E, olde Hartman T, **Orkin A**, Reeve J, Russell G, Prathivadi P, van Weel C. CRISP - Consensus Reporting Items for Studies in Primary Care—New guidance for reporting your research. 49th North American Primary Care Research Group (NAPCRG) Meeting, Virtual Meeting. (Workshop)
Presenter(s): William Phillips, Elizabeth Sturgiss, Tim olde Hartman, Aaron Orkin, Joanne Reeve, Grant Russell, Pallavi Prathivadi, Chris van Weel.
- 2020 Nov 20 Phillips W, Sturgiss E, Hunik L, Glasziou P, olde Hartman T, **Orkin A**, Reeve J, Russell G, van Weel C. Opportunities to improve primary care research reports to meet needs of researchers, clinicians, patients and policymakers. 48th North American Primary Care Research Group (NAPCRG) Meeting, Virtual Meeting. (Poster) Presenter(s): William Phillips, Elizabeth Sturgiss.
- 2015 Oct 24 **Orkin A**, Phillips W, Peterson L, Acheson L, Balasubramanian B, Bayliss E, Cohen D, Ferrer R, Frey J, Gill J, Marino M, Williams R, Stange K. Writing and publishing research using standardized reporting

guidelines. North American Primary Care Research Group (NAPCRG), Cancun, Mexico.

2014 Nov 15 Salcido D, Koller AC, Torres C, **Orkin A**, Schmicker RH, Morrison LJ, Nichol G, Stephens S, Menegazzi JJ and the Resuscitation Outcomes Consortium Investigators. Regional incidence and outcomes of out-of-hospital cardiac arrest associated with overdose. American Heart Association Resuscitation Science Symposium (ReSS), Chicago IL. Presenter: David Salcido.

Publication Details: Salcido D, Koller AC, Torres C, **Orkin A**, Schmicker RH, Morrison LJ, Nichol G, Stephens S, Menegazzi JJ and the Resuscitation Outcomes Consortium Investigators. Regional Incidence and Outcomes of Out-of-Hospital Cardiac Arrest Associated with Overdose. *Circulation* 2014;130: A236.

NATIONAL

2021 Dec D'Angelo JJ, Little J, **Orkin AM**, Vanderburgh D, Oddson B, Johnson DW, Gagnon V, DRS. (2021). The Remote First Aid Self-Efficacy Scale: Development and Validation of a Novel Tool for Remote First Aid Training, Evaluation, and Reflection. In C. Dallat & J. Jackson (Eds.), *Adventure Risk Research Symposium, Proceedings 2019-2021*: 1-7. Algonquin Thompson. <https://www.kobo.com/ca/en/ebook/adventure-risk-research-symposium-proceedings-2019-2021>

2021 Nov 4 Whittall JP, **Orkin AM**, Handford C, Klaiman M, Leece P, Charles M, Wright A, Turner S, Morrison L, Strike C, Campbell DM. Resuscitation simulation among people who are likely to witness opioid overdose: Experiences from the SOONER Trial. Royal College of Physicians and Surgeons of Canada, Simulation Summit. (Virtual) Presenter: Jonathan Whittall. Awarded Best Research Paper Prize.

2020 May 4 Bilodeau J, Kaczorowski J, **Orkin AM**, Dong K, Kestler A. L'efficacité des interventions visant les troubles consommations liés aux opioïdes dans les départements d'urgence: revue systématique de la littérature. 88e Congrès de l'Acfas, Sherbrooke, QC. Presenter: J Bilodeau. (*postponed due to Covid-19*).

2019 Nov 19 **Orkin AM** on behalf of the SOONER Investigators and Community Advisors. "Design and Findings of the Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER) Feasibility Study" North American Primary Care Research Group (NAPCRG), Toronto, ON.

2019 Nov 17 Phillips W, Sturgiss E, olde Hartman T, Russell G, Reeve J, **Orkin AM**, Glasziou P, van Weel C. Improving the reporting of primary care research: Survey of needs of researchers, clinicians, patients and policymakers. Poster. North American Primary Care Research Group (NAPCRG), Toronto, ON. Presenter: E Sturgiss.

2019 Oct 24 Dong K, Van Pelt K, Scheuermeyer F, Moe J, Kaczorowski J, **Orkin AM**, Kestler A. "Emergency physician attitudes and practices on prescribing buprenorphine/naloxone: A national survey. Poster. Can Soc. Addictions Med Conference, Halifax, NS. Presenter: K Dong.

2019 Oct 24 Dong K, Salvalaggio G, Pugh A, Hyshka E, Xue J, Kaczorowski J, **Orkin AM**, Keslter A. Emergency Department physician attitudes towards buprenorphine initiation in the ED: A Qualitative Study. Poster. Canadian Society of Addiction Medicine Conference, Halifax, NS. Presenter: K Dong.

2018 May **Orkin A**, Curran J, Ritchie S, Van de Velde S, VanderBurgh D. Health effects of training laypeople to deliver emergency care in underserved populations: preliminary results of a systematic review. Canadian Association of Emergency Physicians Conference (CAEP), Calgary, AB.

2018 May 2 **Orkin A**, Leece P, Hopkins S, Shahin R, Handford C, Campbell D, Parsons J, Strike C, Charles M,

- Sniderman R, Sellen K, Hunt R, Wright A, Milos G, Morrison L, on behalf of the SOONER Investigators. The Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER) Feasibility Study: Combining design, simulation, and resuscitation science to respond to the opioid crisis. Resuscitation in Motion (RiM2018), Toronto, ON.
- 2018 May 2 Parsons J, **Orkin A**, Fowler M, Wright A, Burnett J, Scheuermeyer F. First aid, rescue breathing and chest compressions in opioid overdose education programs: A brokered dialogue. Resuscitation in Motion (RiM2018), Toronto, ON.
- 2016 Oct 20 Leece P, Timmings C, Buchman D, **Orkin A**, Kahan M, Furlan A. Improving primary care opioid prescribing with an educational and self-monitoring strategy. Workshop. Canadian Society of Addiction Medicine Symposium, Montreal, QC. Presenter: P Leece.
- 2016 Jun 4 Lacroix L, Thurgur L, **Orkin A**, Stiell I. Emergency physician attitudes and perceived barriers to take-home naloxone programs in Canadian Emergency Departments. Poster. Canadian Association of Emergency Physicians (CAEP) Conference, Québec City, QC. Presenter: L Lacroix.
- 2015 Jun 2 Klaiman M, Bingham K, Leece P, **Orkin A**, Morrison L, Hu H. Surviving Opioid Overdose with Naloxone (SOON): Results of an International Working Group. Poster. Canadian Association of Emergency Physicians (CAEP), Edmonton AB.
- 2015 Jun 2 **Orkin A**, Zhan C, Buick J, Drennan I, Klaiman M, Leece P, Bingham K, Morrison LJ. Survival from drug-related out-of-hospital cardiac arrests: A retrospective cohort study. Canadian Association of Emergency Physicians (CAEP), Edmonton, AB.
- 2014 Oct 23 **Orkin A**, VanderBurgh D, Ritchie S, Beardy J. "Community-Based Emergency Care: A novel approach to the development and delivery of first response medical services in remote First Nations communities. Canadian Risk and Hazards Network Symposium, Toronto, ON.
- 2014 Oct 19 Schwandt M, **Orkin A**, McLaughlin J, Lay M, Cole D. Medical Repatriation of Migrant Farm Workers in Canada. International Safety and Health in Agricultural and Rural Populations Symposium. Saskatoon, SK. Presenter: M Schwandt

PROVINCIAL/REGIONAL

- 2019 Sep 10 **Orkin AM** on behalf of the SOONER Investigators and Community Advisors. Feasibility of the Surviving Opioid Overdose with Naloxone (SOONER) Trial. Ontario Node Canadian Research Initiative in Substance Misuse (CRISM) Summit, Toronto, ON.
- 2018 Sep 28 Campbell D, **Orkin AM**, Klaiman M, Hopkins S, Shahin R et al on behalf of the SOONER Investigators. The Surviving Opioid Overdose with Naloxone Education and Resuscitation Project: Combining design, simulation and resuscitation science to respond to the opioid crisis." Royal College of Physicians and Surgeons Simulation Summit, Toronto, ON
- 2018 May 25 **Orkin A**, Russell J, VanderBurgh D, Ritchie S, Maxwell S, McKay F. Community-based emergency care: Developing an emergency first response program with remote Indigenous Communities." Indigenous Health Conference, Toronto, ON.
- 2018 Apr 24 **Orkin A**, Curran J, Ritchie S, van de Velde S, VanderBurgh D. What is first aid really good for? Preliminary results and implications from a systematic review on the health impacts of first aid education in underserved populations and low-resource settings. Plenary presentation. International First Aid Education Conference, Niagara Falls, ON.
- 2018 Apr 24 **Orkin A**, Taylor T, Oliver E. Qualitative insights for developing first aid education on drug overdose. International First Aid Education Conference, Niagara Falls, ON.

- 2017 Nov Leece P, Chen C, Manson M, **Orkin A**, Schwartz B, Juurlink D, Rosella L, Gomes T. One year mortality following emergency department visit for non-fatal opioid overdose in Ontario. Canadian Centre on Substance Use Conference, Calgary, AB. Presenter: P Leece.
- 2017 May 30 Orkin A. Designing first aid for the opioid epidemic. Public Health Agency of Canada Special Advisory Committee on the Epidemic of Opioid Overdoses, Ottawa, ON.
- 2017 May Buchman DZ, **Orkin A**. Overdose education and naloxone distribution programs: Unintentionally entrenching stigma and inequities? 26th Annual Bioethics Society Conference, Toronto, ON. Presenter: DZ Buchman.
- 2016 Sep 14 Young M, **Orkin A**, Malek A. Overdose prevention with naloxone: National and provincial landscape. CAMH Opioid Resource Hub and Registered Nurses Association of Ontario Webinar.
- 2016 Jun Ritchie S, Mew E, VanderBurgh D, **Orkin A**. "Emergency response systems and services in remote First Nations communities in Northern Ontario: An environmental scan." Northern Health Research Conference, Sault Ste. Marie, ON. Presenter: S Ritchie.
- 2016 Jun Ritchie S, Mew E, VanderBurgh D, **Orkin A**. "Three-pronged approach to address gaps in Northern Ontario First Nations emergency services and related health data. Northern Health Research Conference, Sault Ste. Marie, ON. Presenter: S Ritchie.
- 2016 Feb 22 **Orkin A**. Overdose education and naloxone distribution: How first aid can help address the opioid overdose epidemic. Oral Presentation. Canadian Emergency Care Conference, Red Cross and Heart and Stroke Canada, Toronto, ON.
- 2016 Feb 22 Mew E, Ritchie S, VanderBurgh D, **Orkin A**. Community-based emergency care: Accounting for data inadequacies in remote health systems development. Poster. Chiefs of Ontario First Nation Health Research Symposium, Toronto, ON.
- 2015 Mar 21 **Orkin A**. Access to data as a form of resistance: Epidemiology of migrant farm worker medical repatriation. Ontario Public Interest Research Group Global Citizenship Conference, McMaster University, Hamilton, ON.
- 2013 Nov 28 **Orkin A**, VanderBurgh D. "Community-based emergency care: First response innovations in remote First Nations. Poster. Ontario Ministry of Health and Long-Term Care Innovation Showcase, Toronto, ON.
- 2013 Jan 31 **Orkin A**, Baxter J, Cole D. Does your health depend on your access to justice? Public Café Scientifique and discussion panel, Toronto, ON.

LOCAL

- 2020 Oct 6 **Orkin, A** and Hwang, S. Homelessness in the ED: Three Problems. St. Joseph's Health Centre Department of Emergency Medicine Educational Rounds, University of Toronto, Toronto, ON.
- 2019 Apr 5 Primiani N, Lim C, Lall V, Wen S, **Orkin AM** on behalf of the Co-Education Working Group. A pilot co-education workshop for harm reduction and emergency health providers. Poster. Department of Family and Community Medicine Conference, University of Toronto, Toronto, ON.
- 2019 Mar 21 **Orkin A**, on behalf of the SOONER Investigators. SOONER: Combining design, simulation and trial methods to bring naloxone into everyday practice. Department of Family and Community Medicine City-Wide Research Rounds, University of Toronto, Toronto, ON.
- 2018 Nov 15 **Orkin AM**, Curran J, Van de Velde S, VanderBurgh D. Effects of training laypeople to deliver emergency care in underserved populations: Systematic review. Family Medicine Forum, University of Toronto, Toronto, ON.
- 2018 Nov 15 **Orkin AM**, Sellen K, et al. on behalf of the SOONER Investigators. Co-design of a naloxone distribution kit for family practice, emergency departments and addictions medicine. Family Medicine Forum,

University of Toronto, Toronto, ON.

- 2018 Nov 15 Foote J, Chorny Y, **Orkin AM**. Mitigating the opioid epidemic from the emergency room. Family Medicine Forum, University of Toronto, Toronto, ON.
- 2018 Nov 17 Gravel J, Foote J, Borgundvaag B, **Orkin AM**. Treating acute pain in patients with opioid use disorder in the emergency department. Family Medicine Forum, University of Toronto, Toronto, ON.
- 2018 May 23 **Orkin A**, Klaiman M, Leece P, Hopkins S, Shahin R, Handford C, Campbell D, Parsons J, Strike C, Charles M, Sniderman R, Sellen K, Hunt R, Wright A, Milos G, Morrison L, on behalf of the SOONER Investigators. Is it even possible? Feasibility study for the Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER) Project. University of Toronto Division of Emergency Medicine Research Day, Toronto, ON.
- 2015 Nov 25 **Orkin A**, Zhan C, Buick J, Drennan I, Klaiman M, Leece P, Bingham K, Morrison LJ. Survival from drug-related out-of-hospital cardiac arrests: A retrospective cohort study. Clinician Investigator Trainee Association of Canada, University of Toronto, Toronto, ON.
- 2014 Nov 28 **Orkin A**, Leece P, Pinto A. Recent and New Public Health & Preventive Medicine Graduate Panel on Research. Public Health & Preventive Medicine Resident Research Day, Dalla Lana School of Public Health, University of Toronto.
- 2014 May 27 Klaiman M for the Surviving Opioid Overdose with Naloxone (SOON) Research Team. The SOON Project and Roundtable. University of Toronto Division of Emergency Medicine Research Day, Toronto, ON. Presenter: M Klaiman.
- 2014 Apr 8 Bingham K, Klaiman M, Leece P, **Orkin A**. "Surviving opioid overdose with naloxone. Resuscitation in Motion Conference, Li Ka Shing Knowledge Institute at St. Michael's Hospital, Toronto, ON. Presenters: M Klaiman, P Leece.
- 2013 Apr 3 Leece P, Gassanov M, **Orkin A**, Marchall C, Hopkins S, Shahin R. Engaging the community on opioid overdose: development, implementation, and evaluation of an overdose prevention and resuscitation training program. The Ontario Public Health Convention, Toronto, ON. Presenter: P Leece.

Invited Lectures

INTERNATIONAL

- 2021 May 4 Dezfulian C, **Orkin A**, Lavonas E, Dineen E, Hsu J. Opioid-associated Out-of-Hospital Cardiac Arrest (OA-OHCA). American Heart Association HeartBEATS from Lifelong Learning Science Series. <https://learn.heart.org/lms/activity?@curriculum.id=-1&@activity.id=7344737&@activity.bundleActivityId=-1> **Invited Speaker/Faculty**.
- 2018 Apr 24 **Orkin A**, Curran J, Ritchie S, van de Velde S, VanderBurgh D. What is first aid really good for? Preliminary results and implications from a systematic review on the health impacts of first aid education in underserved populations and low-resource settings. Plenary presentation. International First Aid Education Conference, Niagara Falls, ON. **Invited International Plenary Speaker**.
- 2018 Apr 24 MacPherson A, **Orkin A**, Cassan P, Burke S. Brace Yourselves: The role of prevention and safety education in emergency readiness and responding to crisis. International First Aid Education Conference, Niagara Falls, ON. **Invited International Plenary panel**.
- 2014 Nov 23 **Orkin A**. and the Annals of Family Medicine Editorial team. Shorter is Better — Writing Effective Research Reports. Workshop. North American Primary Care Research Group (NAPCRG) Annual Meeting, New York City, NY. **Invited Speaker/Facilitator**.

2011 Jul 8 **Orkin A.** Persistent Debates in the Work and Purpose of MSF. Doctors Without Borders (MSF) USA, New York, NY. **Invited Speaker.**

NATIONAL

2022 Mar 1 Orkin A. Consort for RCTS affected by adversity. Network of Canadian Emergency Researchers (NCER) Unplugged Meeting (Virtual). **Invited Speaker.**

2021 Dec 2 **Orkin A.** The CONSERVE 2021 Statement, or, What to report when your trial gets hit by a bus. Clinical Trials BC – Ask Us Series. **Invited Panelist.**

2021 Nov 25 Gill P and **Orkin A.** Guidelines for Reporting Trial Protocols and Completed Trials Modified Due to the COVID-19 Pandemic and Other Extenuating Circumstances. University of British Columbia Physical Therapy Research Rounds. **Invited Speaker.**

2020 Apr Arbour L, Maynard R, **Orkin A.** Coronavirus: Equalizer or Magnifier? *Appointed* (Podcast) Episode 8. Interviewers: Kim Pate, Fregine Sheehy. <https://appointedpod.simplecast.fm/75a42a64>. **Invited Speaker/Panelist.**

2018 Sep Dong K, Klaiman M, **Orkin AM.** ED Management of Opioid Addiction. *EMCases* www.emergencymedicinescases.com . **Invited Speaker.**

2018 Jun 11 **Orkin A.** Hacking health care: How lay people can treat sick patients, solve epidemics, and create healthier societies. University of Alberta Dr. Walter Mackenzie Lecture. **Invited Keynote Speaker.**

2018 Jun 12 **Orkin A.** The SOONER Project: Combining design, simulation and trial methods to bring naloxone into everyday practice. University of Alberta Department of Emergency Medicine Research Forum. **Invited Keynote Speaker.**

2016 Nov 18 **Orkin A.** It is the context that kills. Invited address. Canadian National Opioid Summit, Ottawa ON. **Invited Speaker.**

2016 Oct **Orkin AM,** Klaiman M. Naloxone Autoinjectors and Opioid Overdose. *EMRap*. www.emrap.org **Invited Speaker/Panelist.**

2015 Jan 14 **Orkin A,** VanderBurgh D, Beardy J, Beardy J. “Community-based emergency care: Developing first response medical services with remote First Nations communities. Invited presentation. Assembly of First Nations National Public Health Expert Advisory Committee, Ottawa, ON. **Invited Speaker.**

2014 Oct 21 Goodchild M, Diabo, D, **Orkin A,** Swan T. Panel discussion: Aboriginal involvement in planning and preparing for disasters. Canada’s Platform for Disaster Risk Reduction, Toronto, ON. **Invited Panelist.**

2011 May 14 **Orkin A.** Movement or Organization? Medical or Humanitarian? MSF and the Future of Humanitarianism. MSF-Canada Association General Assembly, Montreal, QC. **Invited Speaker.**

PROVINCIAL

2021 Mar 18 **Orkin A.** Doing Population Health in Ontario Health Teams. Chatham-Kent Ontario Health Team. Virtual presentation. **Invited Speaker.**

2021 Feb 12 **Orkin A.** Doing Population Health in Ontario Health Teams. Ontario Primary Care Council. Virtual presentation. **Invited Speaker.**

2019 Apr 16 **Orkin A** and Klaiman M. Opioid Issues in the Emergency Department. Markham-Stouffville Hospital Emergency Medicine Rounds, Markham, ON. **Invited Speaker.**

2018 Feb 8 **Orkin A,** Sellen K. A Timely Update on the SOONER Study. Canadian Centre on Substance Use and Addiction and the Canadian Joint Statement of Action Committee on the Opioid Crisis, Toronto, ON.

Invited Speaker.

- 2014 Feb 26 **Orkin A**, VanderBurgh D, Beardy J. Community-Based Emergency Care: A Novel approach to first response medical services in remote First Nations. Chiefs of Ontario Health Forum, Toronto ON. **Invited Speaker.**
- 2012 Oct 10 VanderBurgh D, **Orkin A**, Ritchie S, Jamieson R, Mukhopadhyay B, Sacevich C, Beardy J. Where there is no paramedic: The Sachigo Lake Wilderness Emergency Response Education Initiative. WONCA Rendez-Vous 2012, Thunder Bay, ON. **Invited Speaker.**
- 2012 Oct 10 Curran J, Ritchie S, VanderBurgh D, **Orkin A**. 'How does a first aid training program build resilience and community capacity for one First Nations community in Canada?' WONCA Rendez-Vous 2012, Thunder Bay, ON. **Invited Speaker.**
- 2012 Oct 9 **Orkin A**, Newbery S. "What do rural birthing stories teach us about rural birthing? The Marathon Maternity Oral History Project." WONCA Rendez-Vous 2012, Thunder Bay, ON. **Invited Speaker.**
- 2011 May 4 **Orkin A**. "Medical Intervention: An Alibi for Humanitarian Practice?" MSF Canada, Toronto, ON. **Invited Speaker.**

LOCAL

- 2019 Mar 21 **Orkin A**, on behalf of the SOONER Investigators. "SOONER: Combining design, simulation and trial methods to bring naloxone into everyday practice." Department of Family and Community Medicine City-Wide Research Rounds, University of Toronto, Toronto, ON. **Invited Speaker.**
- 2012 Oct 19 Leece P, **Orkin A**, Hopkins S, Shahin R. "Can naloxone prescription and overdose training save lives among opioid users in family practice?" Workshop. College of Family Physicians of Canada, Family Medicine Forum, University of Toronto, Toronto, ON. **Invited Speaker/Facilitator.**
- 2011 Nov 9 **Orkin A**. "A doctor is there to be a doctor, not advocate for the poor': Doctorhood and History of MSF." Joint Centre for Bioethics, University of Toronto, Toronto, ON. **Invited Speaker.**

Media Appearances

INTERNATIONAL

- 2017 Webster, PC. "Calls for medically safe heroin mount in Canada." *The Lancet News*. 389: 239.

NATIONAL

- 2021 Mar 16 Ghosh M, Turnbull J, Macdonald N, Bond A, **Orkin A**. How to innovate for vulnerable populations: COVID immunization for people experiencing homelessness. Editorial. *The Globe and Mail*. <https://www.theglobeandmail.com/canada/article-how-to-innovate-for-vulnerable-populations-covid-immunization-for/>
- 2021 Mar 1 Canadian Medical Association (CMA). Toronto population health team helps homeless shelters contain Covid-19 outbreaks. *Boldly*. <https://boldly.cma.ca/stories/toronto-population-health-team-helps-homeless-shelters-contain-covid-19-outbreaks>
- 2019 Sept Weeks, C. Ontario pharmacist facing disciplinary action for distributing naloxone kits door-to-door says he will keep distributing. *Globe & Mail*. Available from: <https://www.theglobeandmail.com/canada/article-ontario-pharmacist-facing-disciplinary-action-for->

distributing/

- 2018 Nov 30 Gee, M. "Danger beyond the prison gates: One in 10 overdose deaths happen to ex-inmates within year of release" *Globe & Mail*. Available from: <http://www.webcitation.org/74guZC0cP>
- 2017 Dec 18 Champagne, S. "Retour à l'expéditeur" *Le Devoir*.
- 2017 Nov 2 Lavelle, C. "How Ontario is failing to help stop opioid deaths." *Macleans*.
- 2016 Dec 2 Roussy, K. "People are dying: Life-saving opioid antidote hard to find." CBC Print News, CBC Radio *The World at Six*, and CBC Television *The National*.
- 2016 Nov 22 Falk, S. "Reaction to Ottawa's Opioid Summit." *Global News BC*.
- 2014 Oct 26 Picard, A. "Better health coverage needed for temporary foreign workers: A new research paper provides a rare glimpse into some of the health challenges these workers face." *The Globe and Mail*.
- 2013 May 12 Desjardins, L. "Current CPR Guidelines May Not Suit Rural Patients" *Radio Canada International*.
- 2013 May 2 Taylor P. "Hands Only CPR May Not Be Enough". *The Globe & Mail*.

PROVINCIAL / REGIONAL

- 2018 Apr 10 Burke, A. "Ontario makes controversial change on how to help overdose victims." *CBC News*. <http://www.webcitation.org/6ybdaOLyu>
- 2014 Mar 10 CBC Radio Sudbury. "Report on emergency medical care in remote First Nations." *Morning North with Markus Schwabe*. Interviewed with Deputy Grand Chief Alvin Fiddler of Nishnawbe Aski Nation.
- 2014 Mar 5 CBC Radio Thunder Bay. "Who responds when there are no first responders?" *Superior Morning with Lisa Laco*. Interviewed with Deputy Grand Chief Alvin Fiddler of Nishnawbe Aski Nation
- 2013 Oct 30 CBC Radio Thunder Bay. "When 911 is not an option." *Superior Morning with Lisa Laco*. Interviewed with Deputy Grand Chief Alvin Fiddler of Nishnawbe Aski Nation.
- 2013 Jul 12 Bell Shawn. 'Preparing for emergencies in Sachigo Lake.' *Wawatay News*. .

LOCAL

- 2021 Jul 20 University of Toronto Dala Lana School of Public Health. The Undervalued Potential of Good Samaritans. *What's New*. <https://www.dlsph.utoronto.ca/2021/07/20/the-undervalued-potential-of-good-samaritans/>
- 2020 Apr 15 Yu, A. "'People are sleeping in the streets or ravines because shelters are unsafe': This doctor is helping restructure homeless shelters during the COVID crisis". *Toronto Life*. <https://torontolife.com/city/people-are-sleeping-in-the-streets-or-ravines-because-shelters-are-unsafe-this-doctor-is-helping-restructure-homeless-shelters-during-the-covid-crisis/>
- 2019 Jun 30 **Orkin AM**. "Sidewalk Labs project is a public health opportunity." *The Toronto Star*. <https://www.thestar.com/opinion/contributors/2019/06/30/sidewalk-labs-project-is-a-public-health-opportunity.html>
- 2018 Apr 14 Beattie, S. "Experts agree naloxone is central to fighting Canada's opioid crisis — but that also say it's not a 'wonder drug'." *Toronto Star*. <https://www.webcitation.org/6yj97t3eL>
- 2017 Apr 3 Buck, G. "Do you know what to do if someone overdoses?" *Metro News*. http://www.webcitation.org/6pcW7ePW_e
- 2017 Mar 8 Siebarth, T. Universities come to grips with Canada's opioid overdose crisis. *University Affairs*. <https://www.universityaffairs.ca/news/news-article/universities-come-grips-canadas-opioid-overdose->

crisis/

- 2014 Oct 4 Keung, N. "Medical repatriation' puts sick, injured migrant farm workers out of sight and mind". *The Toronto Star*.
- 2014 Sep 19 Bodnar, N. "Sick, fired and deported: what happens to injured or ill migrant farm workers in Ontario." *UofT News*. <http://www.webcitation.org/6So1tVmS0>
- 2013 May 20 Chan P. "Lifetime: A second look at Hands-Only CPR" *CTV News Toronto*.

G. Teaching and Design

- 2021 Nov 1 **Orkin A.** The Opioid Epidemic and its Effects on Resuscitation. University of Toronto Collaborative Specialization in Resuscitation Sciences, Foundations in Resuscitation Science Research (MSC4001H), St. Michael's Hospital.
- 2021 Oct 28 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Seminar for Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2021 May 7 **Orkin A.** An imperfect approach to health equity in PHPM practice, or why health inequities demand the independent, stateless practice of collective health. Public Health and Preventive Medicine Residency Program Rounds. Dala Lana School of Public Health, University of Toronto.
- 2020 Oct 29 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Seminar for Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2020 Jan 27 **Orkin A,** Sellen K. Innovation and Design Thinking in Resuscitation Research - SOONER Project. University of Toronto Collaborative Specialization in Resuscitation Science, Graduate Seminar Series (SRM3333H-Y), St Michael's Hospital.
- 2019 Jan 29 **Orkin A.** Population Medicine: What is it and why do we need it? Institute of Health Policy, Management, and Evaluation Policy Rounds, University of Toronto.
- 2019 Jan 17 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Seminar for Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2018 Sep 12 **Orkin A** on behalf of the SOONER Investigators. Combining design, simulation and trial methods to bring naloxone distribution into everyday practice. Applied Health Research Centre Rounds, St. Michael's Hospital.
- 2018 Jun 11 **Orkin A.** "Making interdisciplinary work: Career notes from a PGY-12. University of Alberta Emergency Medicine Residency Program Workshop.
- 2018 May 23 **Orkin A,** Drennan I. Responding to the Unexpected. University of Toronto Family Medicine Residency Program Rounds.
- 2018 Apr 23 **Orkin A,** Leece P. "The Opioid Epidemic and Public Health" University of Toronto School of Medicine Public Health Interest Group.
- 2017 Oct 12 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Seminar for Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2017 Oct 2 **Orkin A.** Bystander Resuscitation in Overdose: Naloxone Distribution and the SOONER Trial. University of Toronto Collaborative Specialization in Resuscitation Science, Graduate Seminar Series (SRM3333H-Y), St Michael's Hospital.
- 2017 May 31 Foote J, **Orkin A.** "Optimizing care for patients with opioid use disorder in the emergency department." Mt. Sinai Hospital Emergency Department Rounds.

- 2017 Mar 30 **Orkin A.** Task shifting for emergency care: Protocol for a mixed methods feasibility study and conceptual framework. Clinical and Population Research Rounds, St. Michael's Hospital.
- 2017 Feb 24 **Orkin A.** "Feasibility of the Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER) Trial." Research Training Seminar, St. Michael's Hospital.
- 2017 Jan 24 **Orkin A.** Overdose Education and Naloxone Distribution. Peterborough Regional Health Centre Emergency Department Grand Rounds, Peterborough, ON.
- 2017 Jan 20 **Orkin A.** "What is Clinical Public Health?" University Health Network and Dalla Lana School of Public Health Dietetics Program, University of Toronto.
- 2017 Jan 9 **Orkin A.** Stigma and resuscitation: The mysterious case of opioid overdose and naloxone distribution. University of Toronto Collaborative Specialization in Resuscitation Sciences, Foundations in Resuscitation Science Research (MSC4001H), St. Michael's Hospital.
- 2016 Nov 11 **Orkin A,** VanderBurgh D. Go Big or Go Home? Exploring Scale-Up in Health Programs. Northern Ontario School of Medicine, Public Health & Preventive Medicine Residency Program Rounds.
- 2016 Oct 13 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Seminar for Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2016 Sep 7 **Orkin A.** What is Clinical Public Health? Introduction to Public Health Course., Dalla Lana School of Public Health, University of Toronto.
- 2016 Jan 23 **Orkin A.** Overdose education and naloxone distribution: How first aid can help address the opioid overdose epidemic. University of Toronto Collaborative Specialization in Resuscitation Sciences, Foundations in Resuscitation Science Research (MSC4001H), St. Michael's Hospital.
- 2015 Nov 27 **Orkin A.** Community-Based Emergency Care: What does First Response have to do with Public Health? Northern Ontario School of Medicine, Public Health & Preventive Medicine Residency Program Rounds.
- 2015 Nov 26 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2015 Jan 9 **Orkin A.** Guideline Development and Practice at the Fringe. University of Toronto Collaborative Specialization in Resuscitation Sciences, St. Michael's Hospital.
- 2014 Nov 20 **Orkin A.** Quantitative Research and Evidence-Based Medicine Methods. Seminar for Empirical Approaches in Bioethics (MSC3003Y), Joint Centre for Bioethics, University of Toronto.
- 2014 Nov 3 **Orkin A.** Compost, Crowd-Sourcing and Computation: Medical Repatriation of Migrant Farm Workers in Canada. Migration and Health (CHL3113H), Dalla Lana School of Public Health, University of Toronto.
- 2014 Aug 27 **Orkin A.** Geographically Remote First Nations Populations. Social Determinants of Health Panel for Community, Population & Public Health course, Undergraduate Medicine, University of Toronto.
- 2014 May 14 **Orkin A.** Remote and Isolated First Nations Communities. Social Determinants of Health Panel for Determinants of Community Health, Undergraduate Medicine, University of Toronto.
- 2013 Nov 12 **Orkin A.** "Rural vs. Urban: Equity Considerations in Resuscitation Guidelines and Services." University of Toronto Collaborative Program in Resuscitation Sciences, Foundations in Resuscitation Science Research (MSC4001H), St. Michael's Hospital.
- 2013 Mar 4 **Orkin A.** My Research Matters *to Whom?* Upstream and Downstream Knowledge Translation. University of Toronto Collaborative Program in Resuscitation Sciences, Graduate Seminar Series (SRM3333H-Y), St. Michael's Hospital.

H. Research Supervision

Clinical and Research Fellow

Postgraduate MD

- 2018 Justin Burton. University of Toronto, Family Medicine Resident. Research Project: Community-based emergency care in Tsiigehtchic Northwest Territories. **Primary Supervisor.**
- 2018 Gaibrie Stephen. University of Toronto, Family Medicine Resident. Research Project: Systematic review on the cost of managing non-urgent conditions in the emergency department vs. other outpatient ambulatory care settings. **Primary Supervisor.**
- 2018 Jonathan Gravel. University of Toronto, Family Medicine Resident. Research Project: Managing acute pain in people who use opioids in the emergency department. **Primary Supervisor.**
- 2017 Aamir Bharmal and Jennifer Cram. University of Toronto, Medical Residents. Research Project: Clinical Population Medicine: What it is and what it isn't. **Co-supervisor.**
- 2013 Baijayanta Mukhopadhyay. Northern Ontario School of Medicine, Family Medicine Resident. Research Project Co-supervisor: First response in psychiatric crises: teaching and learning mental health first aid in a remote First Nation. **Primary Supervisor.**

Undergraduate MD

- 2020 Alice Zhu. University of Toronto, Undergraduate Medicine. Research Project: Respiratory infectious disease outbreaks among people experiencing homeless: A systematic review of prevention and mitigation strategies. **Co-supervisor**
- 2020 Eva Bruketa. Queen's University, Undergraduate Medicine. Research Project: Respiratory infectious disease outbreaks among people experiencing homeless: A systematic review of prevention and mitigation strategies. **Co-supervisor**
- 2020 Sampreeth Rao. University of Toronto, Undergraduate Medicine. Research Project: Task shifting delphi study. **Primary Supervisor.**
- 2017 Jeffrey Curran. Northern Ontario School of Medicine, Undergraduate Medicine. Research Project: Systematic Review: Health effects of training laypeople to deliver emergency care. **Primary Supervisor.**
- 2013 Calen Sacevich. Northern Ontario School of Medicine, Undergraduate Medicine. Research Project **Co-supervisor:**
- Automatic Electronic Defibrillators in Pre-hospital Rural and Remote Settings: What effect does prolonged transport time to hospital have on survival.
 - Access to Automated External Defibrillators in Remote Ontario First Nations Communities: A Survey of Local Health Directors.

Graduate Education (MSc/MPH)

- 2019 Natasha Kithulegoda. University of Toronto, Masters of Public Health. Task shifting and health equity. **Practicum Supervisor.**
- 2018 Emma Mew. University of Toronto, Masters of Public Health. Community-Based Emergency Care Project. **Practicum Co-supervisor.**
- 2017 André McDonald. University of Toronto, Masters of Public Health. Defining and measuring health equity effects in research on task shifting interventions: a systematic review. **Practicum Supervisor.**

- 2014 Jeffrey Curran. Laurentian University, Masters of Arts (Human Development. Thesis Co-supervisor: Building Resilience and Community Capacity: The Sachigo Lake Wilderness Emergency Response Education Initiative. <http://www.webcitation.org/6So23fyp2>. **Thesis Co-supervisor.**

**ONTARIO
SUPERIOR COURT OF JUSTICE**

BETWEEN:

**KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO, SHAWN
ARNOLD, ET AL.**

Applicants

-and-

CITY OF HAMILTON

Respondent

ACKNOWLEDGMENT OF EXPERT'S DUTY

1. My name is Aaron Orkin. I live at Toronto, in the Province of Ontario.
2. I have been engaged by or on behalf of the Hamilton Community Legal Clinic 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.

Date Sept 14, 2022



Signature

Heegsma et al
Applicants

-and-

CITY of HAMILTON
Respondents

Court File No. CV-21-00077187-0000

Ontario
Superior Court of Justice

PROCEEDING COMMENCED AT HAMILTON

APPLICATION RECORD VOLUME 8
TABS 94-98

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