

**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

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**APPLICANTS' APPLICATION RECORD**

**VOLUME 9 – TABS 99-104**

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**Counsel to the Respondent**

**VOLUME 9 INDEX – HEEGSMAN ET AL. v. CITY OF HAMILTON**

<b>TAB (EXHIBIT LETTER)</b>	<b>Document</b>
<b>APPLICATION RECORD VOLUME 9</b>	
<b>99.</b>	<b>Supplementary Affidavit of Ameil Joseph dated June 7, 2024</b>
<b>a.</b>	<b>Exhibit A – Deaths in the Hamilton Homeless Population – June – November 2021 (P 5/64)</b>
<b>100.</b>	<b>Transcript of the Cross Examination of Ameil Joseph dated Aug 27, 2024</b>
<b>a.</b>	<b>Exhibit 1 – Why Hamilton’s Encampment consultations can – and should – be different, say advocates – CBC</b>
<b>b.</b>	<b>Exhibit 2 – SSM Qualitative Research in Health</b>
<b>101.</b>	<b>Undertaking – Updated Curriculum Vitae of Dr. Ameil Joseph</b>
<b>DR. AARON ORKIN</b>	
<b>102.</b>	<b>Affidavit of Aaron Orkin dated Sept 14, 2022</b>
<b>a.</b>	<b>Exhibit A – Curriculum Vitae (P 13/43)</b>
<b>103.</b>	<b>Form 53 Acknowledgement of Expert’s Duty – Dr Aaron Orkin – dated Sept 14, 2022</b>
<b>104.</b>	<b>Transcript of the Cross Examination of Aaron Orkin dated Aug 26, 2024</b>

**ONTARIO  
SUPERIOR COURT OF JUSTICE**

BETWEEN:

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

Applicants

-and

**CITY OF HAMILTON**

Respondent

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**SUPPLEMENTARY AFFIDAVIT OF AMEIL JOSEPH**

**SWORN June 7, 2024**

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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.<sup>1</sup> The increased vulnerability of people living unsheltered, who are most impacted by displacement policies, is widely researched.<sup>2345</sup> 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.<sup>67</sup> 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

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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>

<sup>7</sup> 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.<sup>8</sup> 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”.<sup>9</sup>

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

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

<sup>9</sup> 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>.

<sup>10</sup> 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'

A6695

# DEATHS IN THE HAMILTON HOMELESS POPULATION

## June - November 2021

**Total reported deaths: 22\***

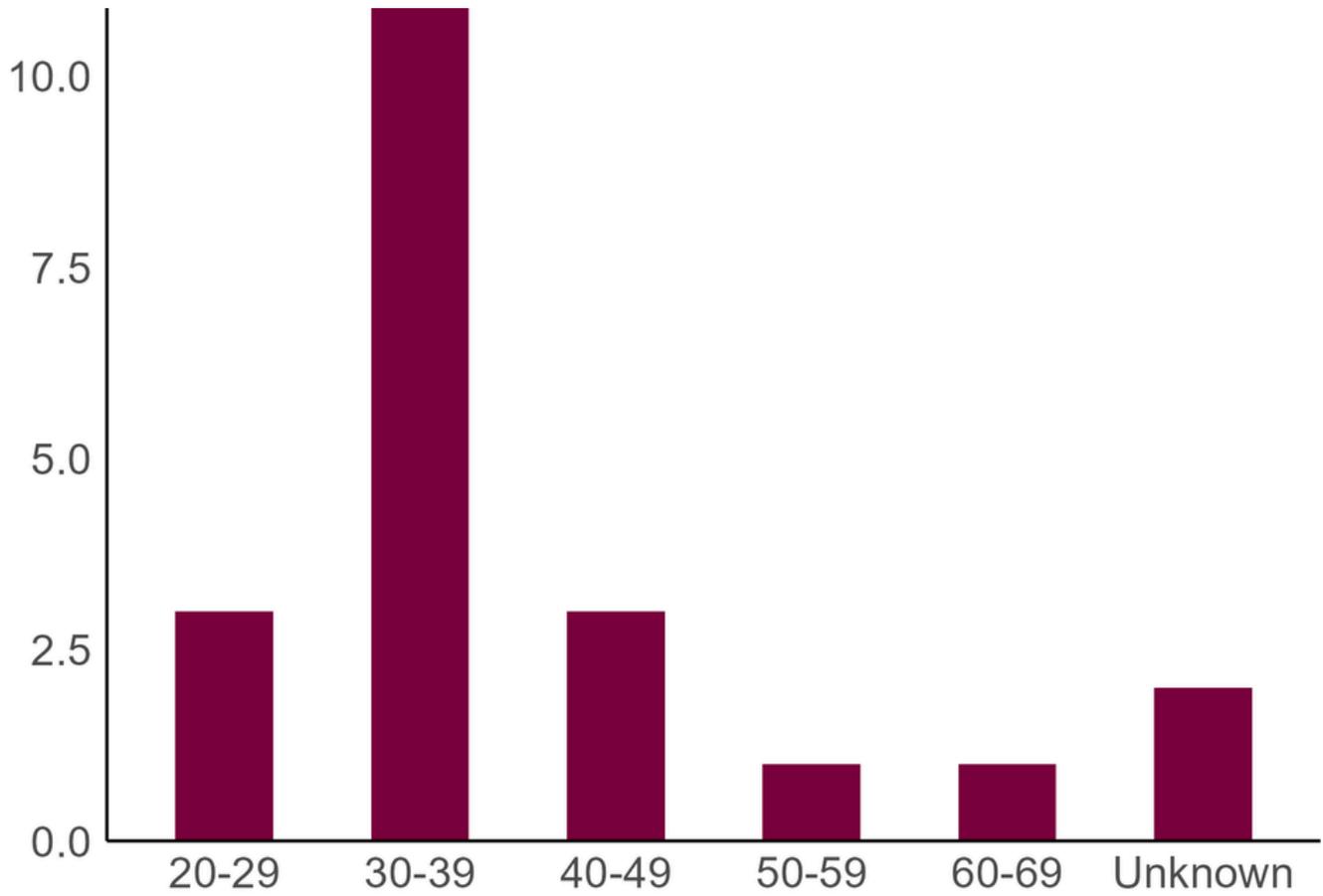
\* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

*Average age at time of death:*

**36 years old**

A6696

# DEATHS IN THE HAMILTON HOMELESS POPULATION

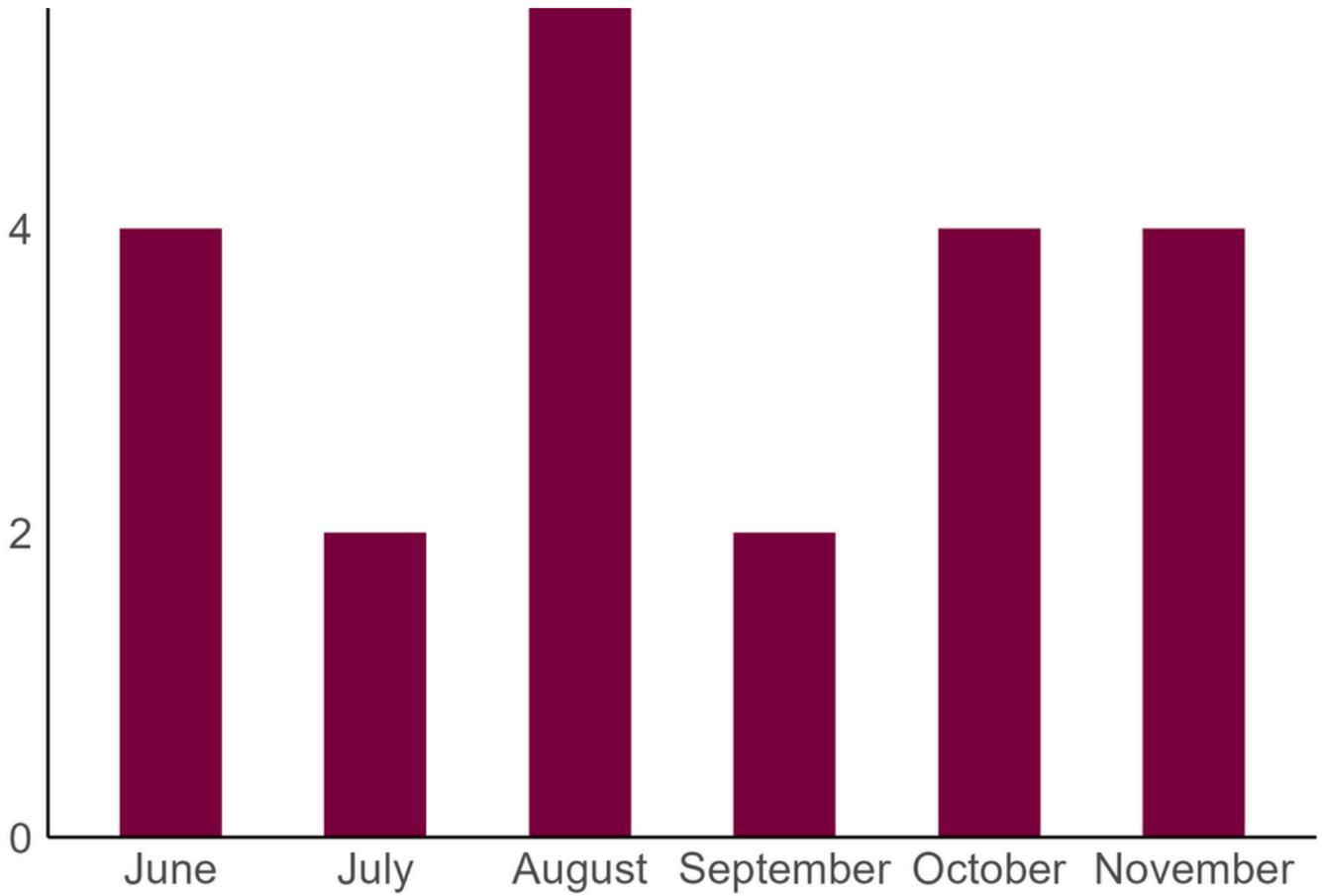


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A6697

# DEATHS IN THE HAMILTON HOMELESS POPULATION

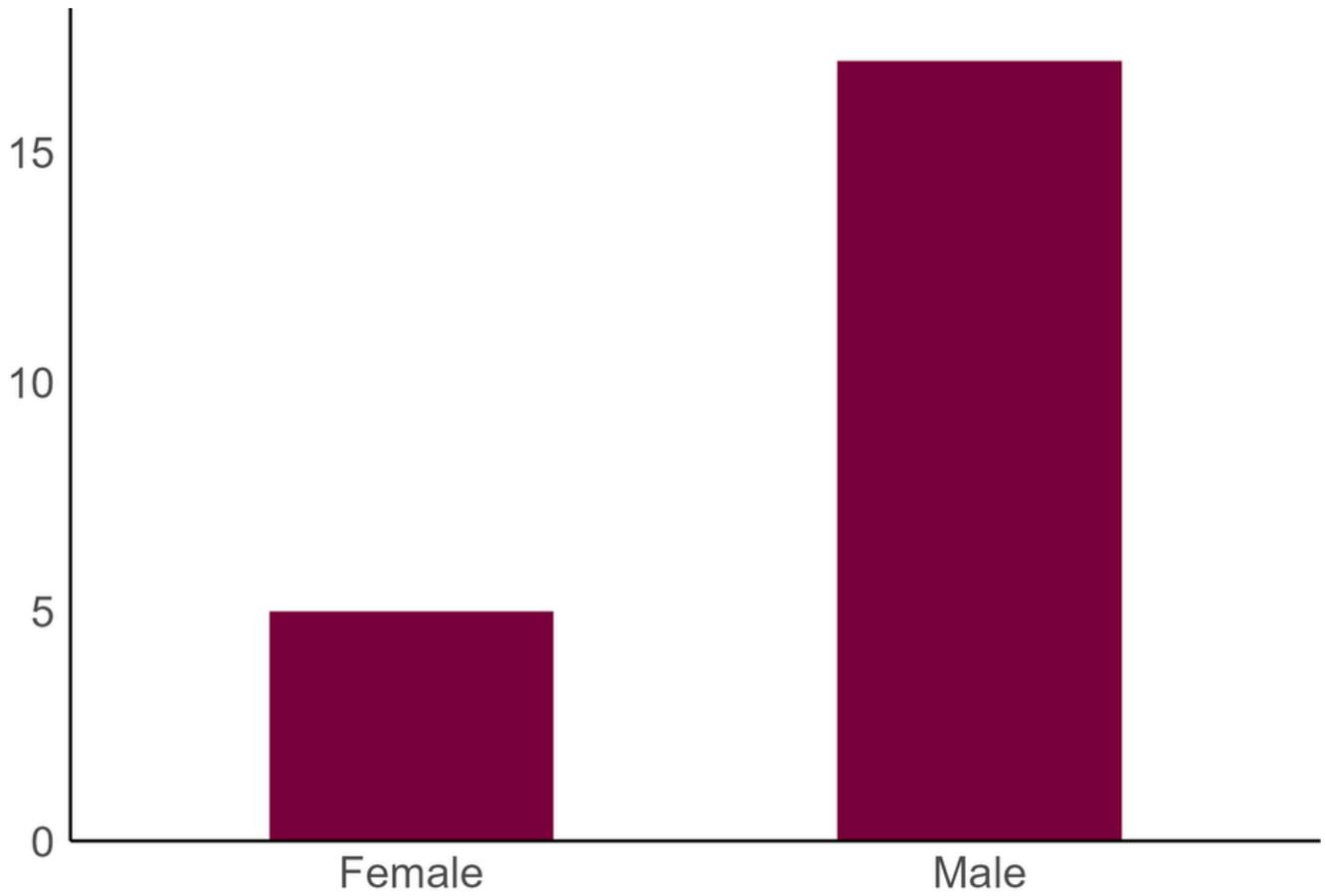


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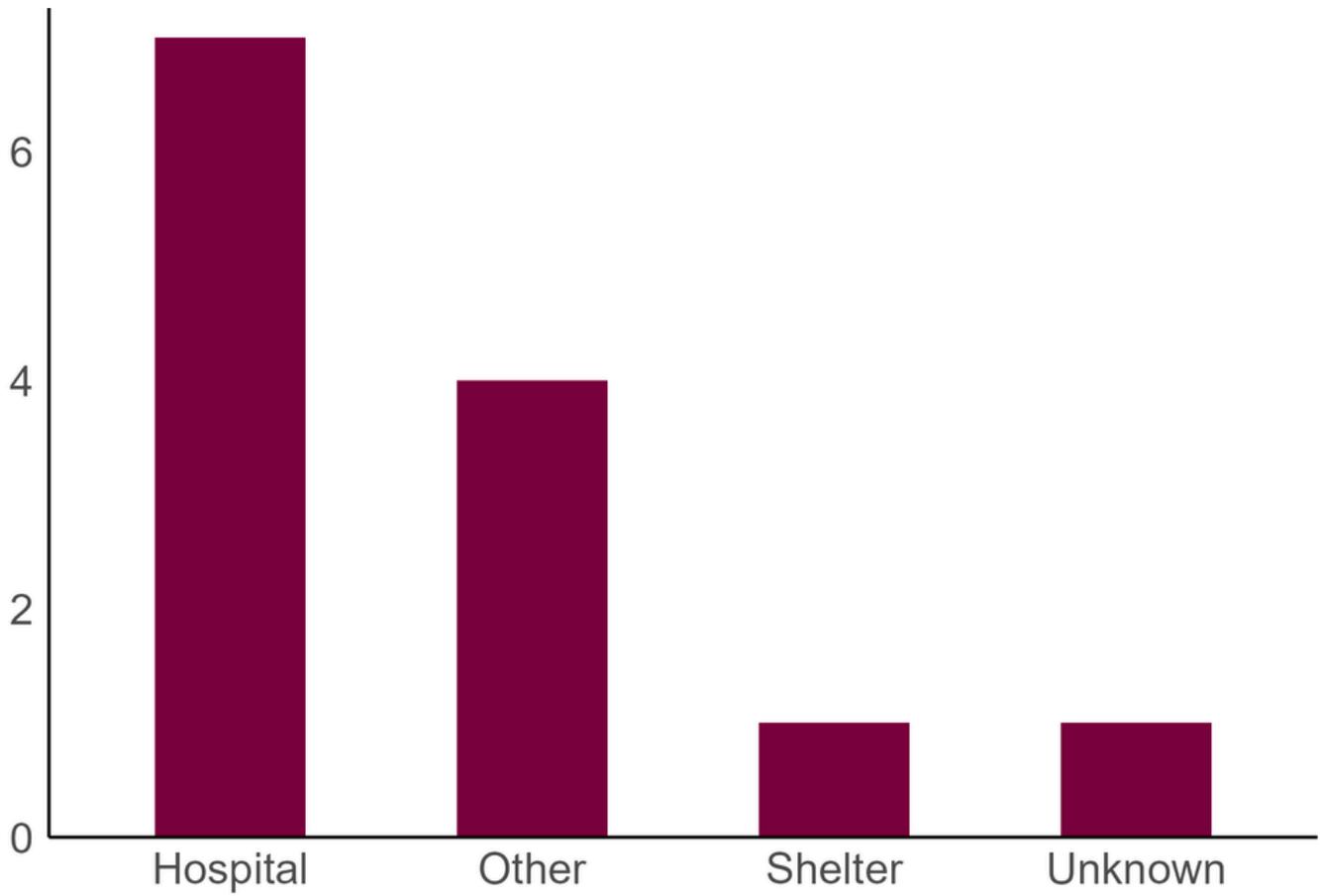


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# DEATHS IN THE HAMILTON HOMELESS POPULATION

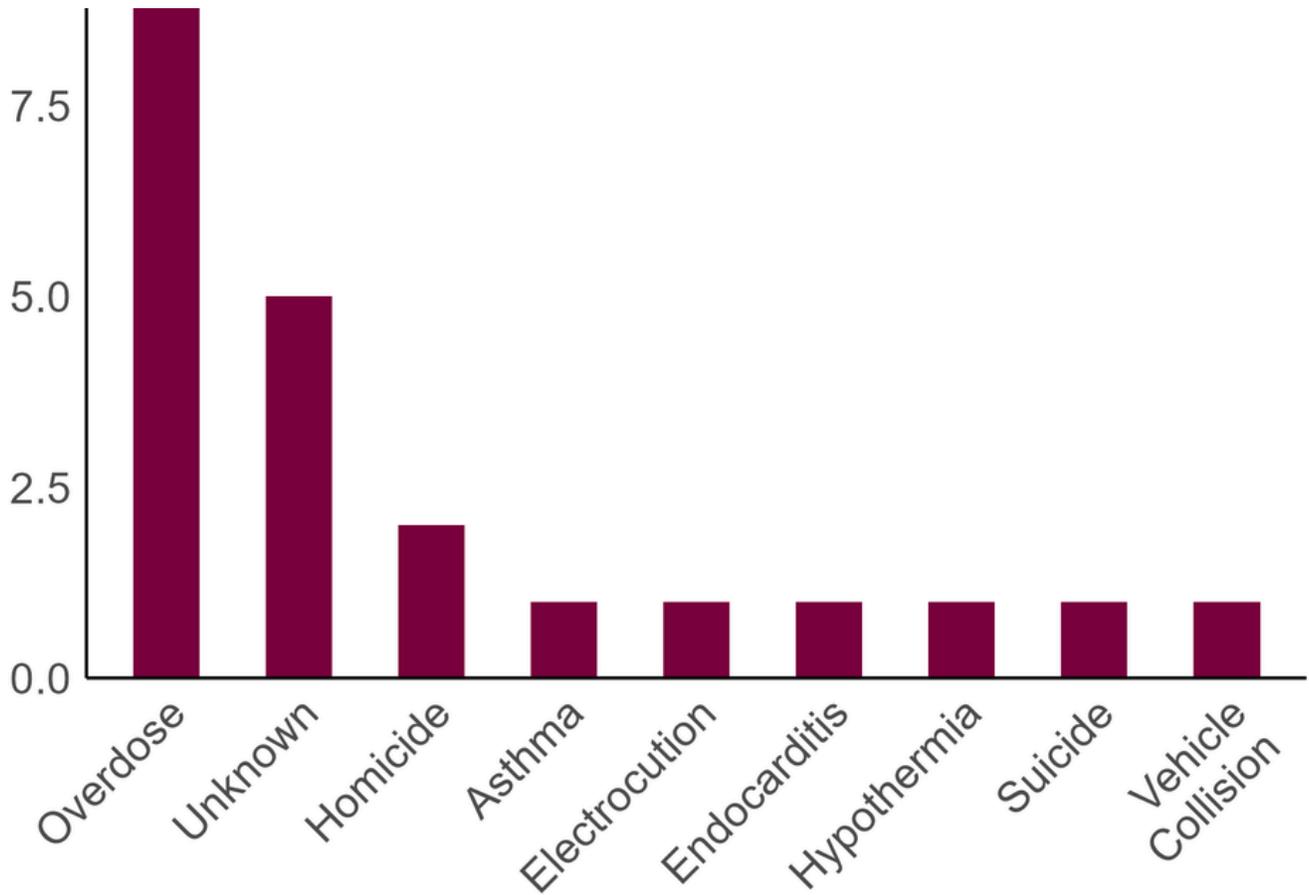


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# DEATHS IN THE HAMILTON HOMELESS POPULATION

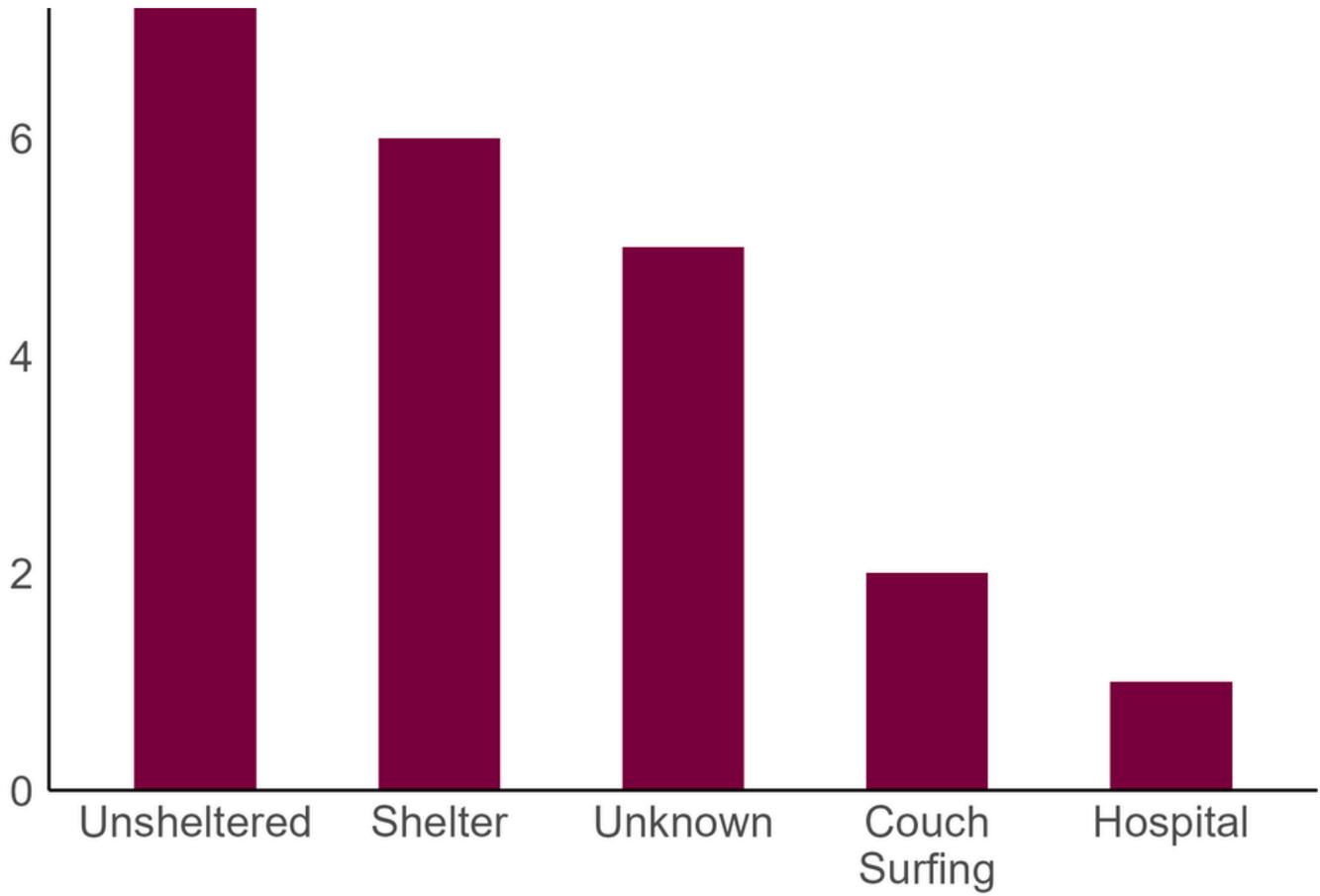


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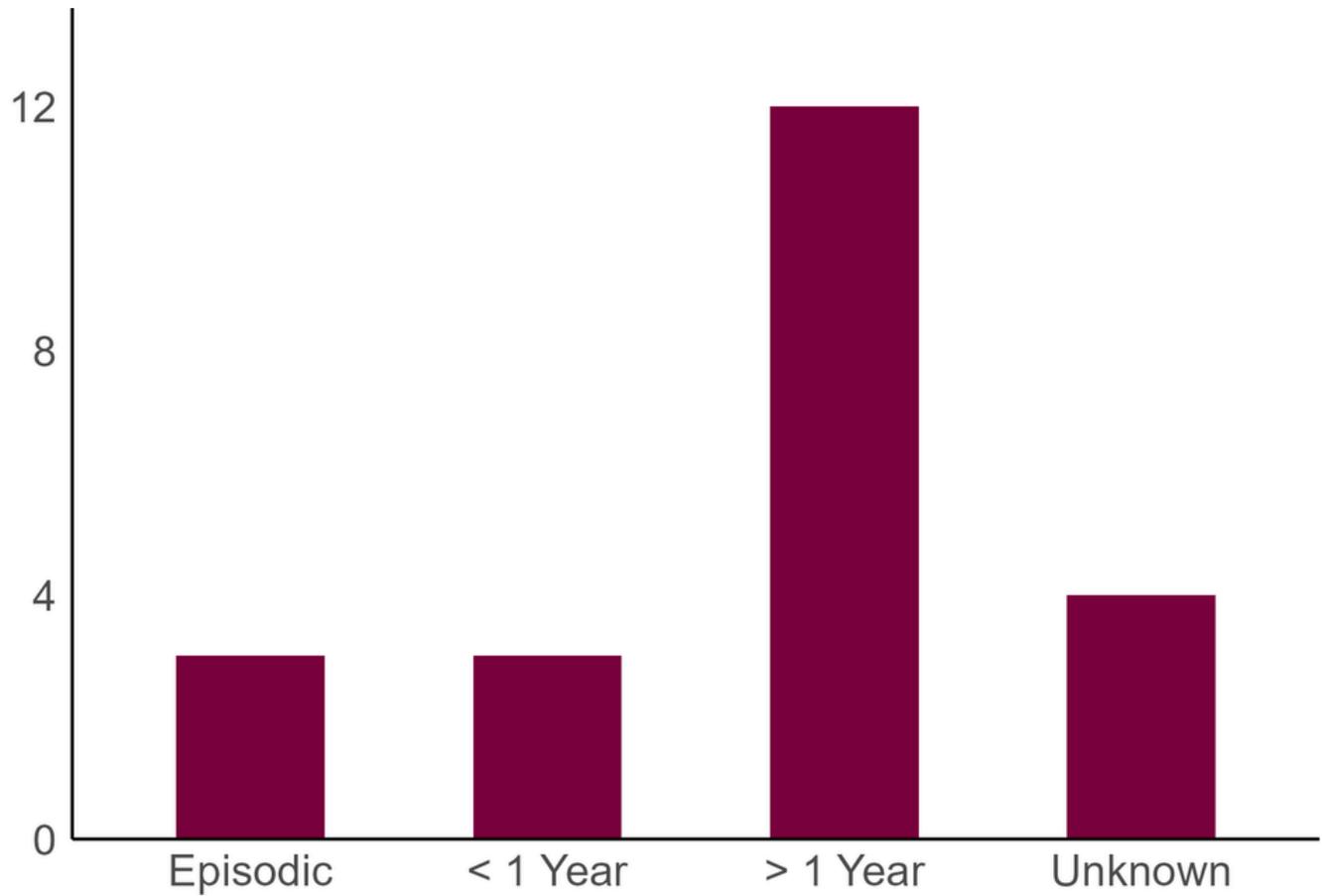


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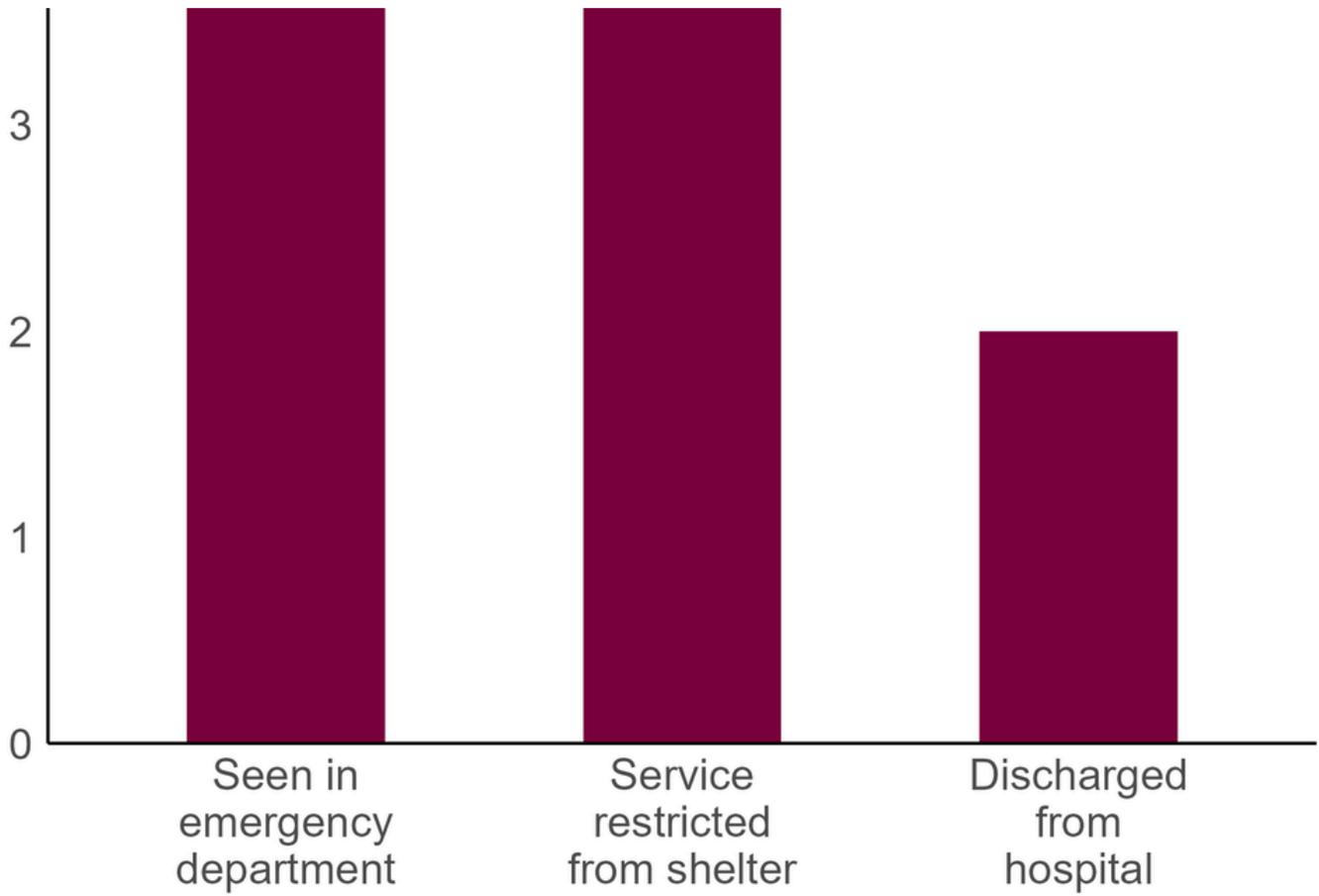


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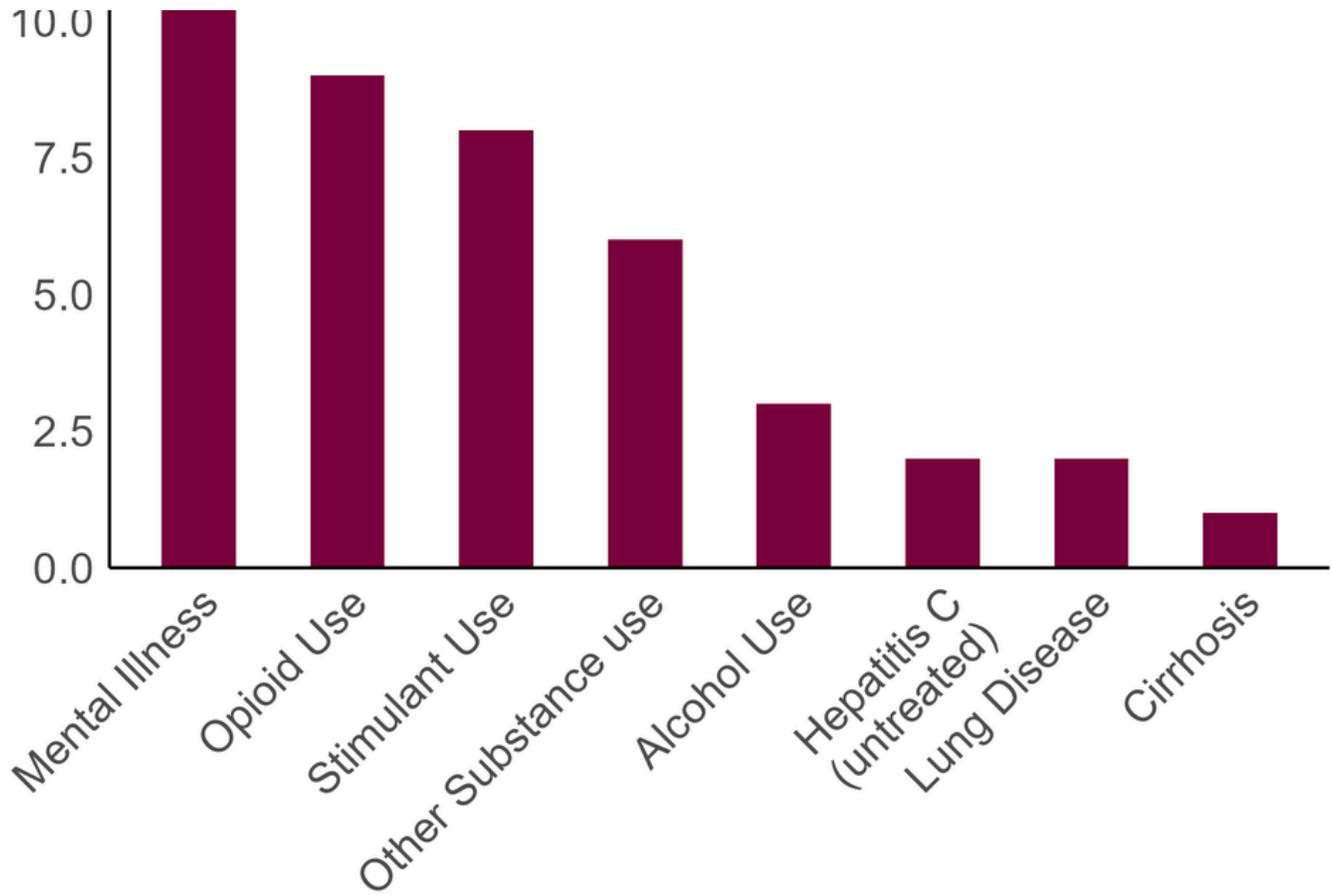


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# DEATHS IN THE HAMILTON HOMELESS POPULATION



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# DEATHS IN THE HAMILTON HOMELESS POPULATION

## December 2021 - May 2022

**Total reported deaths: 12\***

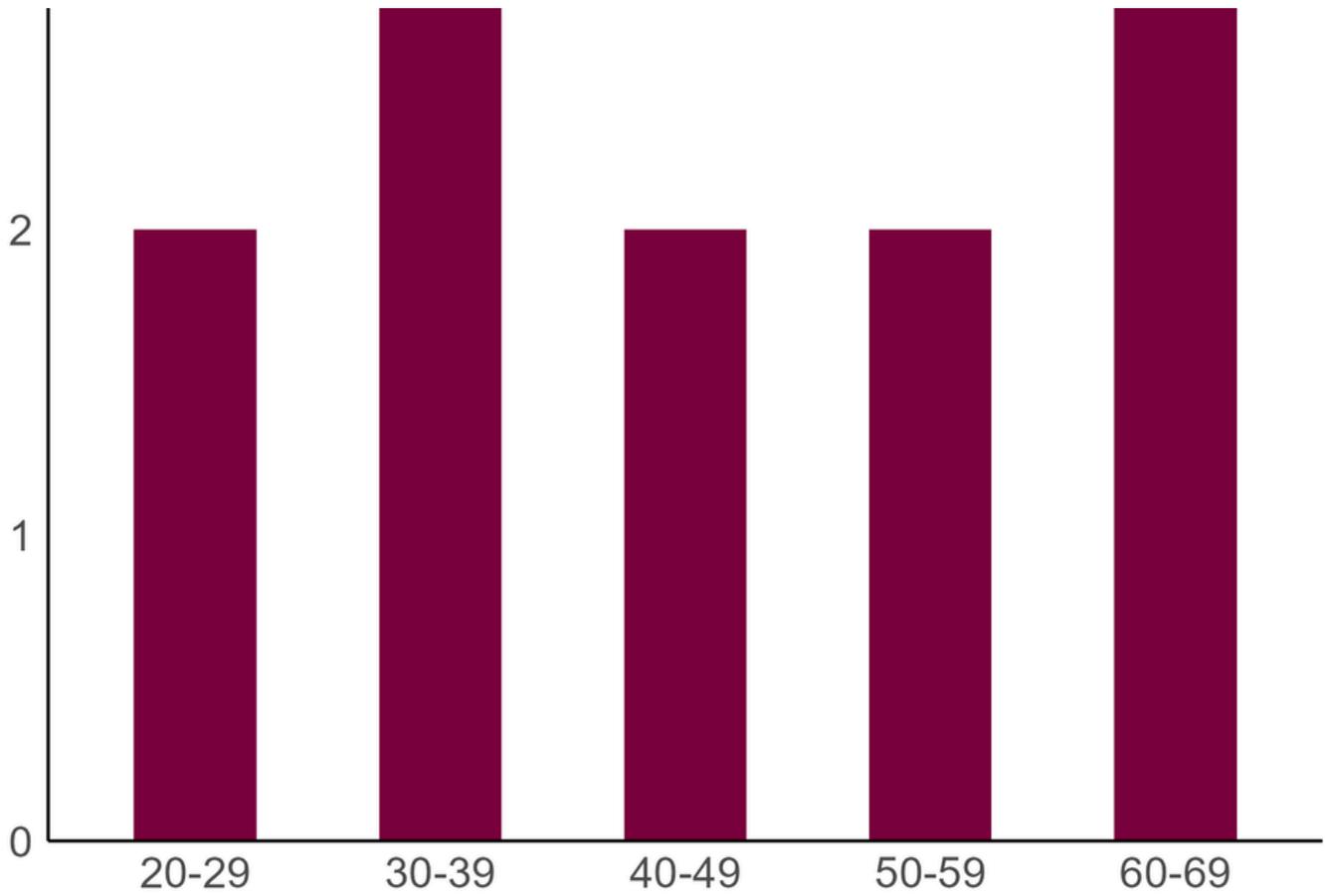
\* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

*Average age at time of death:*

**45 years old**

A6706

# DEATHS IN THE HAMILTON HOMELESS POPULATION

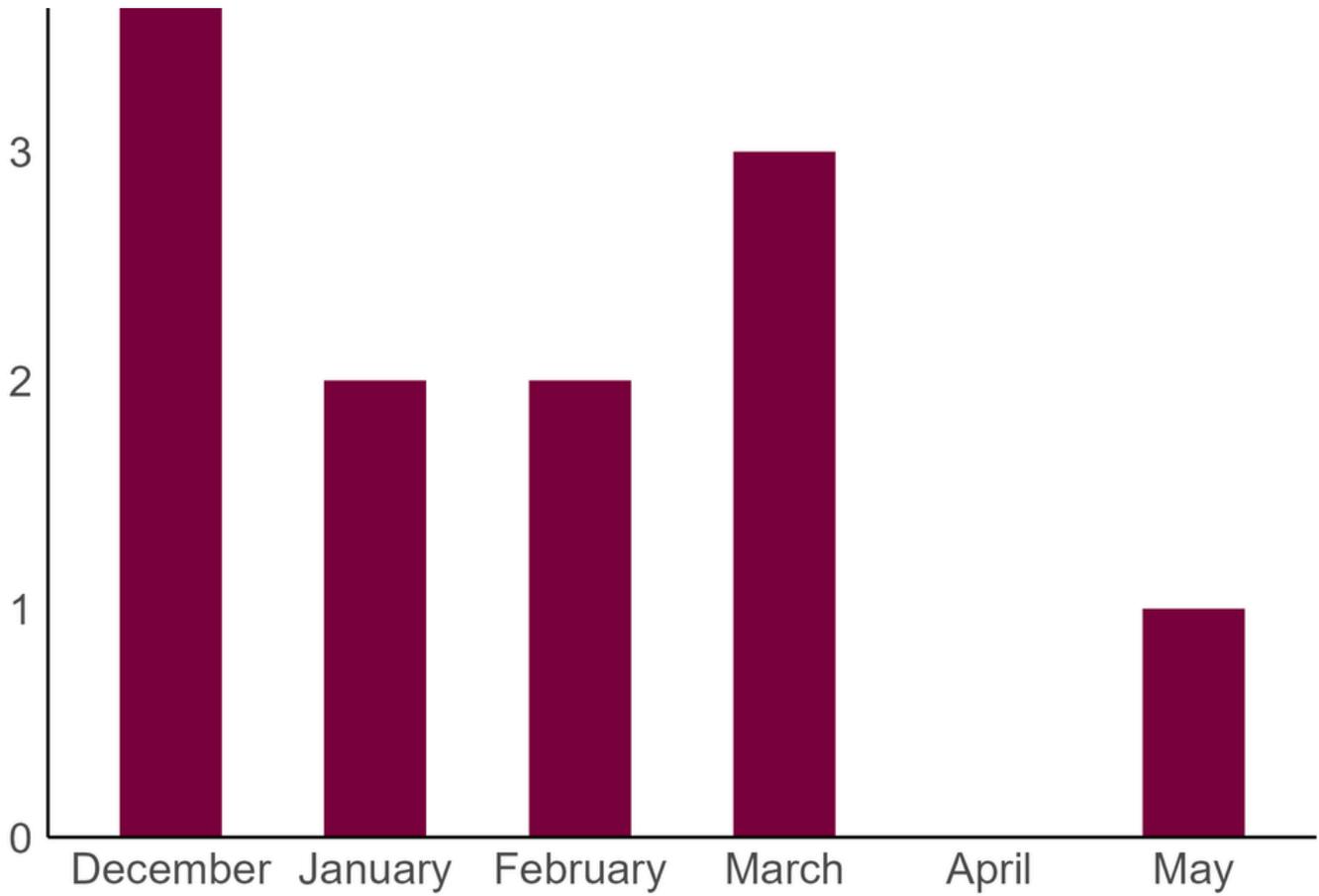


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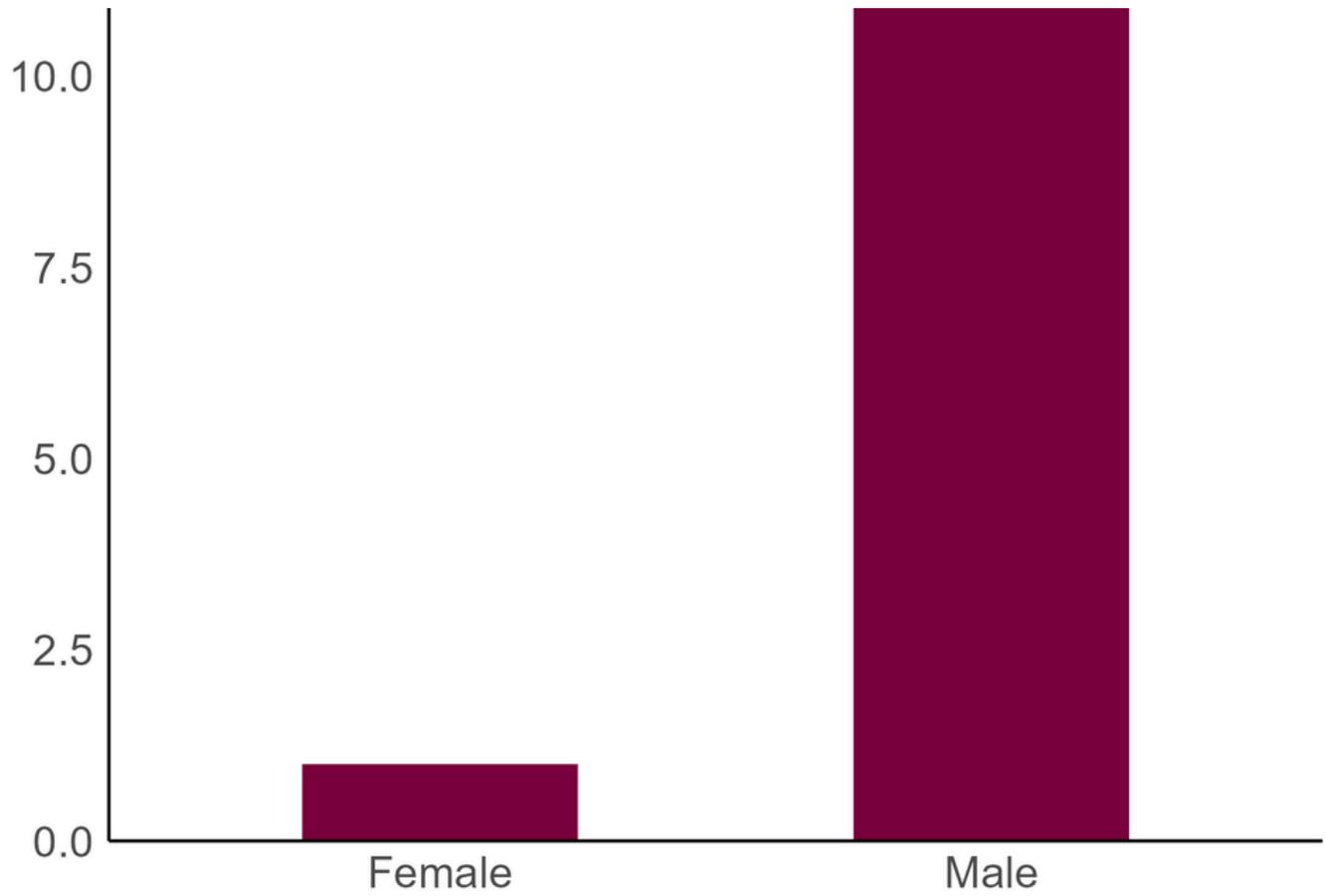


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# DEATHS IN THE HAMILTON HOMELESS POPULATION

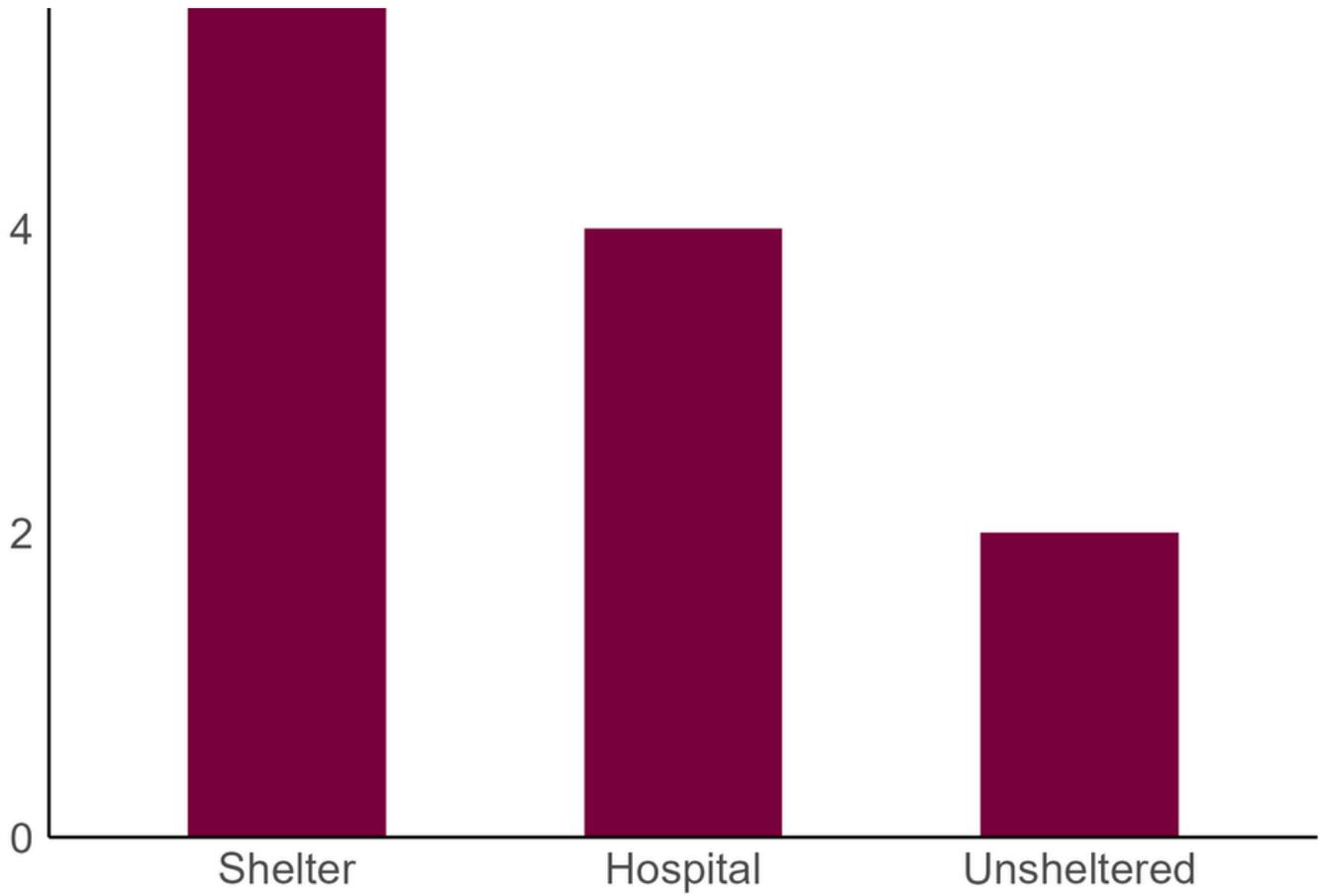


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# DEATHS IN THE HAMILTON HOMELESS POPULATION

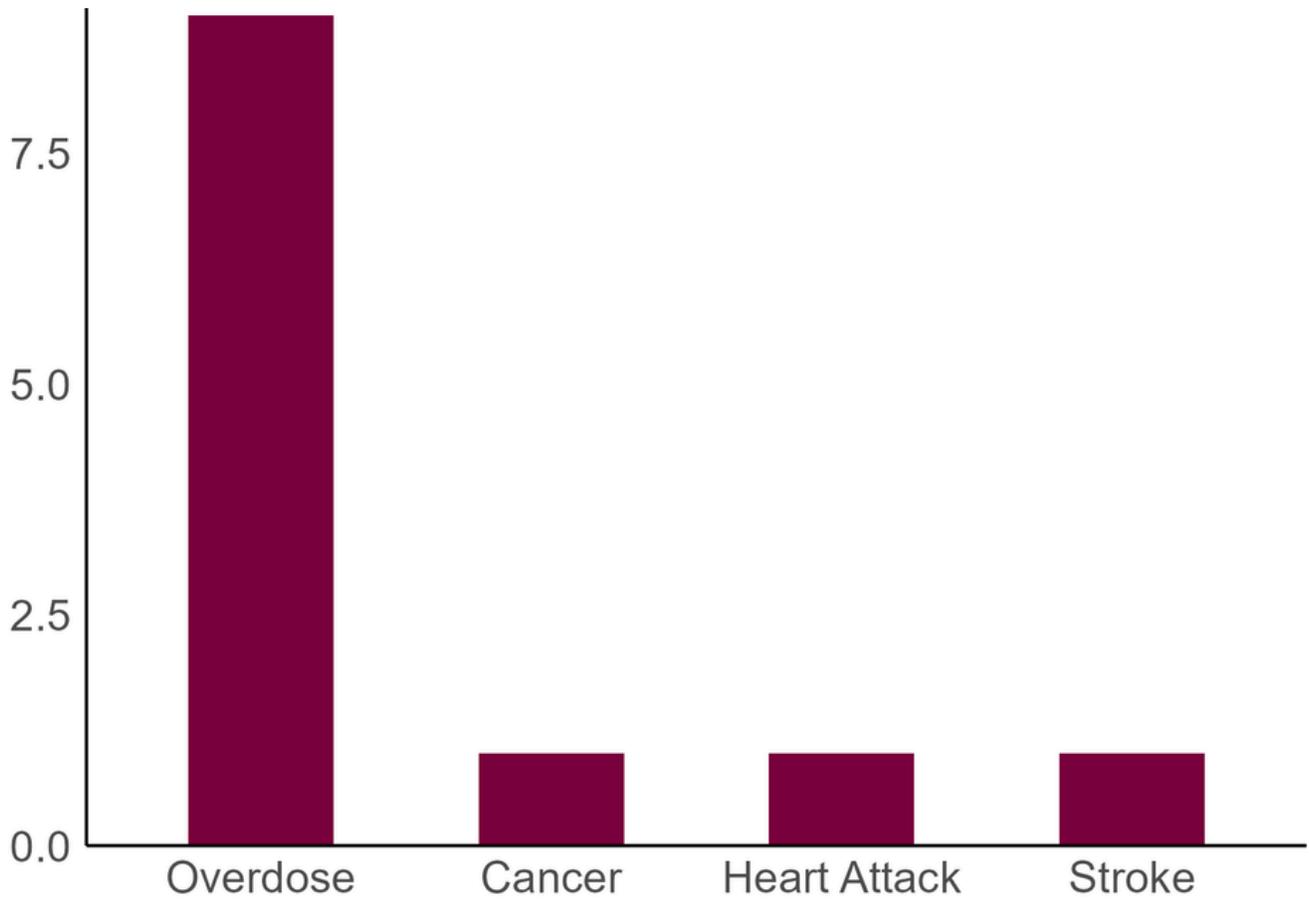


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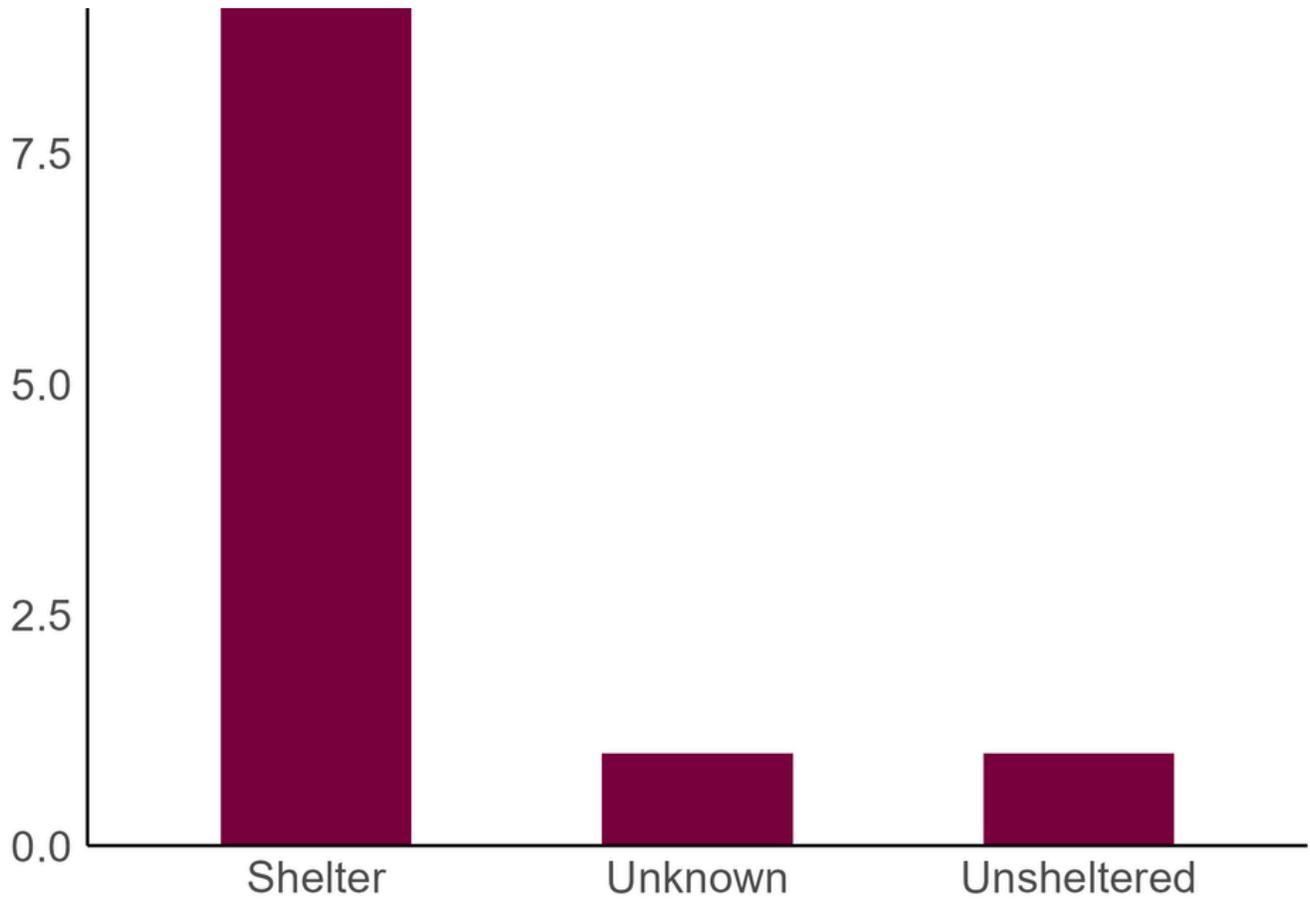


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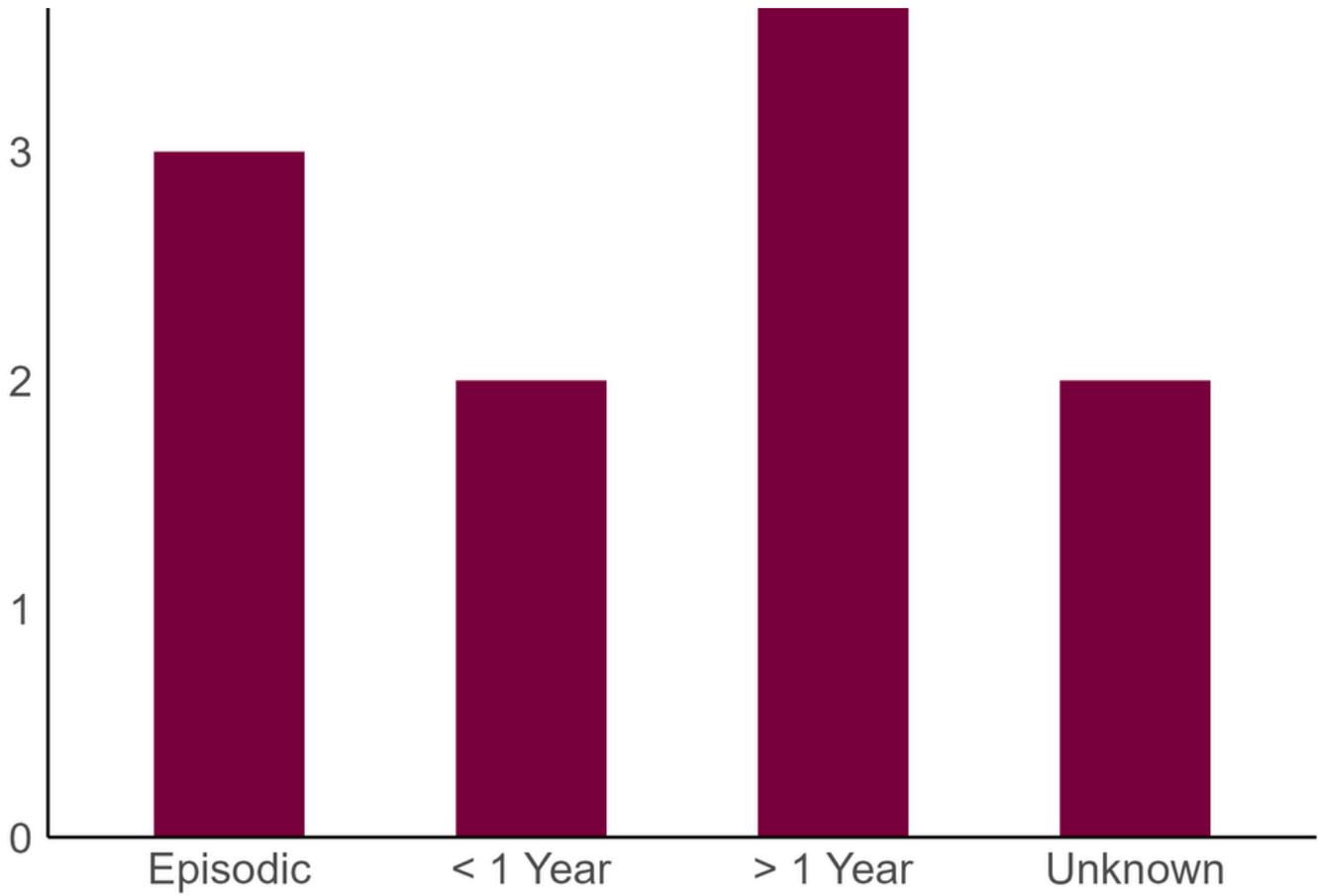


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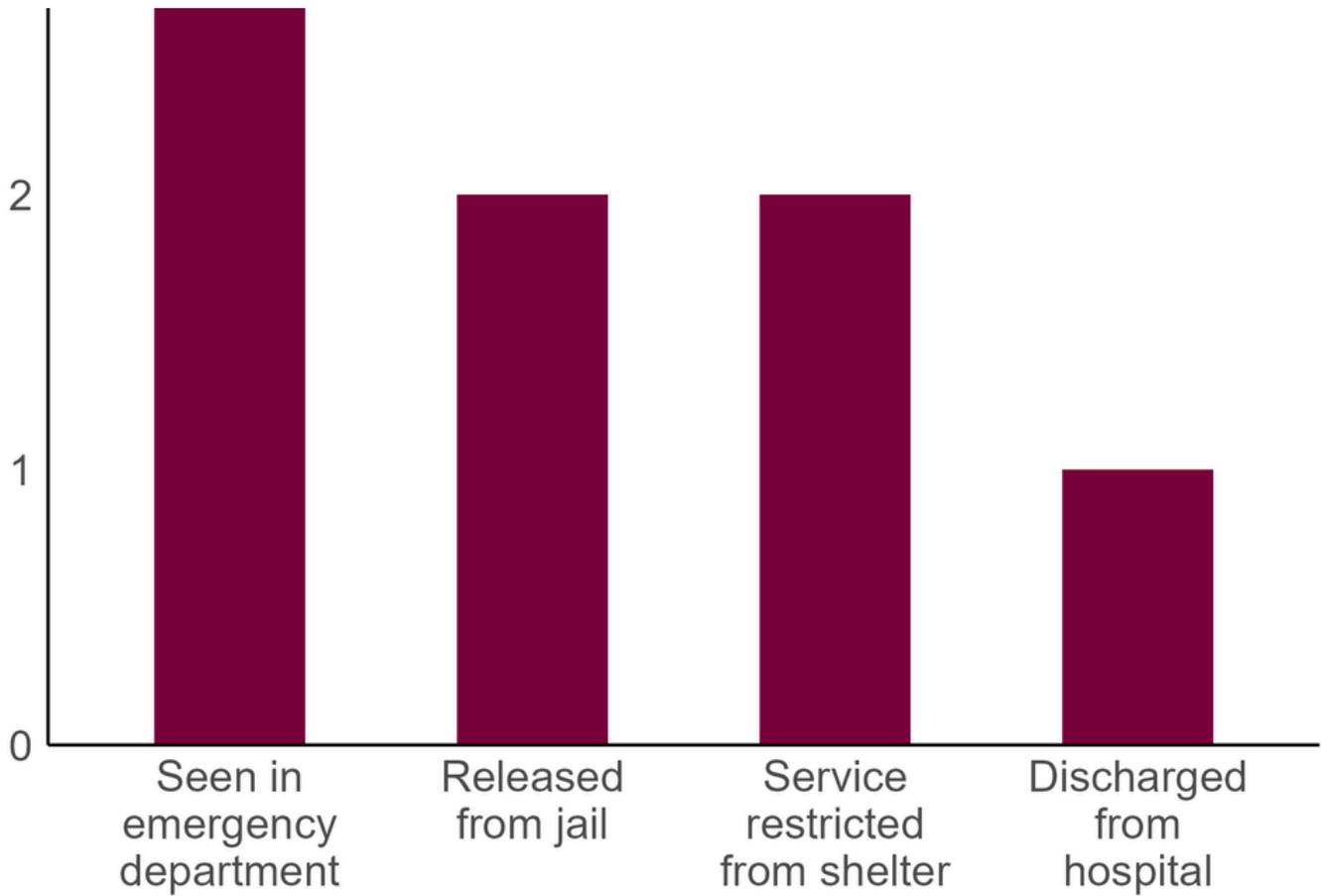


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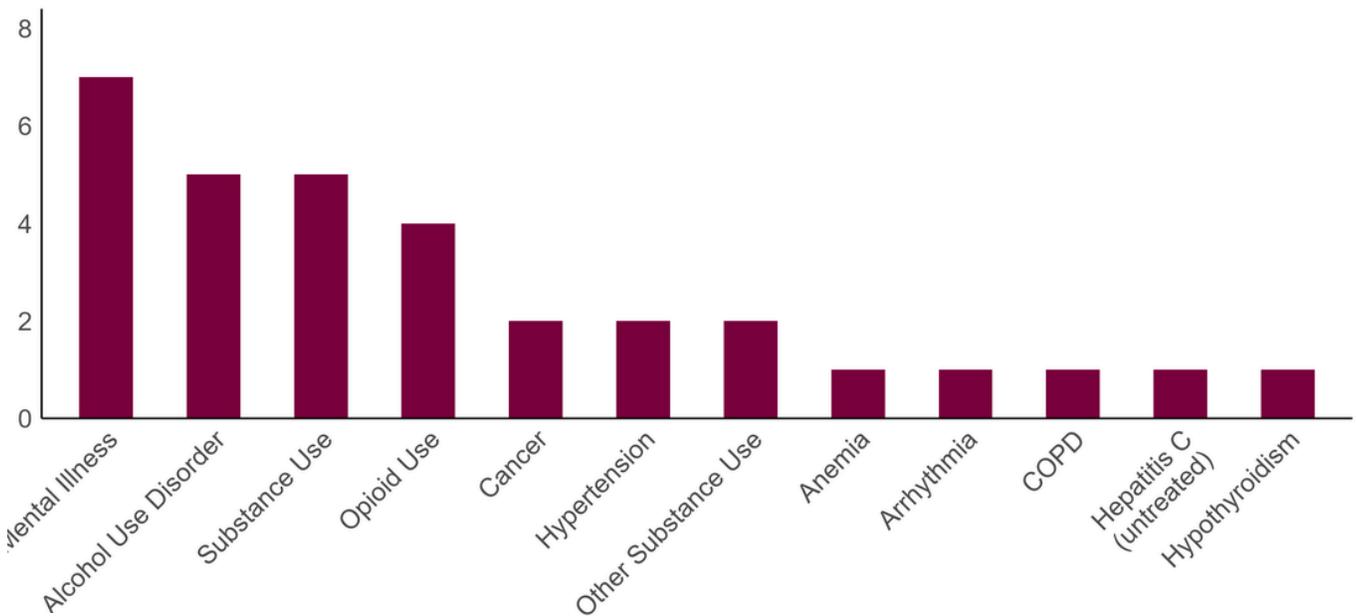
A2428

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# DEATHS IN THE HAMILTON HOMELESS POPULATION



## Comorbid Conditions



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A6714

# DEATHS IN THE HAMILTON HOMELESS POPULATION

A2430

A6715

# DEATHS IN THE HAMILTON HOMELESS POPULATION

## June - November 2022

**Total reported deaths: 22\***

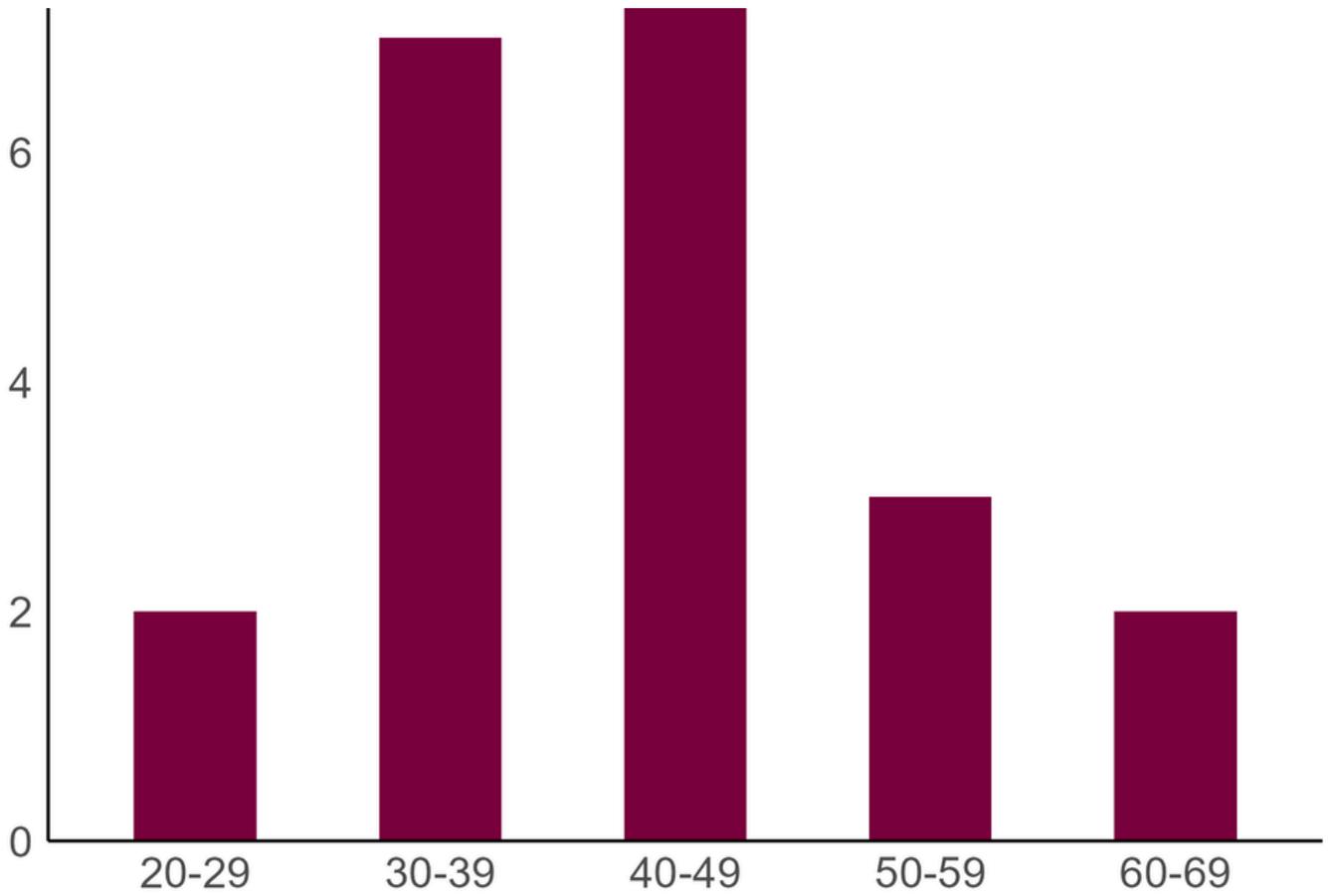
\* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

*Average age at time of death:*

**43 years old**

A6716

# DEATHS IN THE HAMILTON HOMELESS POPULATION

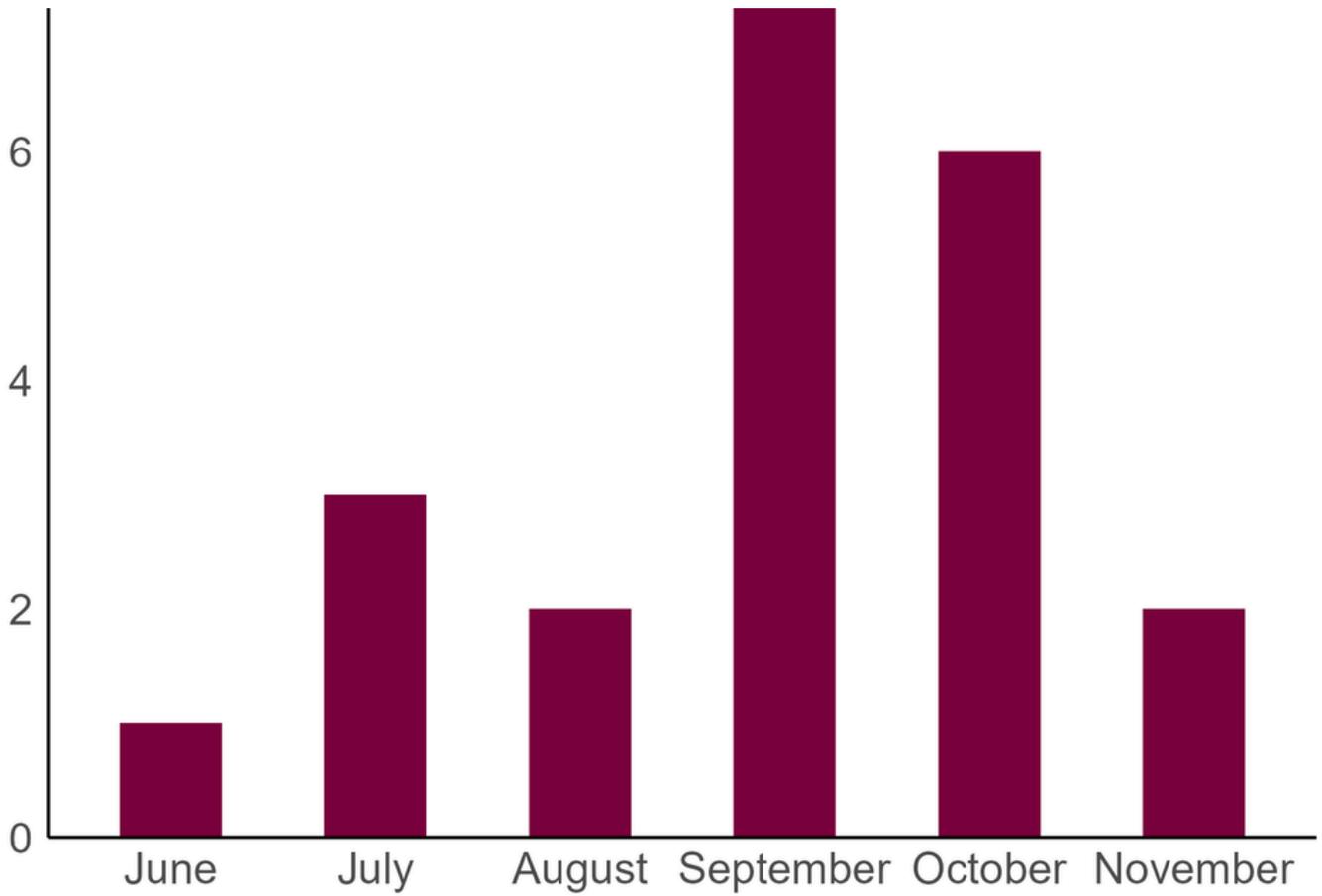


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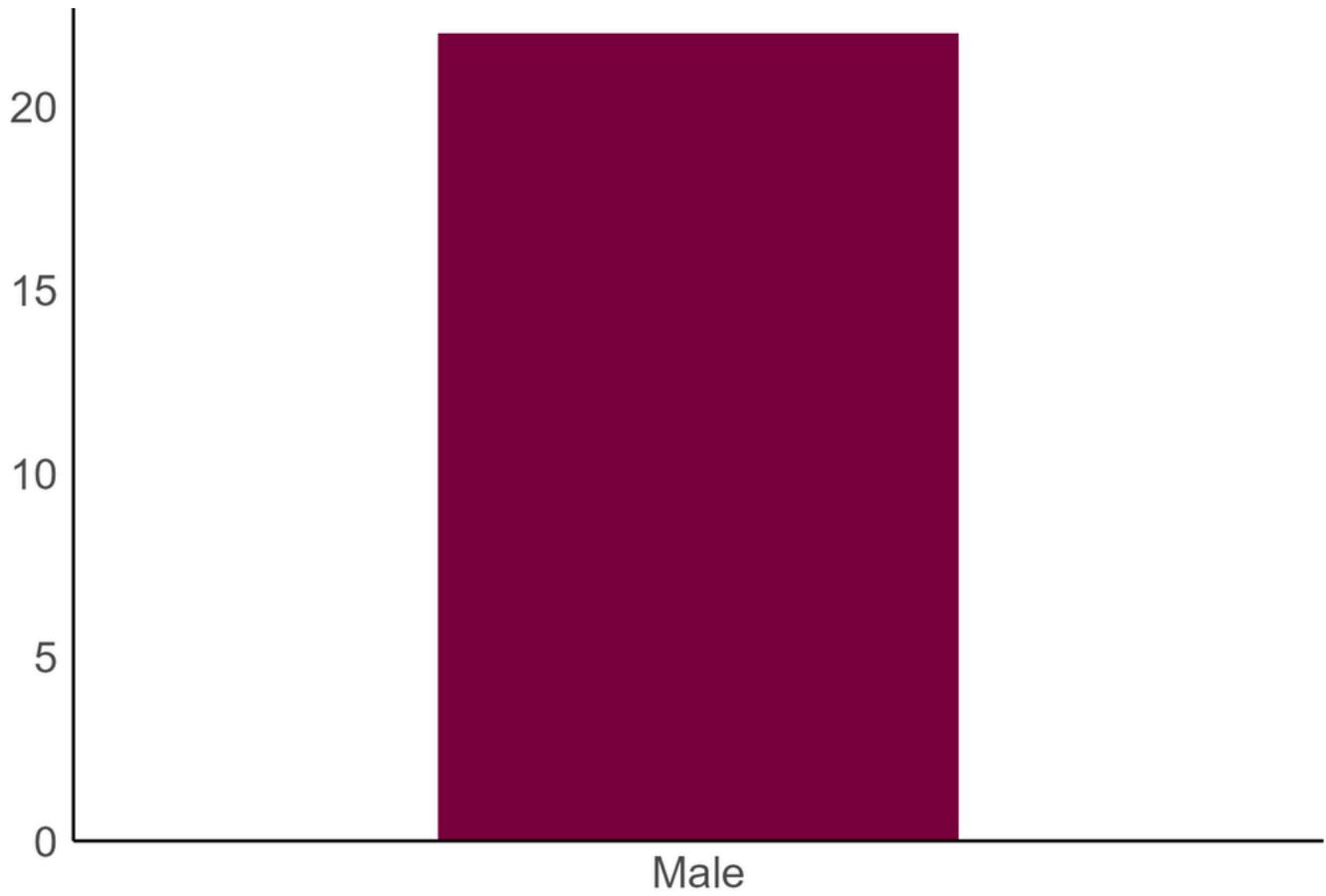


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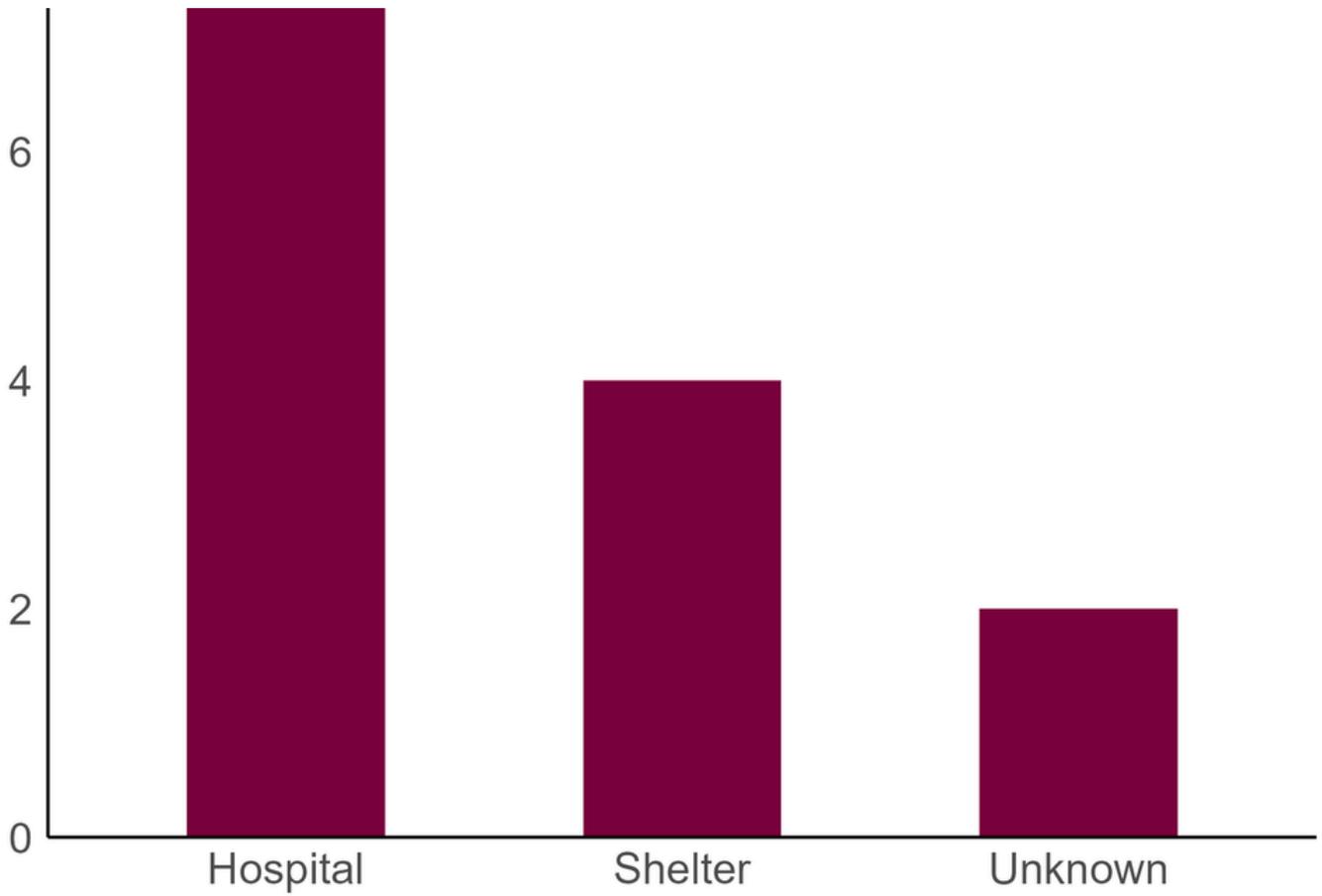


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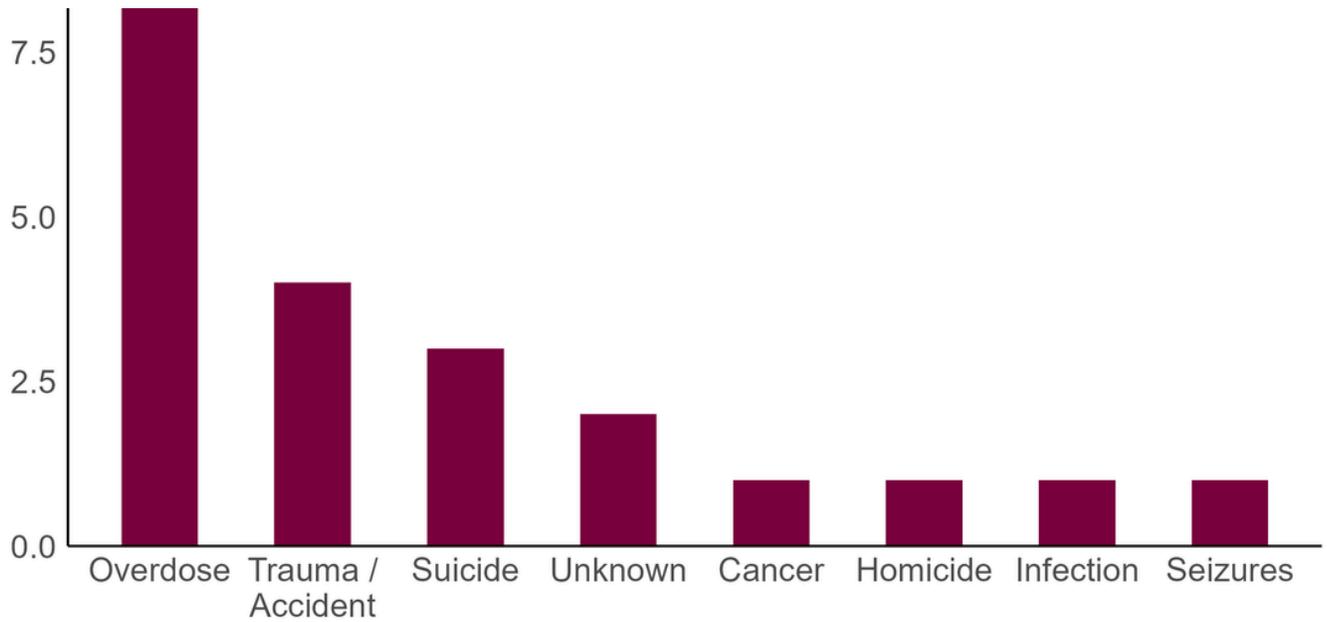


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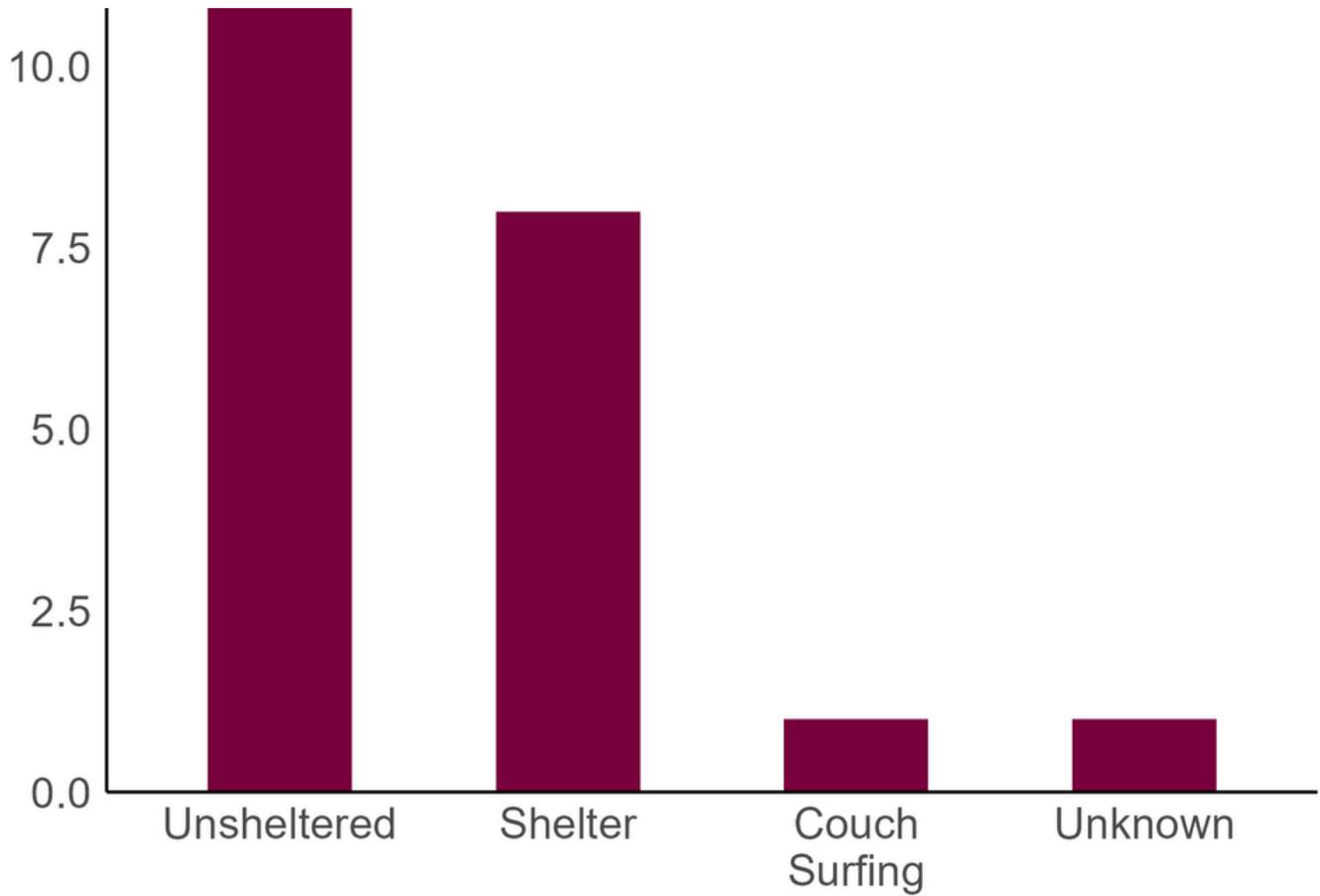


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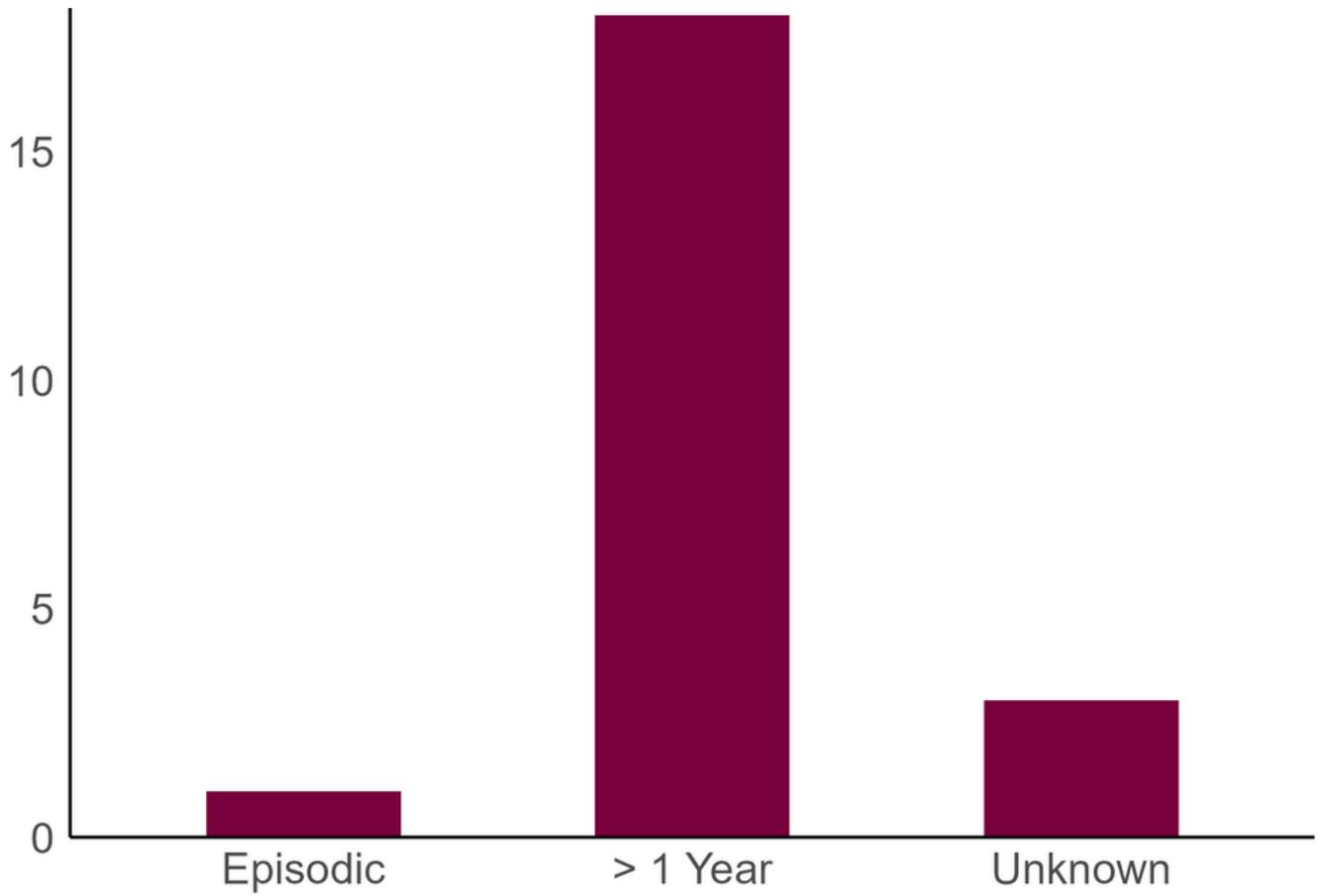


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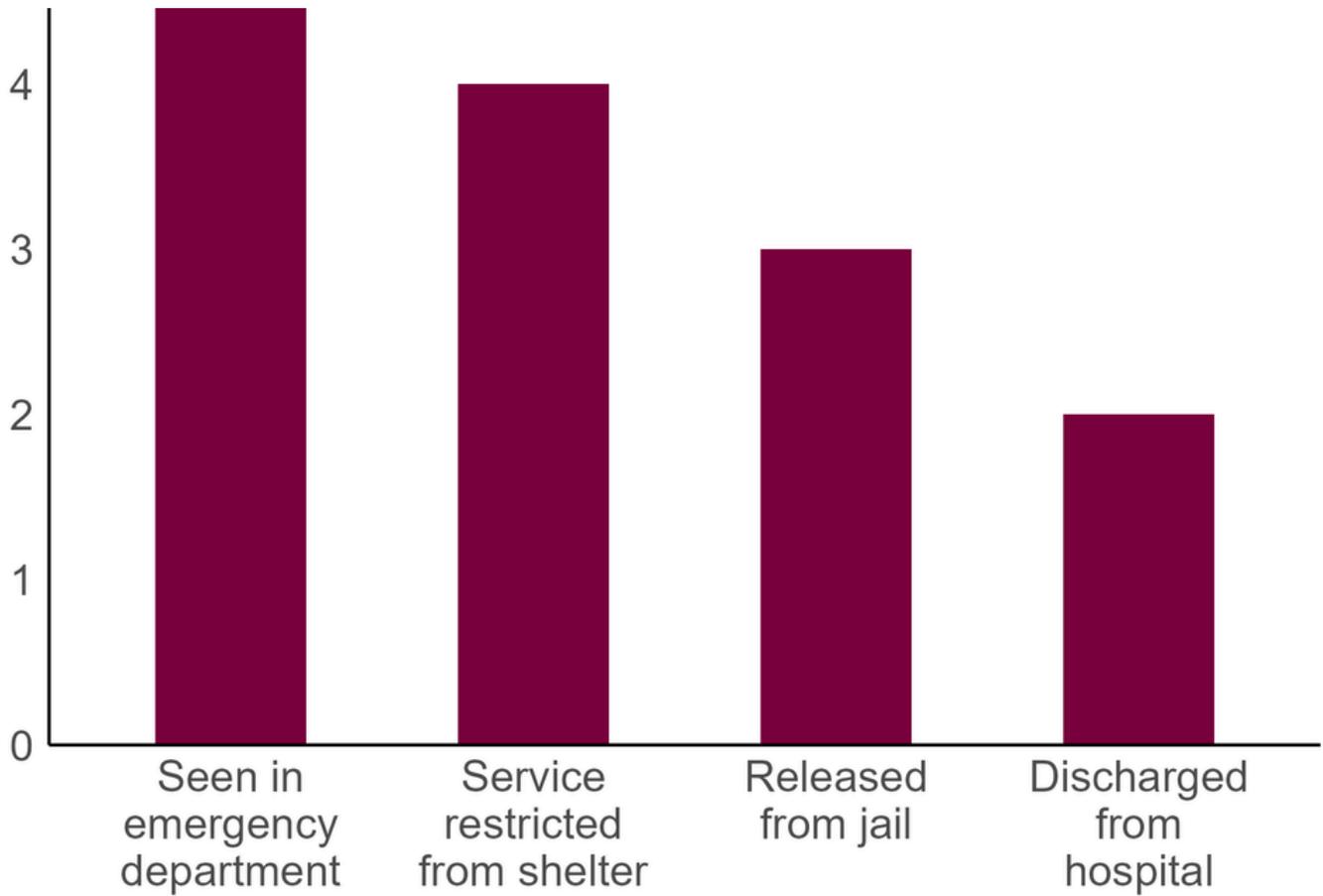


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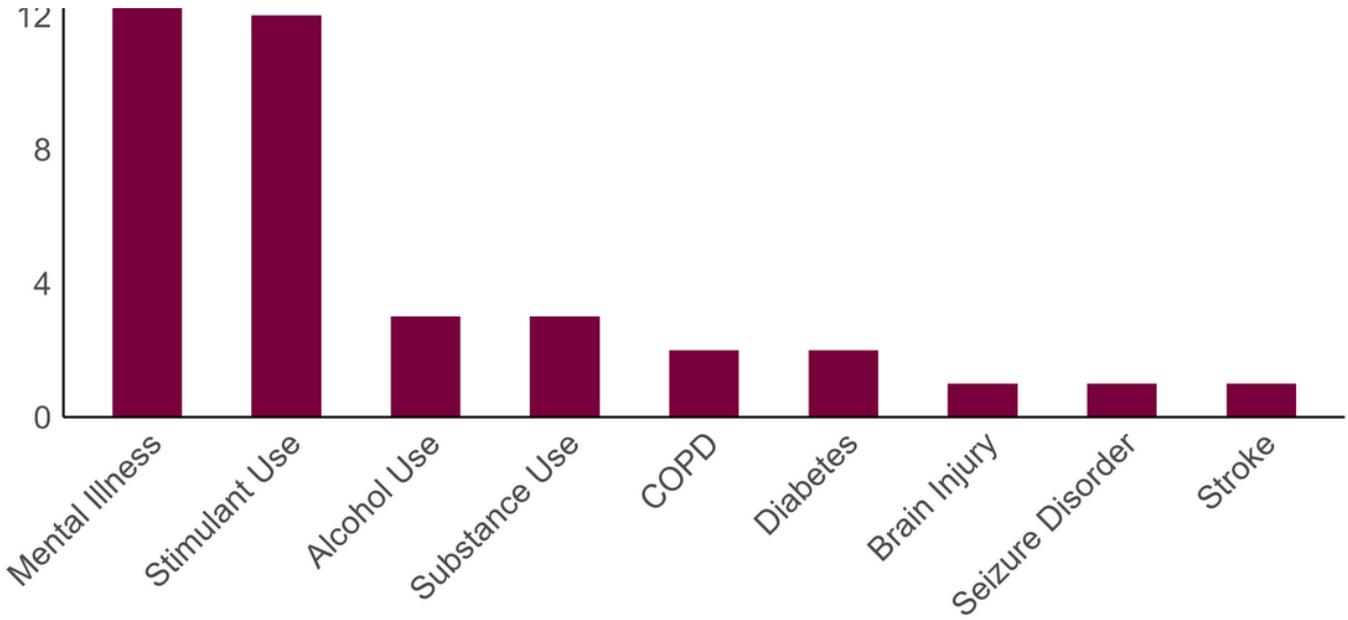


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# DEATHS IN THE HAMILTON HOMELESS POPULATION



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# DEATHS IN THE HAMILTON HOMELESS POPULATION

## December 2022 - May 2023

**Total reported deaths: 14\***

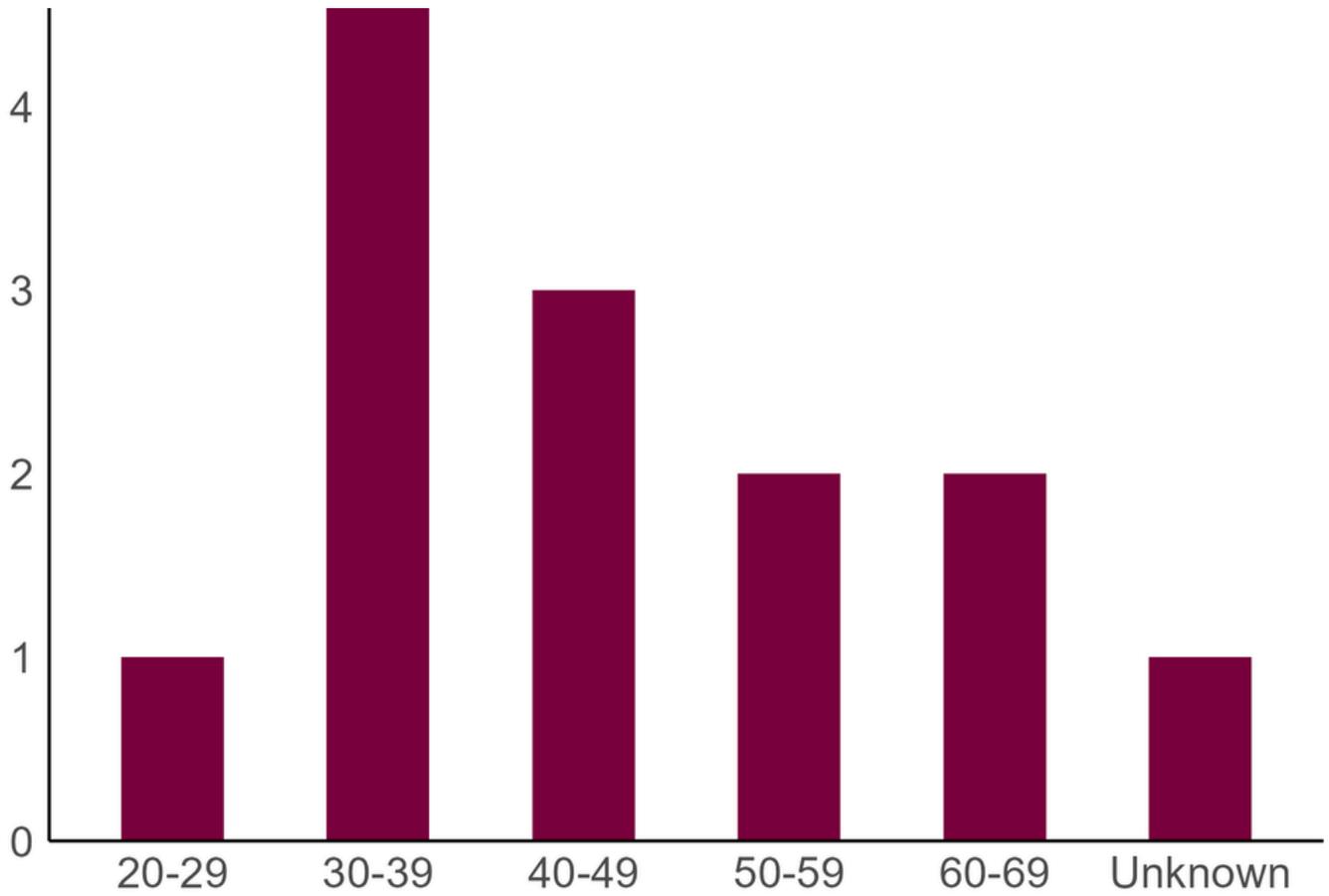
\* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

*Average age at time of death:*

**43 years old**

A6726

# DEATHS IN THE HAMILTON HOMELESS POPULATION

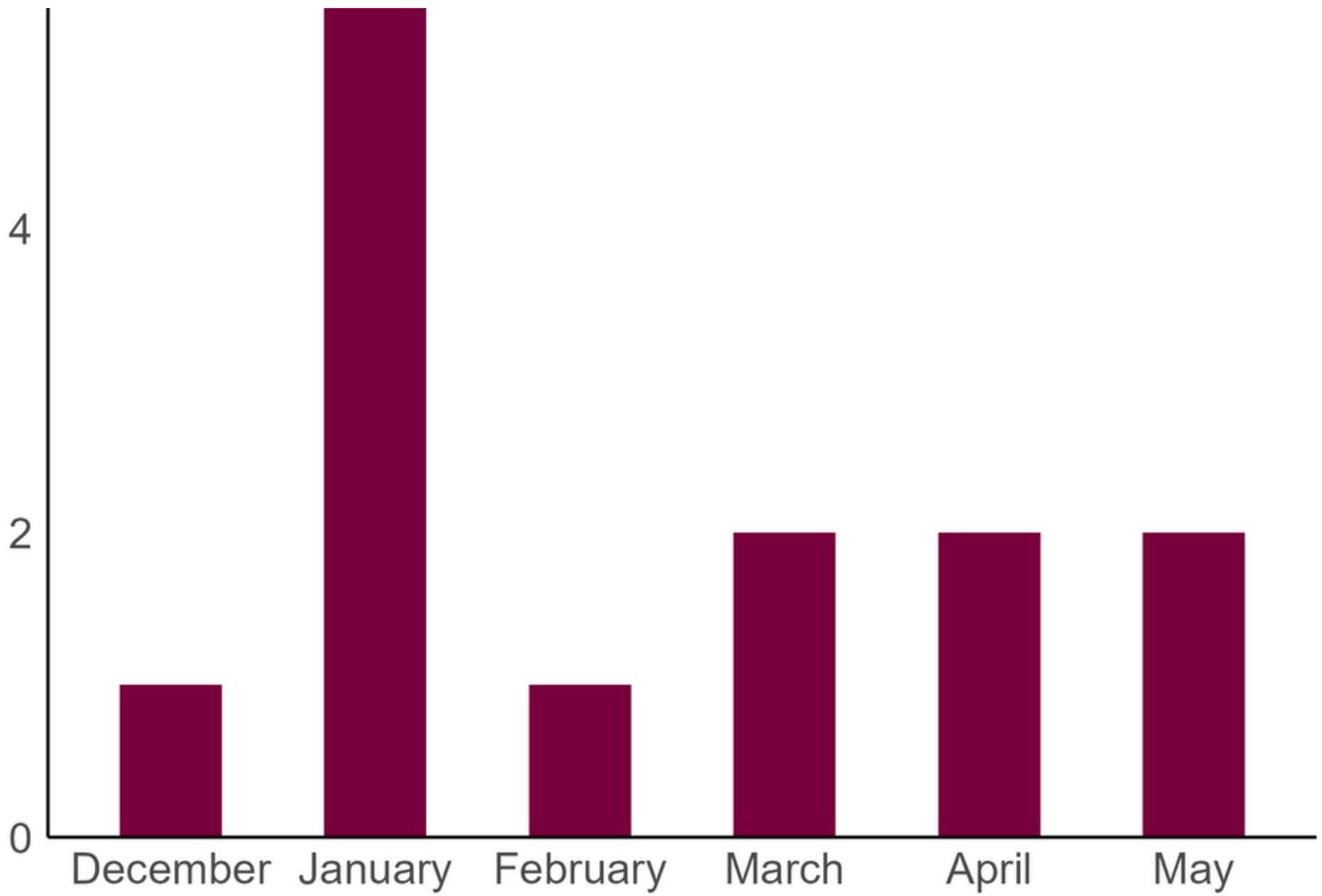


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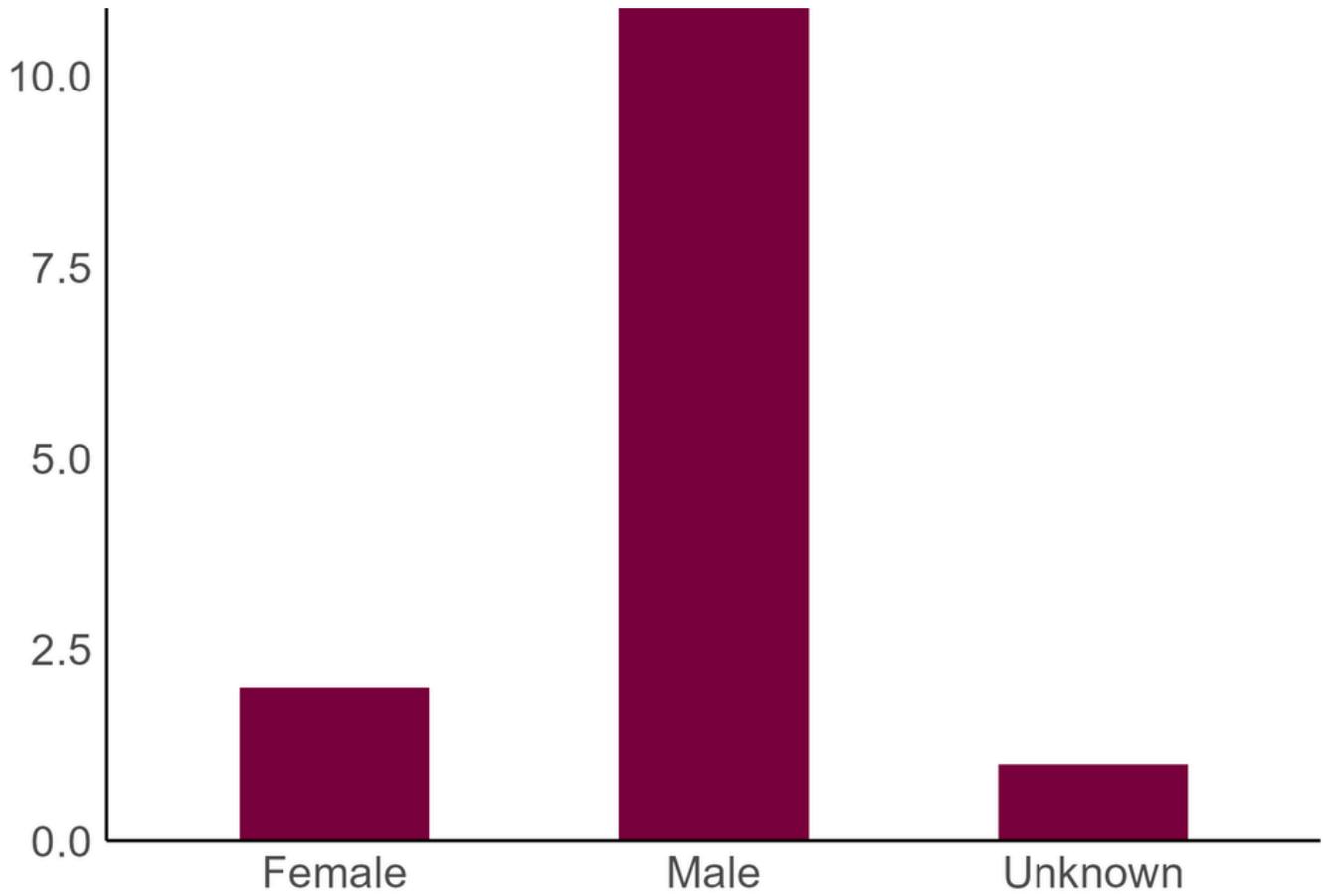


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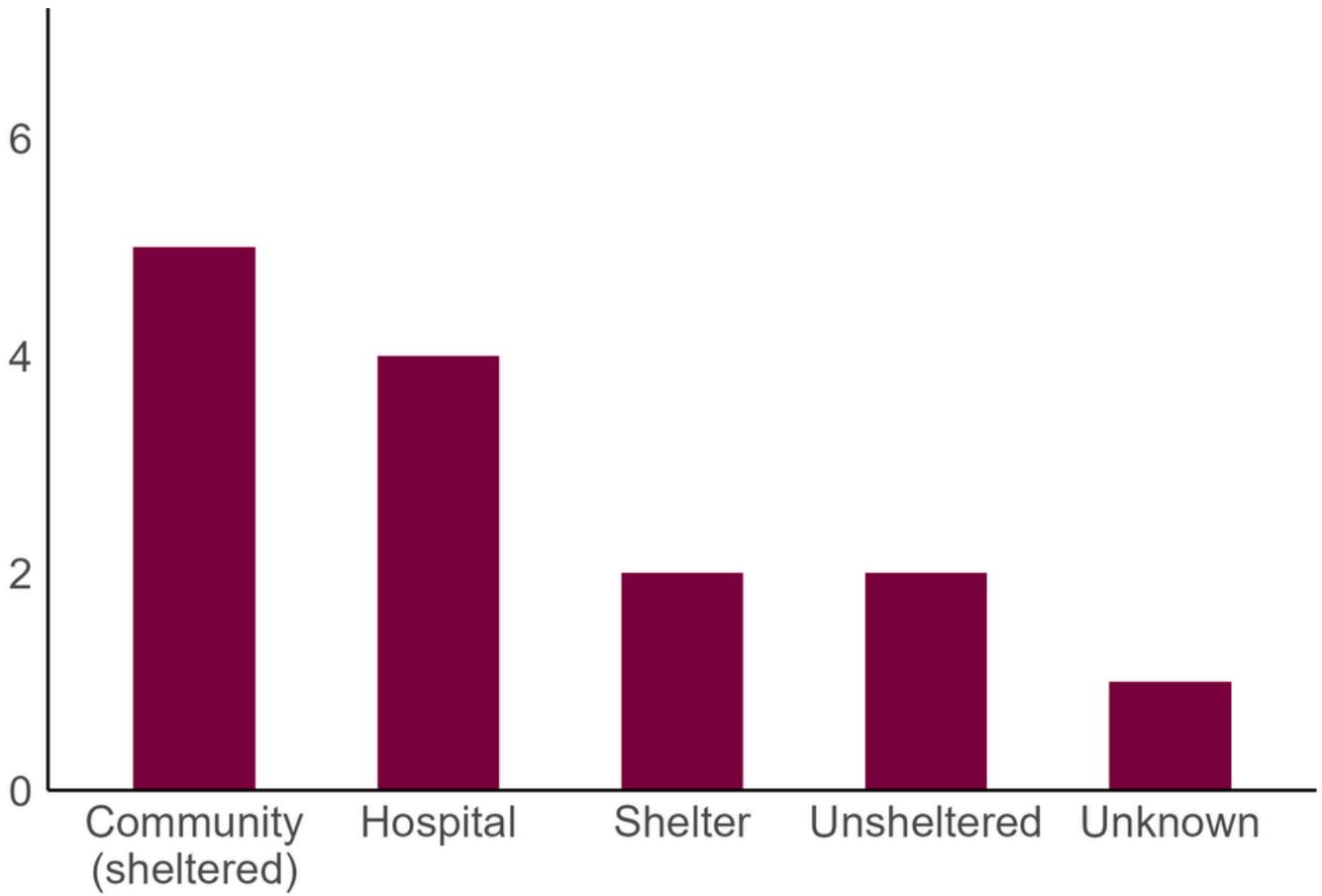


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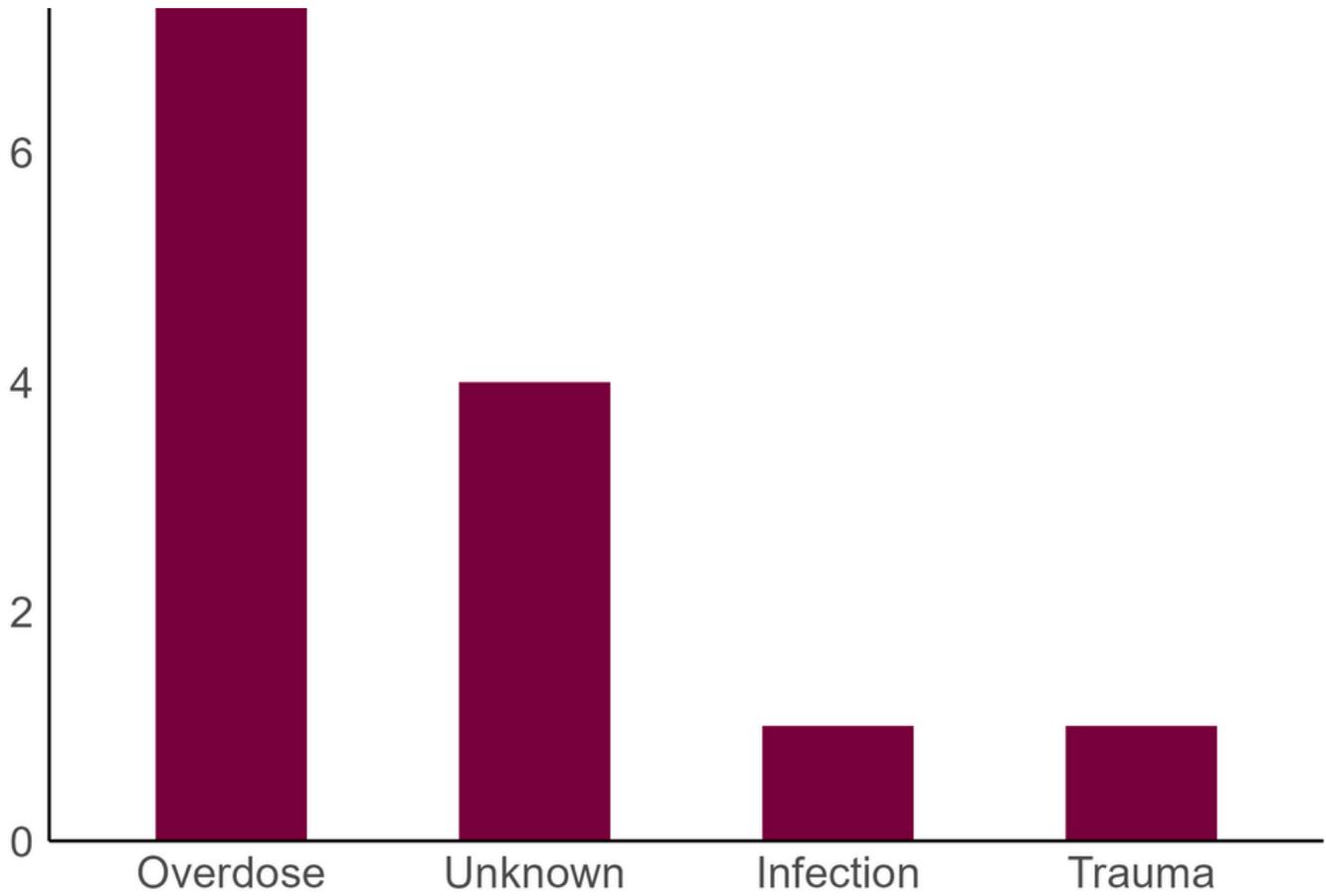


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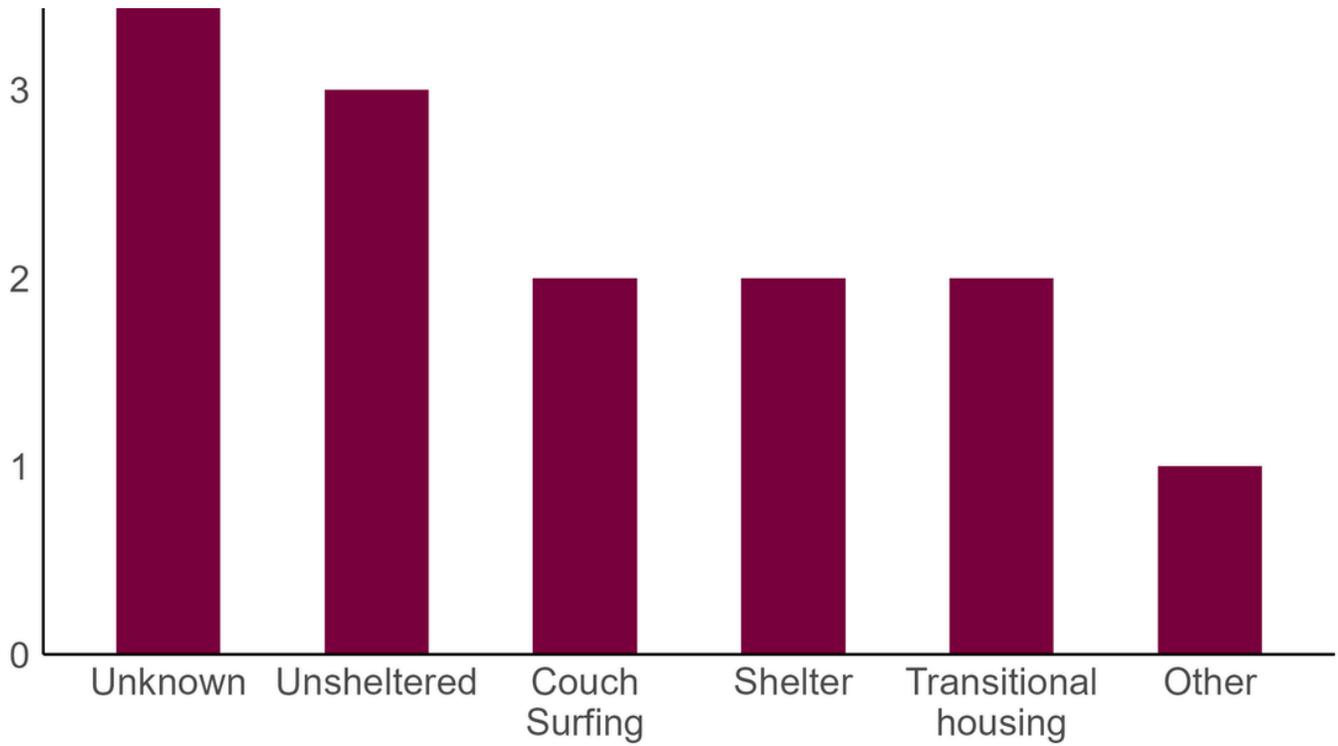


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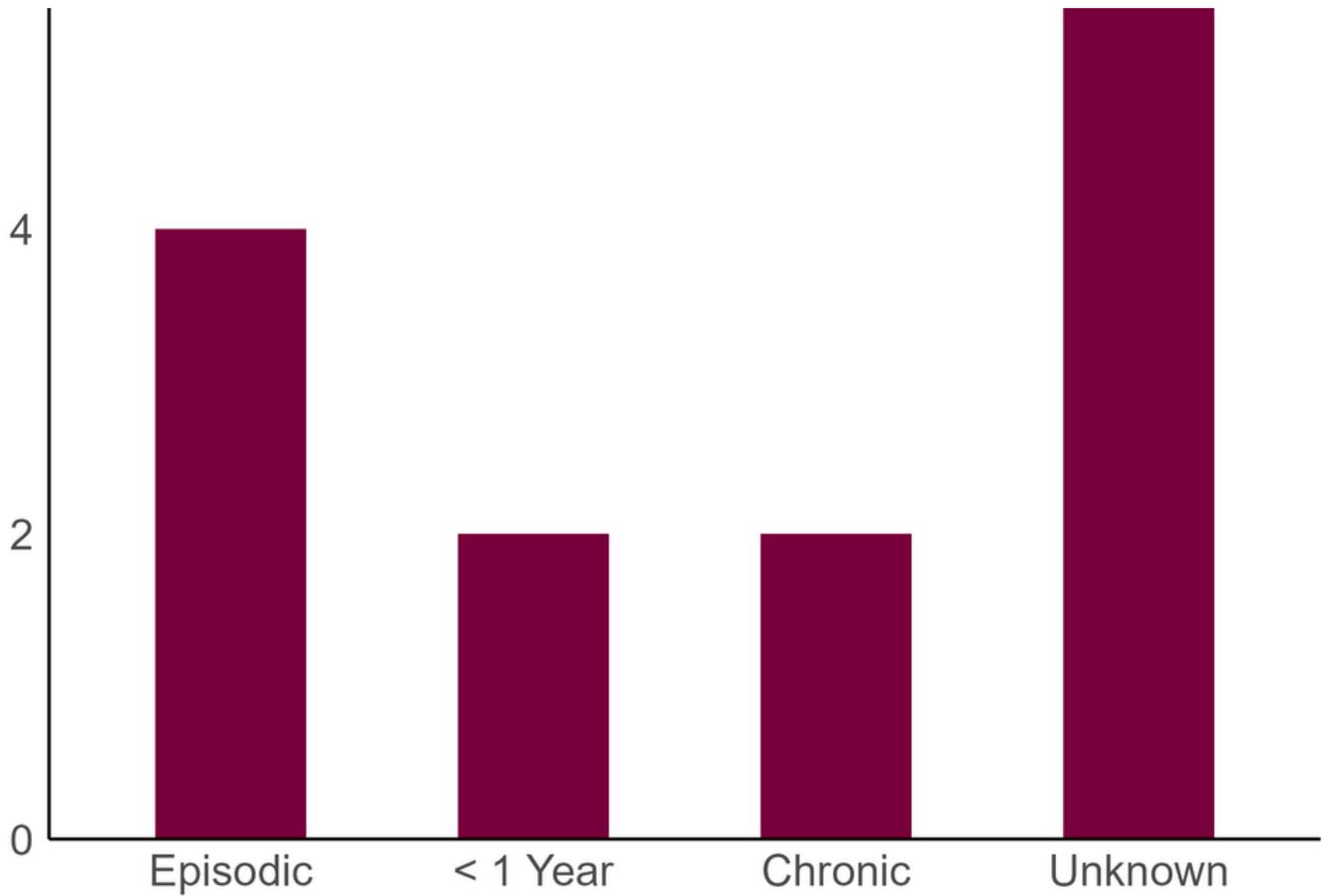


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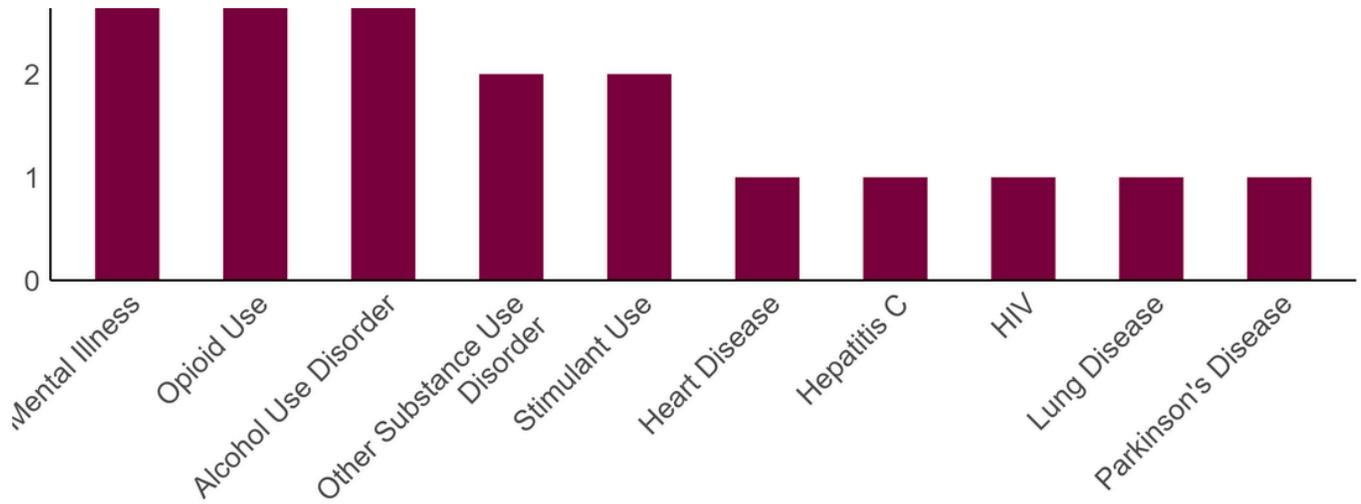


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# DEATHS IN THE HAMILTON HOMELESS POPULATION



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# DEATHS IN THE HAMILTON HOMELESS POPULATION

## June - November 2023

**Total reported deaths: 21\***

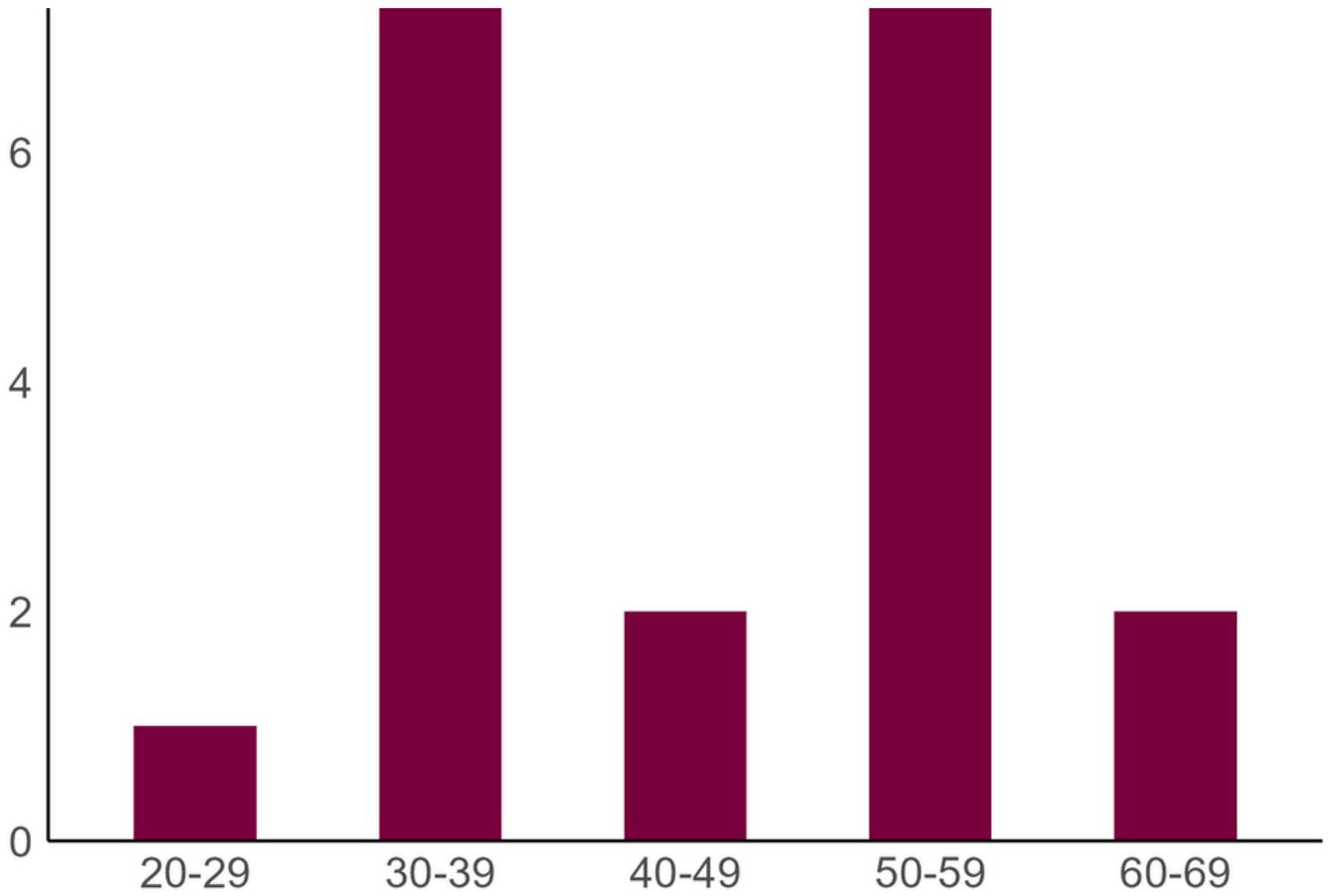
\* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

*Average age at time of death:*

**46 years old**

A6735

# DEATHS IN THE HAMILTON HOMELESS POPULATION

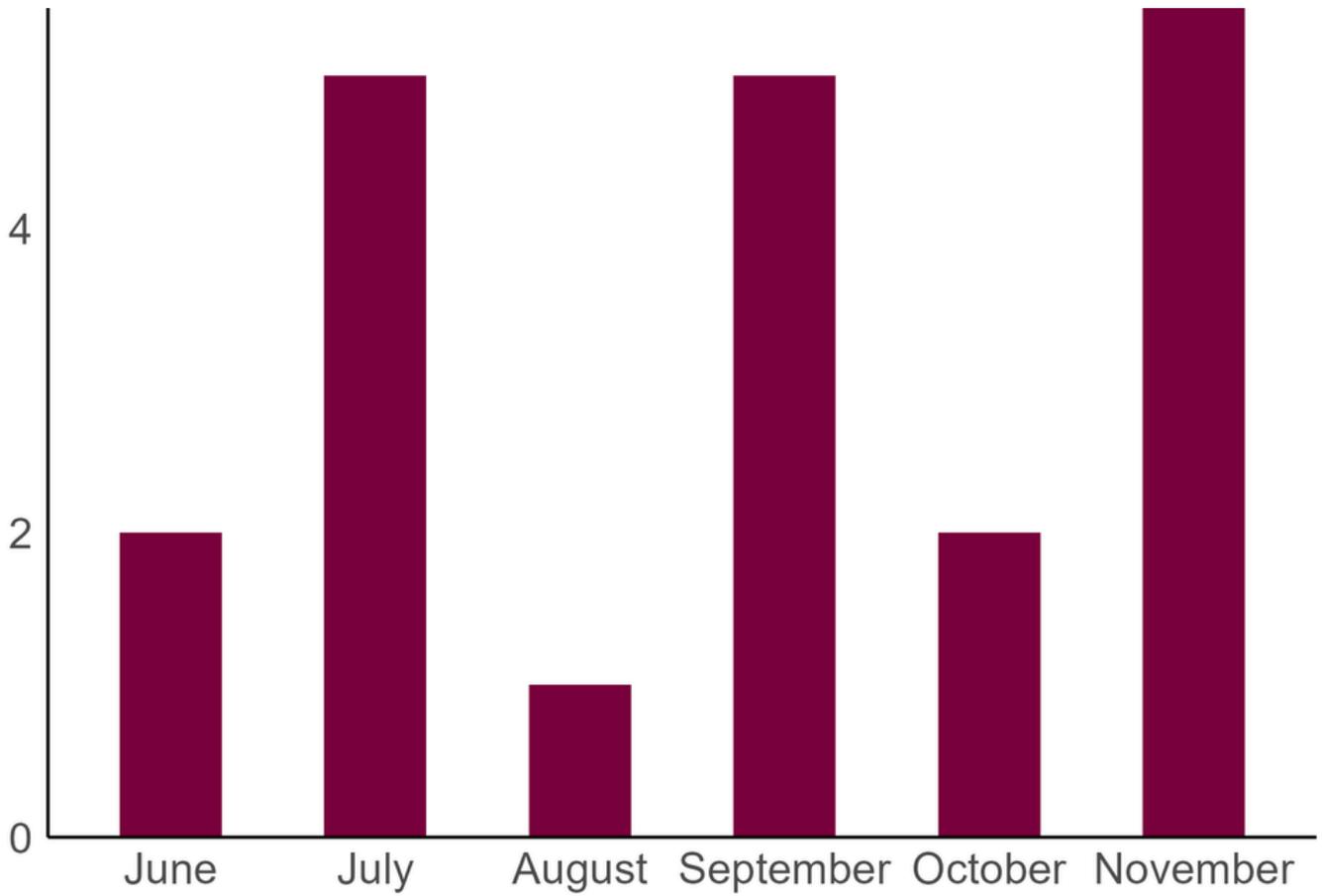


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A6736

# DEATHS IN THE HAMILTON HOMELESS POPULATION

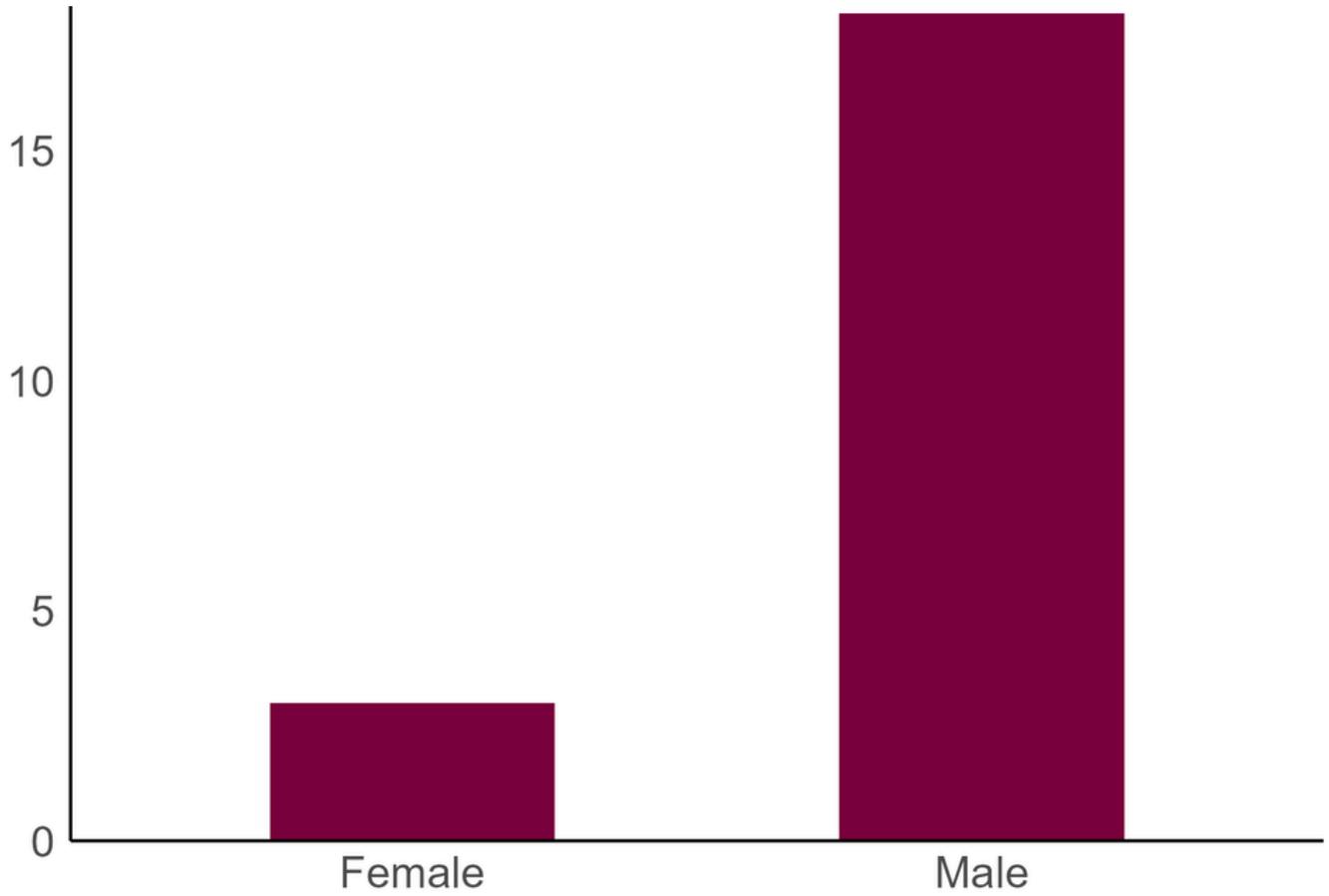


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A6737

# DEATHS IN THE HAMILTON HOMELESS POPULATION

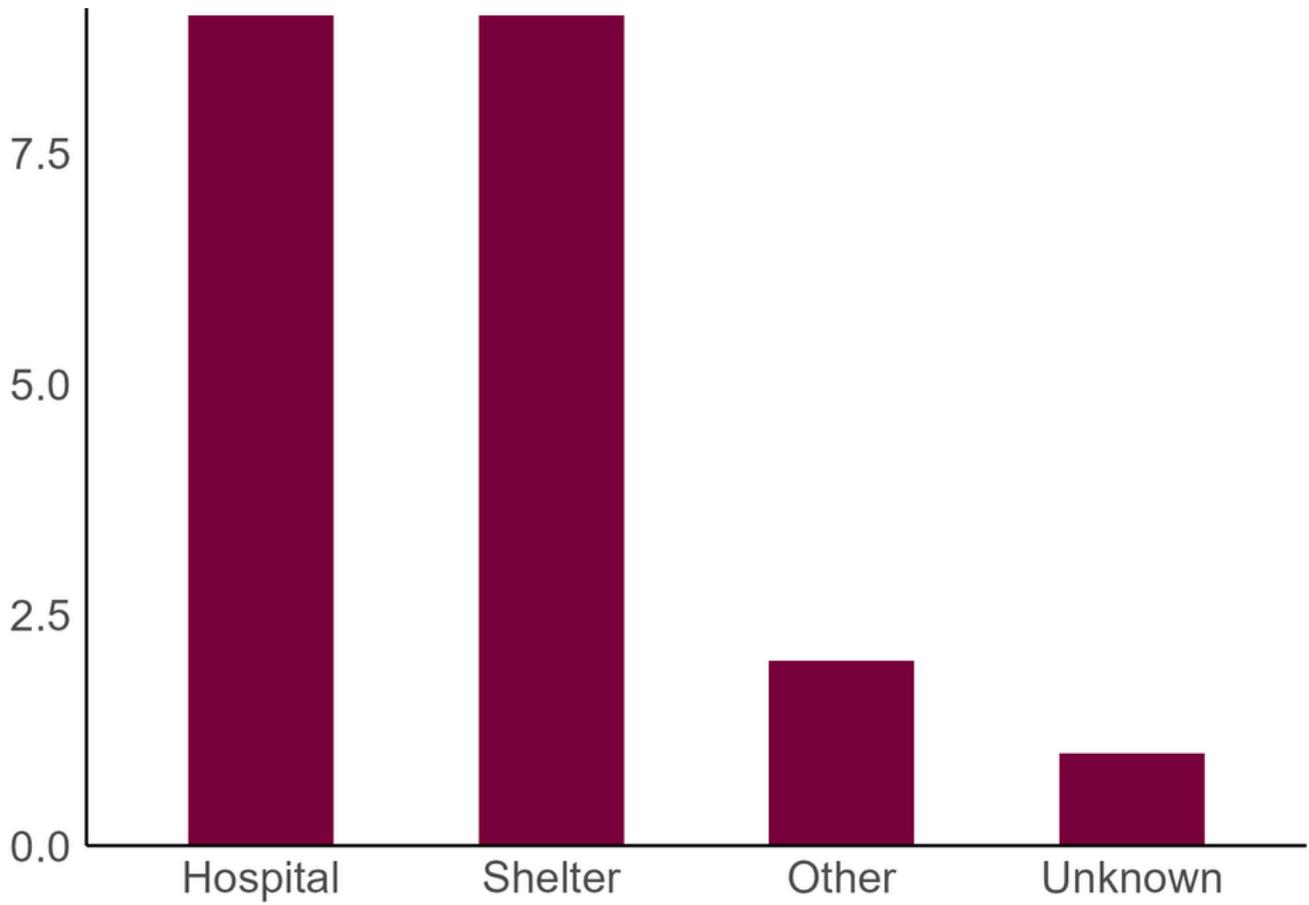


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A6738

# DEATHS IN THE HAMILTON HOMELESS POPULATION

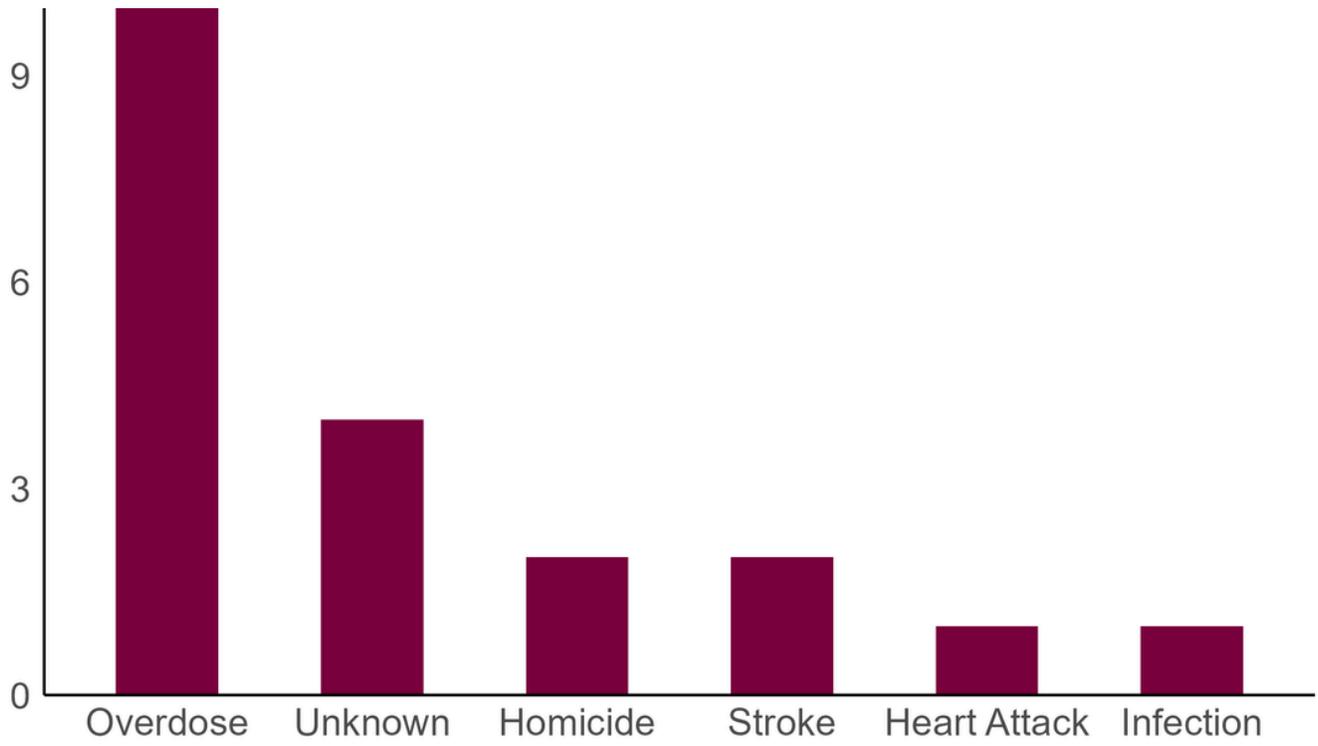


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A6739

# DEATHS IN THE HAMILTON HOMELESS POPULATION

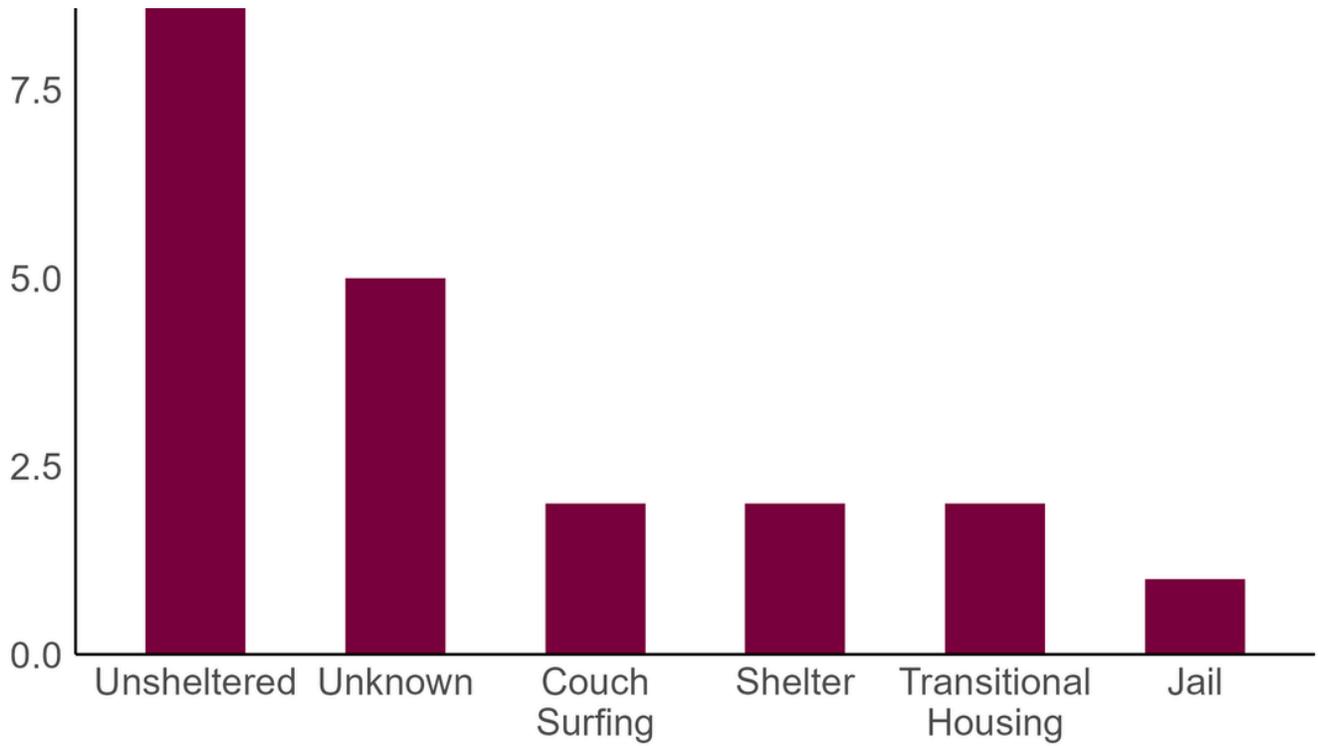


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A6740

# DEATHS IN THE HAMILTON HOMELESS POPULATION

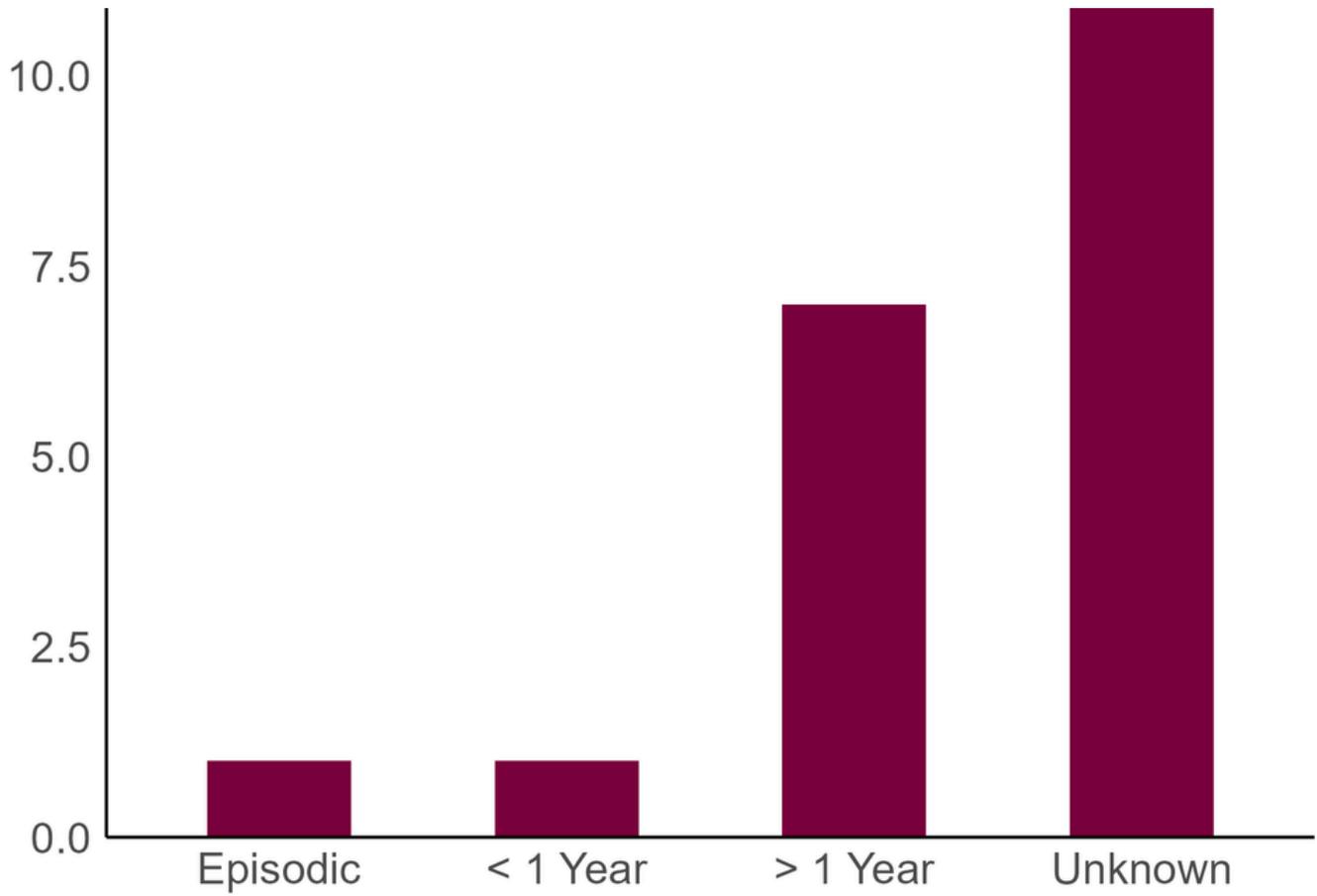


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A6741

# DEATHS IN THE HAMILTON HOMELESS POPULATION

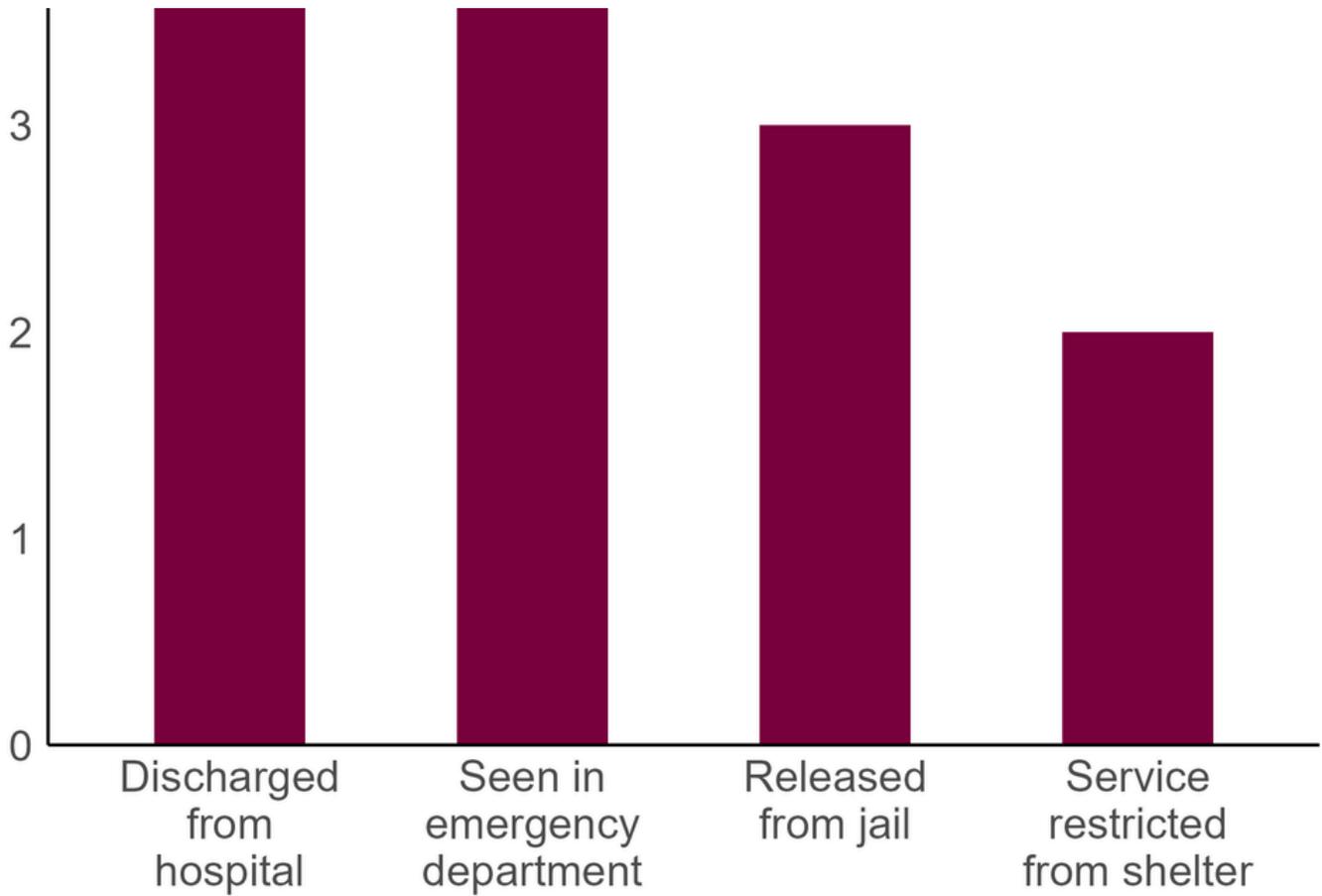


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A6742

# DEATHS IN THE HAMILTON HOMELESS POPULATION

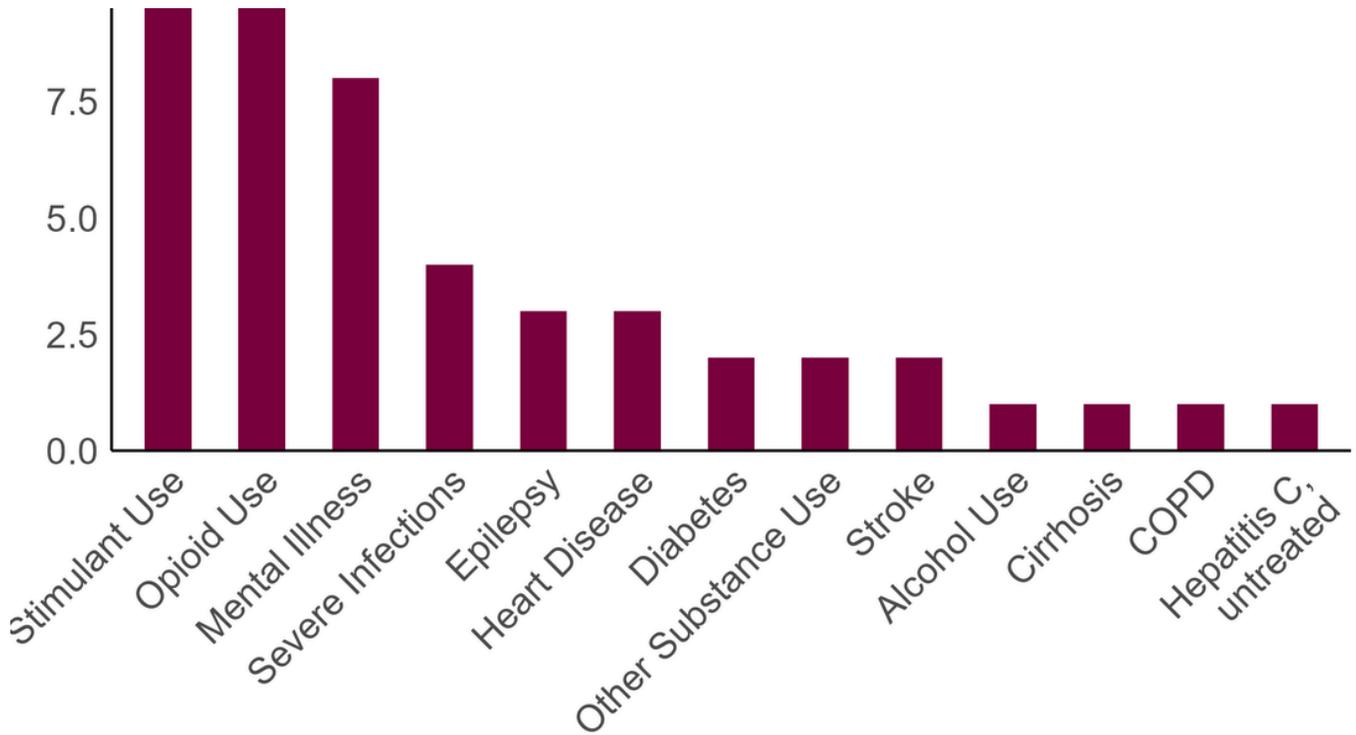


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A6743

# 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\***

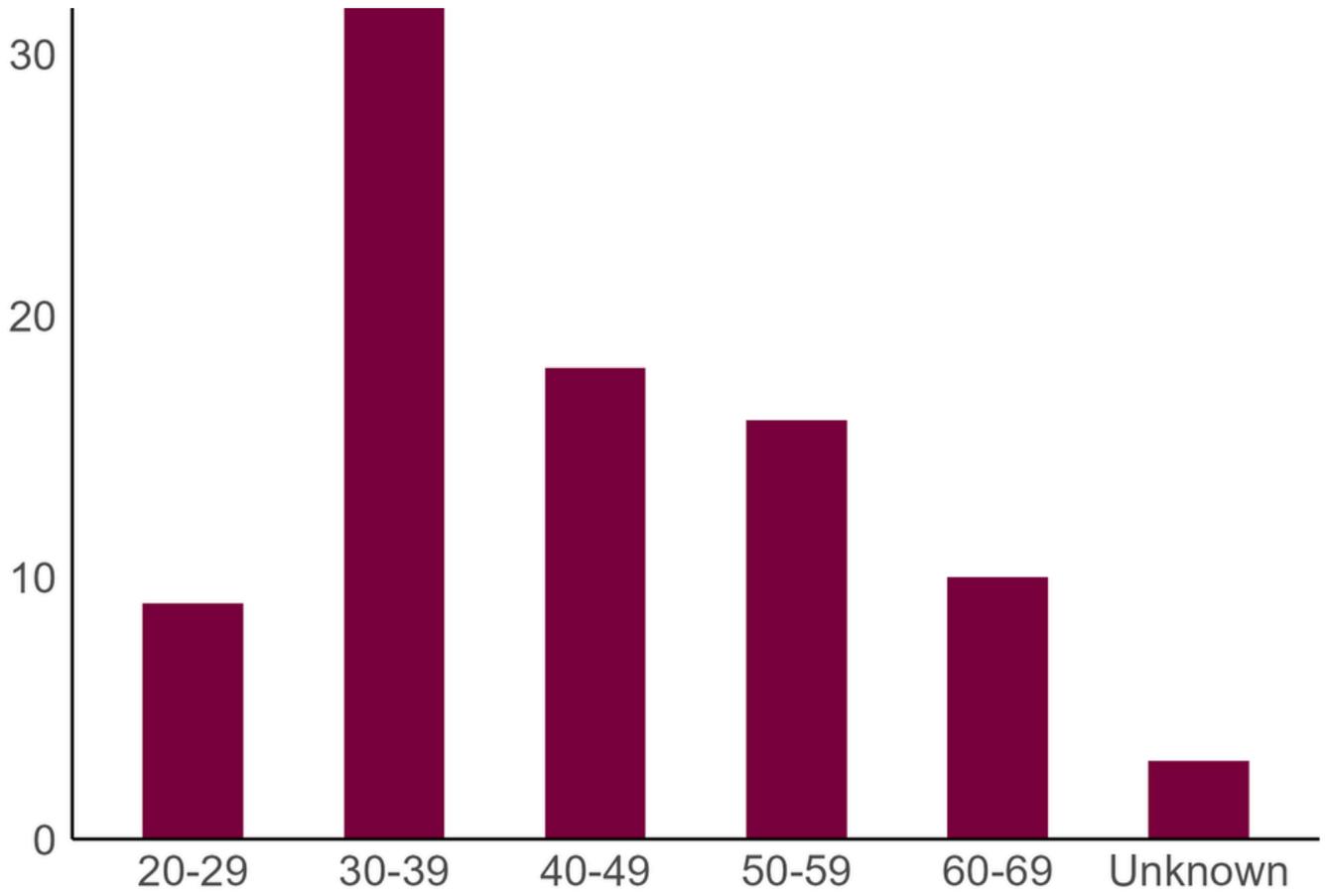
\* Please note that this is pending report from the Office of the Chief Coroner and additional deaths for this time period may be reported on this webpage at a later date.

*Average age at time of death:*

**42 years old**

A6745

# DEATHS IN THE HAMILTON HOMELESS POPULATION

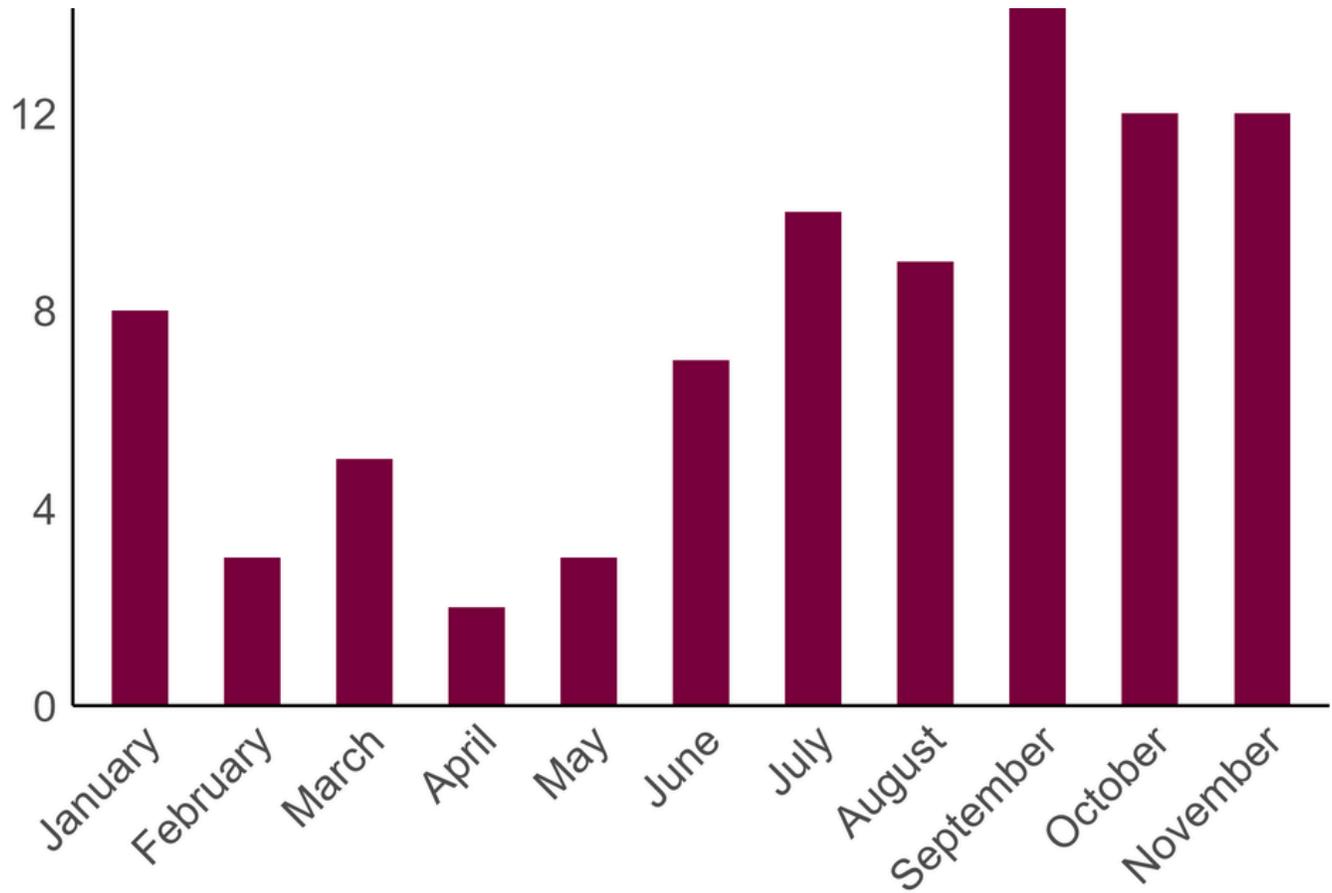


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A6746

# DEATHS IN THE HAMILTON HOMELESS POPULATION

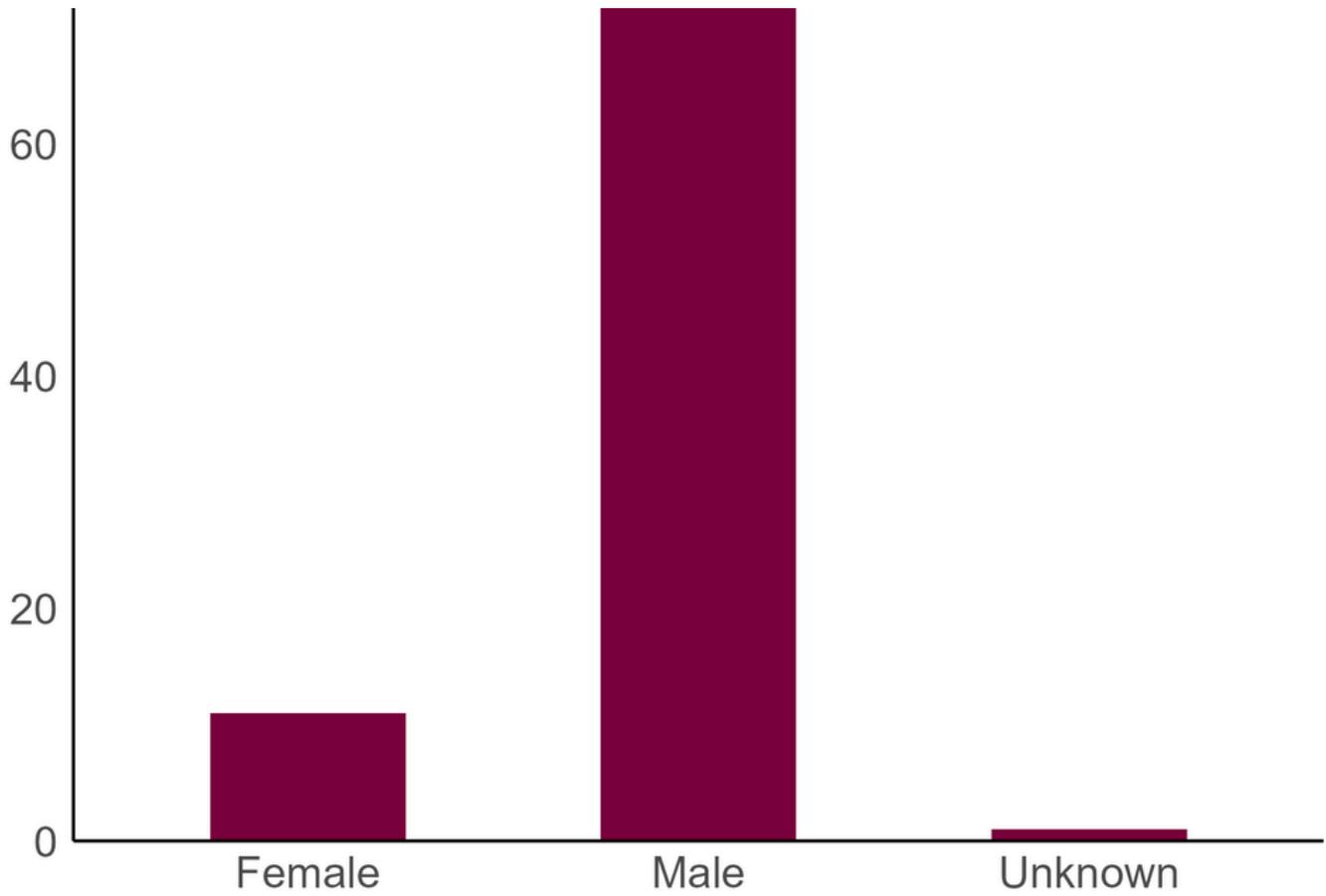


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# DEATHS IN THE HAMILTON HOMELESS POPULATION

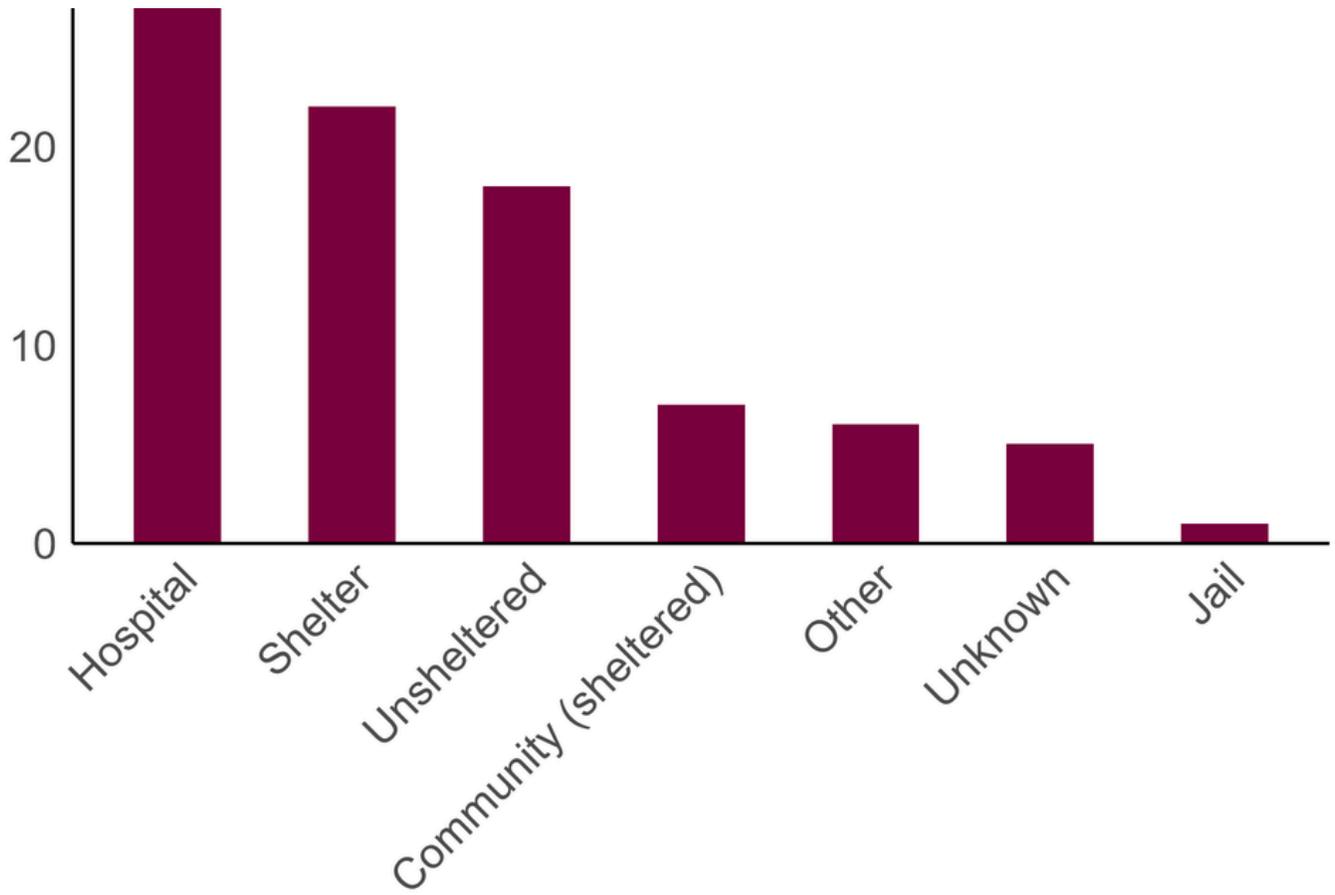


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# DEATHS IN THE HAMILTON HOMELESS POPULATION

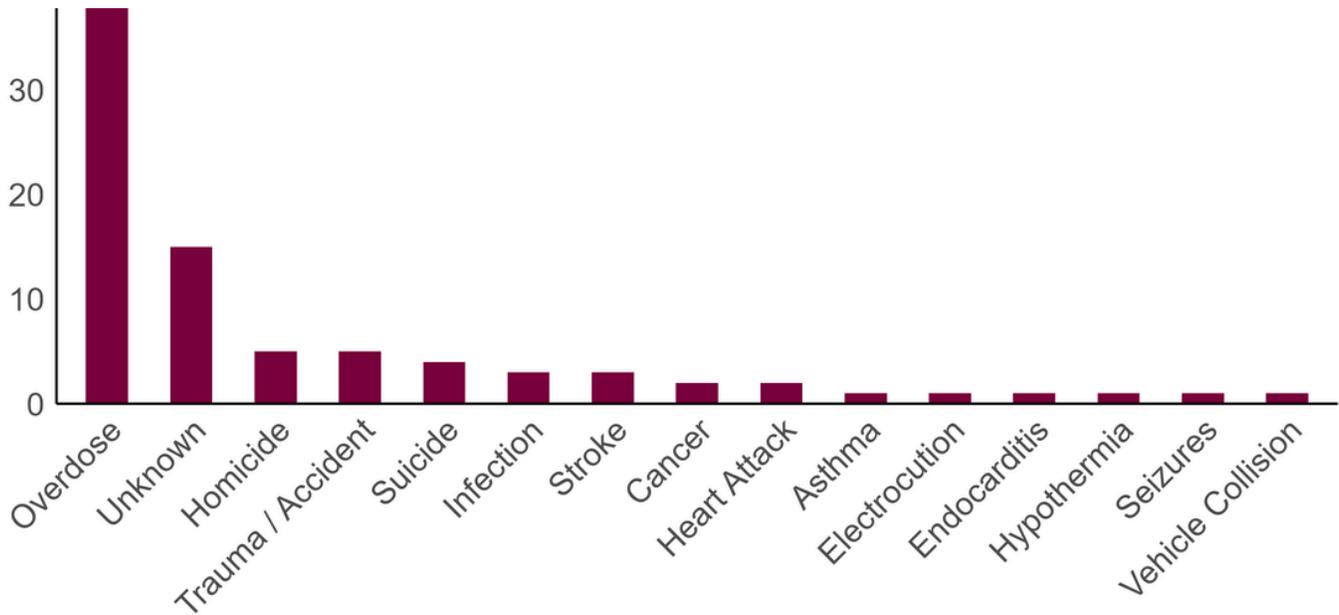


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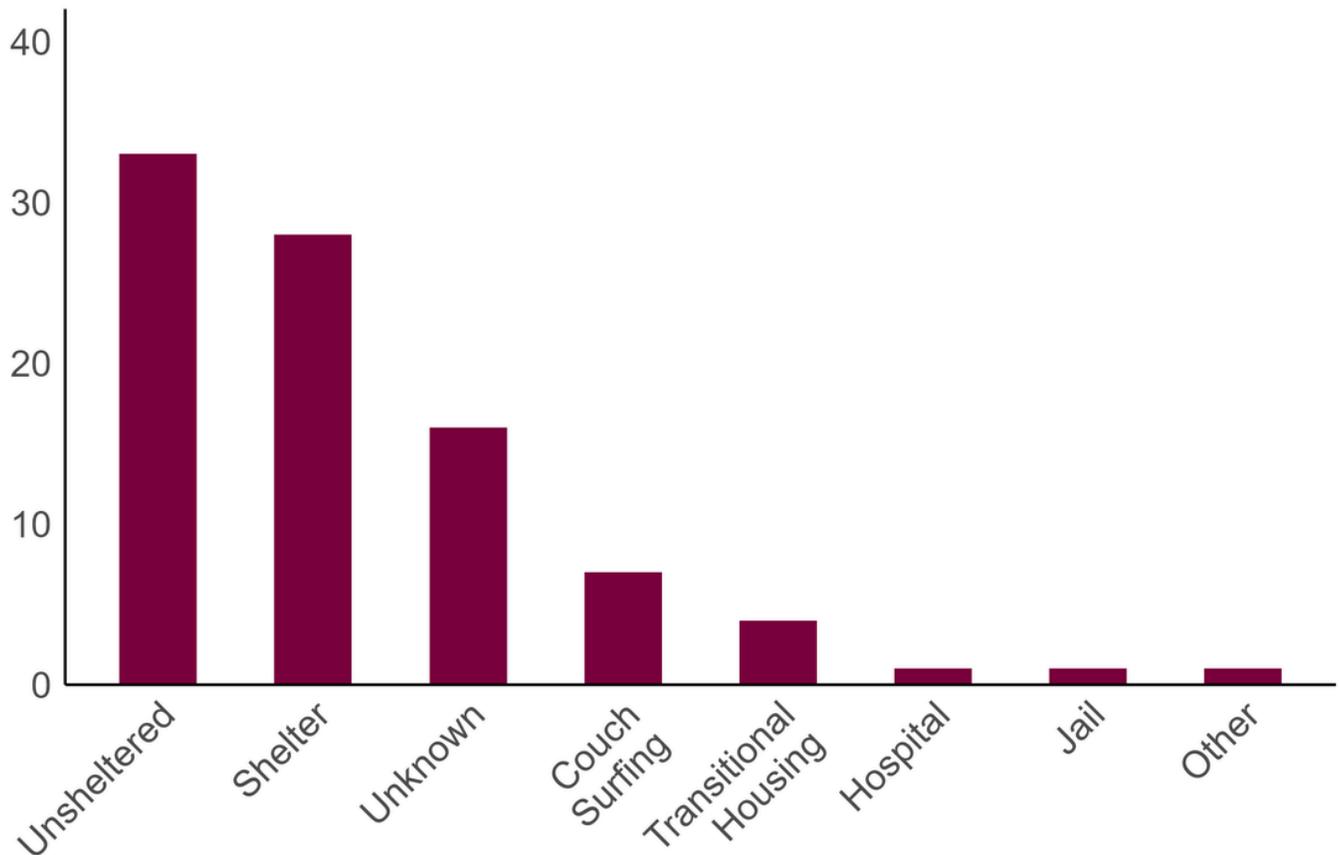
A2464

A6749

# DEATHS IN THE HAMILTON HOMELESS POPULATION



## Last Known Living Location

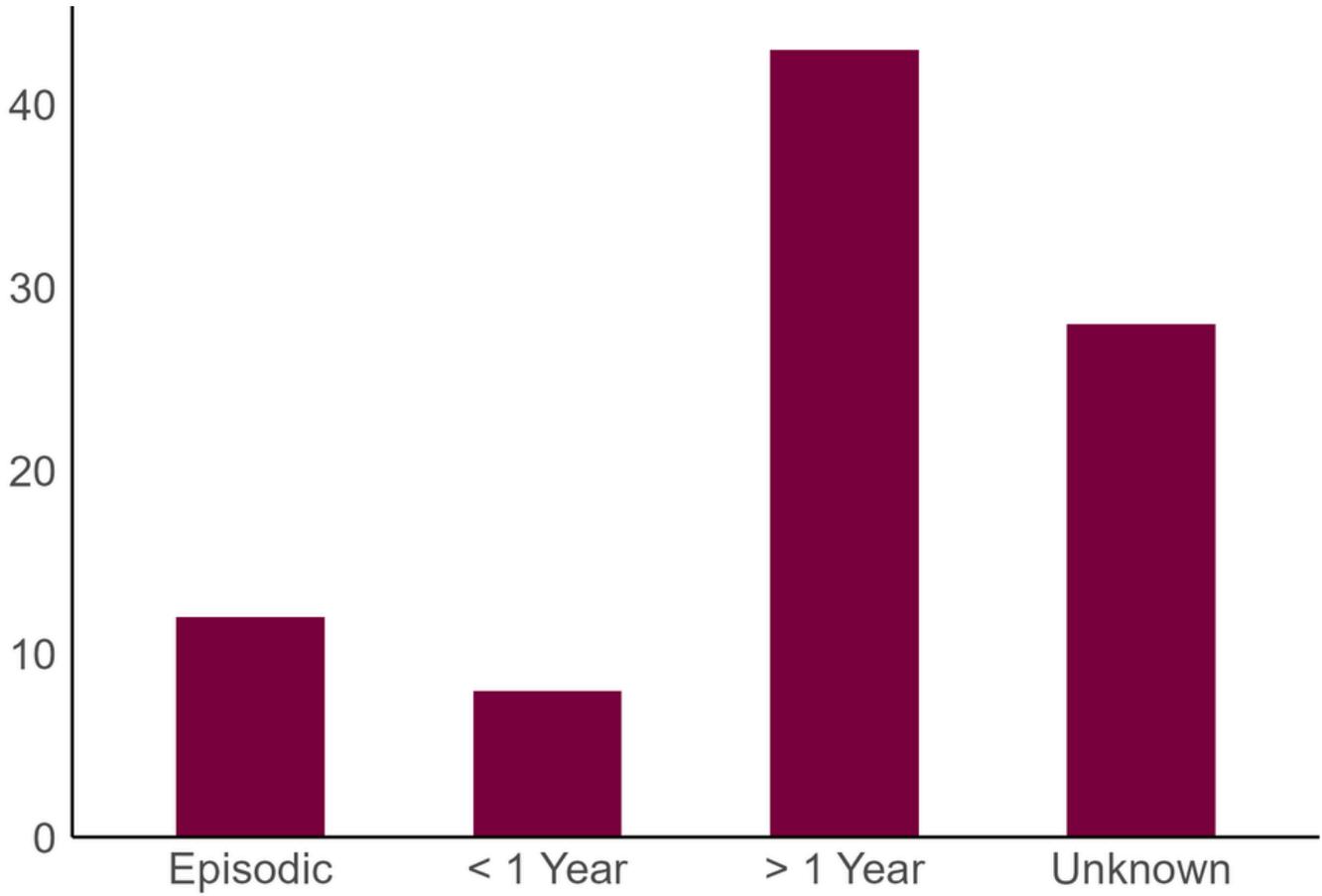


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A6750

# DEATHS IN THE HAMILTON HOMELESS POPULATION

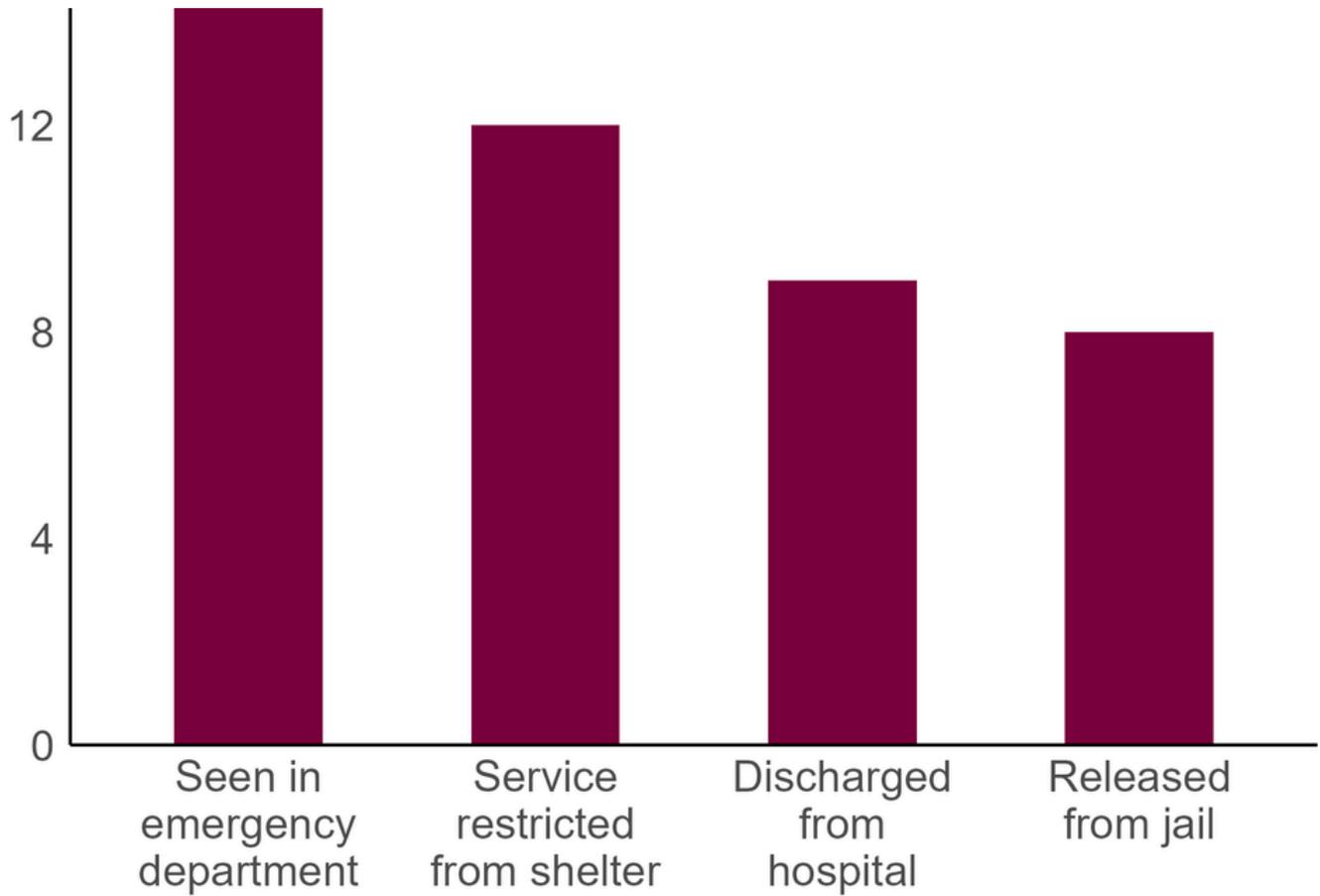


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A6751

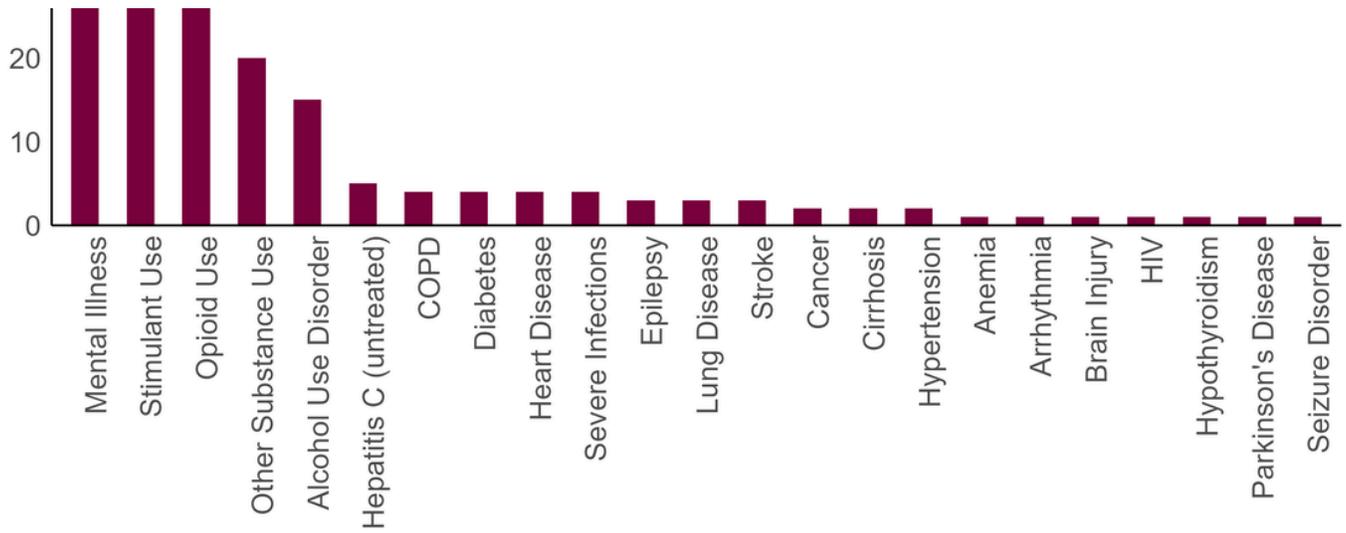
# DEATHS IN THE HAMILTON HOMELESS POPULATION



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

A6752

# DEATHS IN THE HAMILTON HOMELESS POPULATION



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***Ontario***  
**Superior Court of Justice**

PROCEEDING COMMENCED AT HAMILTON

**Supplementary Affidavit of Dr. Joseph dated June 7, 2024**

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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

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3

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 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  
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 6 should - be different, say advocates"  
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A2470

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. A6755  
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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8

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. A2471  
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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  
2 an advocate? A6756

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, **A6757**

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 **A2473**

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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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A6758

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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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. **A6759**  
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? A6760

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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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. A6762

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. A6764  
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? A6767

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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1 162 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.  
25 166 Q. That in most recent periods it

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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 -- 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  
thereafter transcribed;

That the foregoing is a true and  
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Dated this 30th day of August 2024

*Sheila Finlay*

[Signed Electronically]

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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

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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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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

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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.

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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.



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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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## 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 like a



**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.

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- Stuart, F. (2016). *Down, out, and under arrest: Policing and everyday life in skid row*. University of Chicago Press.
- Swan, R. (2019, September 24). *Fatalities rise in California from people stepping in front of moving trains*. San Francisco Chronicle <https://www.sfchronicle.com/bayarea/article/Fatalities-rise-in-California-from-people-14465162.php>.
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- Turner, M. (2017). *Homelessness in the Bay Area: Solving the problem of homelessness is arguably our region's greatest challenge*. The Urbanist. <https://www.spur.org/publications/urbanist-article/2017-10-23/homelessness-bay-area>.
- Westbrook, M., & Robinson, T. (2021). Unhealthy by design: Health & safety consequences of the criminalization of homelessness. *Journal of Social Distress and the Homeless*, 30(2), 107–115. <https://doi.org/10.1080/10530789.2020.1763573>
- Wilking, J., Roll, S., Philhour, D., Hansen, P., & Nevarez, H. (2018). Understanding the implications of a punitive approach to homelessness: A local case study. *Poverty & Public Policy*, 10(2), 159–176. <https://doi.org/10.1002/pop4.210>
- Withers, J. (2011). Street medicine: An example of reality-based health care. *Journal of Health Care for the Poor and Underserved*, 22(1), 1–4. <https://doi.org/10.1353/hpu.2011.0025>

1. Name

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**AMEIL J. JOSEPH**2. Business Address

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**McMaster University**  
 School of Social Work  
 Faculty of Social Sciences  
 905-525-9140 X23792  
 Email: [ameilj@mcmaster.ca](mailto:ameilj@mcmaster.ca)

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

3. Educational Background

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

4. Current Status at McMaster

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**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

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<b>Archives of Ontario:</b> Registered researcher	2012-Present
<b>Canadian Association for Social Work Education:</b> Member	2011-Present
<b>Ontario College of Social Workers and Social Service Workers:</b> Registered Social Worker	2007-Present
<b>Mental Health Commission of Canada:</b> Network of Ambassadors Member	2016-Present

6. Employment History

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a. *Academic*

A6786

- 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

A2502

and Addictions Boards and Executive Directors-St. Paul's Church, Toronto, ON A6787

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

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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, 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

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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 <a href="#">Robarts Centre for Canadian Studies</a> , 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

**A6790**

**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

**A2506**

**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**

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*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*

A6792

- 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* 2019  
By Jennifer Gerlach, Routledge
- 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

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a. *Master*

A2508

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*

<b>Field Supervisor: BSW Field Placement</b> Hamilton Center for Civic Inclusion & McMaster University, School of Social Work	September 2019- April 2020
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<b>Graduate placement supervisor: GENDRST 707</b> Hamilton Center for Civic Inclusion & McMaster University, Gender Studies and Feminist Research	September 2019- December 2019
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<b>Field Supervisor: BSW Field Placement 3DD6</b>	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

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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 A6795  
 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

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##### 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. A6798

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*, (3<sup>rd</sup> 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, Dampney 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](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](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). **A6802**  
<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](http://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 the 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](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](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](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](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](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](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 may be dismantled | TheSpec.com](#) **A6804**
- 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](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*. ~~A6805~~  
<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

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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. A6806

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](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 a ~~2020~~ **A6809** 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. *8<sup>th</sup> 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~~ **A0810** 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 \(djno.ca\)](https://www.djno.ca/virtual-town-hall-on-home-care-elder-care-and-community-care-march-10-6-to-8-pm)

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 \(djno.ca\)](https://www.djno.ca/abolish-the-psych-ward-panel)

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. **A6811**

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: Critical History as Social Work Practice 1: Epistemic Interventions through Decolonization, 2017 Canadian Association of Social Work Education Annual Conference*, Ryerson University, Toronto, ON. A6813

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: *6<sup>th</sup> 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 6<sup>th</sup> 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. A0814

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 *27<sup>th</sup> 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](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~~ **A8815** 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

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### 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	A6816
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

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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 <b>Reviewer Doctoral Research Awards</b> for the Canadian Institute of Health Research	September 2018- August 2019
Houselink Community Homes, Toronto, ON <b>Board of Directors-</b> 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 <b>Social Worker; MSW, RSW – Health Professionals Advisory Committee</b> 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

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**AFFIDAVIT OF AARON ORKIN  
SWORN SEPTEMBER 14, 2022**

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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.<sup>1,2</sup>

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.”<sup>3</sup>

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.”<sup>4</sup>

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

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<sup>1</sup> World Health Organization. Constitution of the World Health Organization. 2021. Available from: <https://www.who.int/about/who-we-are/constitution>.

<sup>2</sup> Huber M, Knottnerus JA, Green L, Horst Hvd, Jadad AR, Kromhout D, et al. How should we define health? *BMJ*. 2011;343:d4163.

<sup>3</sup> 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>

<sup>4</sup> 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.<sup>5</sup>
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

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<sup>5</sup> 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.

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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.
- Library of Parliament. "The Federal Role in Health and Health Care (In Brief)."  
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 14<sup>TH</sup> DAY OF SEPTEMBER, 2022



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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](mailto: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	<b>Certificant.</b> College of Family Physicians of Canada, Added Competency in Emergency Medicine, CCFP(EM)
2014	<b>Fellow.</b> Royal College of Physicians & Surgeons of Canada, Public Health & Preventive Medicine, FRCPC
2009	<b>Licensure.</b> College of Physicians and Surgeons of Ontario, License / Membership #: 86358
2009	<b>Certificant.</b> College of Family Physicians of Canada, CCFP
2008	<b>Licentiate.</b> Medical Council of Canada

## 2. EMPLOYMENT

### Current Appointments

2022 Feb-pres	<b>Research Lead.</b> Department of Emergency Medicine. St Joseph's Health Center, Unity Health, Toronto, ON.
2022 Jan-pres	<b>Associate Member.</b> School of Graduate Studies, University of Toronto, Toronto, ON.
2022 Jan-pres	<b>Assistant Professor.</b> (non-budgetary cross-appointment). Dalla Lana School of Public Health, University of Toronto, Toronto, ON.
2021-pres	<b>Director of Population Health.</b> Inner City Health Associates, Toronto, ON.
2020-pres	<b>Co-Medical Director.</b> COVID-19 Assessment Centre and COVID-19 Vaccination Centre, St. Joseph's Health Centre, Unity Health, Toronto, ON.
2019-pres	<b>Staff Physician.</b> Department of Emergency Medicine, St. Joseph's Health Centre, Unity Health, Toronto, ON.
2019-pres	<b>Staff Physician.</b> Inner City Health Associates, Toronto, ON.
2019-pres	<b>Staff Physician.</b> Department of Emergency Medicine, Humber River Hospital, Toronto, ON.
2017-pres	<b>Faculty Affiliate.</b> Centre for Rural and Northern Health Research, Laurentian University, Sudbury, ON.
2016-pres	<b>Assistant Professor (Clinician Investigator).</b> Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, ON.
2016-pres	<b>Volunteer Medical Director.</b> Canoe North Adventures. Mono, ON and Norman Wells, NWT.
2013-pres	<b>Volunteer Medical Director.</b> Camp Pathfinder, Algonquin Park, ON.
2011-pres	<b>President (volunteer).</b> Remote Health Initiative.

### Previous Appointments

2019-2021	<b>Population Health Lead.</b> Inner City Health Associates, Toronto, ON.
2019	<b>Locum Physician.</b> Muskoka Algonquin Health Centre, Huntsville, ON.
2016-2019	<b>Clinician Scientist.</b> Department of Emergency Medicine, Sinai Health System, Toronto, ON.
2016-2019	<b>Staff Physician.</b> Department of Emergency Medicine, Sinai Health System, Toronto, Ontario, Canada
2016-2019	<b>Staff Physician.</b> Seaton House Shelter Infirmiry, Inner City Health Associates, Toronto, ON.
2012	<b>Co-Chief Resident.</b> Residency Program, Public Health & Preventive Medicine University of Toronto, Toronto, ON.
2011-2016	<b>Staff Physician.</b> Department of Emergency Medicine, Humber River Hospital, Toronto, ON.
2010-2015	<b>Assistant Professor.</b> Division of Clinical Sciences, Northern Ontario School of Medicine, Lakehead University, Thunder Bay, ON.
2010-2012	<b>Locum Physician.</b> Taddle Creek Family Health Team, Toronto, ON.
2009-2012	<b>Staff Physician.</b> Emergency Medicine, Groves Memorial Hospital, Fergus, ON.
2009-2012	<b>Locum Physician.</b> 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**.
24. Singletary EM, Zideman D, Bendall JC, Berry D, Borra V, Carlson JN, Cassan P, Chang W-T, Charlton N, Djäry T, Douma MJ, Epstein JL, Hood NA, Markenson D, Meyran D, **Orkin AM**, Sakamoto T, Swain J, Woodin JA. 2020 International Consensus on First Aid Science with Treatment Recommendations. *Circulation*. 2020 Oct; 142(16\_suppl\_1). doi: 10.1161/CIR.0000000000000897. **Co-author**.
25. Singletary EM, Zideman D, Bendall JC, Berry D, Borra V, Carlson JN, Cassan P, Chang W-T, Charlton N, Djäry T, Douma MJ, Epstein JL, Hood NA, Markenson D, Meyran D, **Orkin AM**, Sakamoto T, Swain J, Woodin JA. 2020 International Consensus on First Aid Science with Treatment Recommendations. *Resuscitation*. 2020;156:A240-A282. doi: 10.1016/j.resuscitation.2020.09.016. **Co-author**.
26. Pellegrino JL, Charlton NP, Carlson J, Flores GE, Goolsby CA, Hoover AV, Kule A, Magid DJ, **Orkin AM**, Singletary EM, Slater TM, Swain JM. 2020 American Heart Association and American Red Cross Focused Update for First Aid. *Circulation*. 2020 Oct 27; 142(17): e287–e303. doi: 10.1161/CIR.0000000000000900. **Co-author**.
27. De Brier N, O Dorien, Borra V, Singletary EM, Zideman DA, De Buck E, International Liaison Committee on Resuscitation First Aid Task Force, Bendall JC, Berry DC, Carlson JN, Cassan P, Chang WT, Charlton NP, Djärv T, Douma M, Epstein JL, Hood NA, Markenson DS, Meyran D, **Orkin A**, Sakamoto T, Swain JM, Woodin JA. Storage of an avulsed tooth prior to replantation: A systematic review and meta-analysis. *Dental Traumatology*. 2020 Oct; 36(5):453-476. **Co-author**.
28. Reid N, Chartier L, **Orkin AM**, Klaiman M, Naidoo K, Stergiopoulos V. Rethinking involuntary admission for individuals presenting to Canadian emergency departments with life-threatening substance use disorders. *CJEM*. 2020 June. doi: 10.1017/cem.2020.385. **Co-author**.
29. VanderBurgh D, Savage D, Dubois S, Binguis N, Maxwell S, Bocking N, Farrell T, Tien H, Ritchie S, **Orkin AM**. Epidemiologic features of medical emergencies in remote First Nations in northern Ontario: a cross-sectional descriptive study using air ambulance transport data. *CMAJ Open*. 2020 May 23; 8(2); E400-E406. doi: 10.9778/cmajo.20190186. **Senior Responsible Author**.

30. Kouyoumdjian FG, **Orkin AM**. Improving health and healthcare access for people who experience imprisonment in Ontario. *Healthcare Quarterly*. 2020 Apr; 23(1):6-9. PMID: 3224973. **Co-author**.
31. Tuinema J, **Orkin AM**, Cheng S, Fung K, Kouyoumdjian FG. Emergency department use in people who experience imprisonment in Ontario, Canada. *CJEM*. 2020 Mar; 22(2):232-240. doi: 10.1017/cem.2019.401. **Co-author**.
32. Porcino A, Chan AW, Kravitz R, **Orkin AM**, Punja S, Ravaud P, Schmid C, Vohra S. SPIRIT extension and elaboration for n-of-1 trials: SPENT 2019 checklist. *BMJ*. 2020 Feb 27; 368; m122. doi: /10.1136/bmj.m122. **Co-author**.
33. Kouyoumdjian FG, Lee JY, **Orkin AM**, Cheng SY, Fung K, O'Shea T, Guyatt G. Thirty-day readmission after medical-surgical hospitalization for people who experience imprisonment in Ontario, Canada: A retrospective cohort study. *PLOS One*. 2020 Jan; 15(1): e0227588. doi: 10.1371/journal.pone.0227588. **Co-author**.
34. Charlton NP, Pellegrino JL, Kule A, Slater TM, Epstein JL, Flores GE, Goolsby CA, **Orkin AM**, Singletary EM, Swain JM. 2019 American Heart Association and American Red Cross Focused Update for First Aid: Presyncope. *Circulation*. 2019 Dec 10; 140(24): e931-e938. doi: 10.1161/CIR.0000000000000730. **Co-author**.
35. **Orkin AM**, Campbell D, Handford C, et al. on behalf of the SOONER Investigators. Protocol for a mixed methods feasibility study for the Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER) Randomized Control Trial. *BMJ Open*. 2019 Nov; 12;9(11):e0294369: doi: 10.1136/bmjopen-2019-029436. **Principal Author**.
36. Kouyoumdjian F, Kim M, Kiran T, Cheng S, Fung K, **Orkin AM**, Kendall K, Green S, Matheson F, Kiefer L. Attachment to primary care and team-based primary care: Retrospective cohort study of people who experienced imprisonment in Ontario. *Can. Fam. Phys*. 2019 Oct; 65(10):e433-e442. PMID: 31604754. **Co-author**.
37. Leece P, Chen C, Manson H, **Orkin AM**, Schwartz B, Juurlink D, Gomes T. One-year mortality following emergency department visit for non-fatal opioid poisoning: A population-based analysis. *Annals of Emerg Med*. 2019 Sept 24; 75(1): 20-28. doi: 10.1016/j.annemergmed.2019.07.021. **Co-author**.
38. Sturgiss E, Phillips WR, Russell G, olde Hartman T, **Orkin A**, Reeve J, Glasziou P, van Weel C. Reporting guidelines for primary care research: what are the needs? *Australian Journal of Primary Health*. 2019 Jun 5; 25(3): xlix. **Co-author**.
39. **Orkin AM**, McArthur A, Venugopal J\*, Kithulegoda N\*, Martiniuk A, Buchman D, Kouyoumdjian F, Rachlis B, Strike C, Upshur REG. Defining and measuring health equity in research on task shifting in high-income countries: A systematic review. *Social Science and Medicine-Population Health*. 2019 Jan; 7: 100366. doi: 10.1016/j.ssmph.2019.100366. **Principal Author**.
40. Kouyoumdjian FG, Cheng SY, Fung K, Humphreys-Mahaffey S, **Orkin AM**, Kendall C, Kiefer L, Matheson FI, Green S, Hwang SW. Primary care utilization in people who experience imprisonment in Ontario Canada: A retrospective cohort study. *BMC Health Services Research*. 2018 Nov 9; 18(1):845. doi:10.1186/s12913-018-3660-2. **Co-author**.
41. **Orkin AM**, Ivers NM. "Is reducing ED visits an important outcome?" Invited comment on Kiran et al, Emergency department use and enrollment in a medical home providing after-hours care. Letter. *Annals of Family Medicine*. 2018 Sept/Oct;16:419-27; doi:10.1370/afm.2291. **Principal Author**.
42. **Orkin A**, Ovens H, McLeod S, Varner C, Melady D, Thompson C, Penciner R, Sidhu K, Dushenski D, Borgundvaag B. Letter in response to: "CJEM Debate Series: # Social Media—Social media has created emergency medicine celebrities who now influence practice more than published evidence." *CJEM*. 2018 Oct; 20(S2), S89. **Principal Author**.
43. Kouyoumdjian FG, Cheng SY, Fung K, Kirk M, **Orkin AM**, Mclsaac KE, Kendall C, Kiefer L, Matheson F, Green S, Hwang SW. The health care utilization of people in prison and after prison release: A population-based cohort study in Ontario, Canada. *PLOS One*. 2018 Aug 3; 13(8): e0201592. doi: 10.1371/journal.pone.0201592. **Co-author**.
44. **Orkin AM**, McArthur A, McDonald A\*, Mew E\*, Martiniuk A, Buchman D, Kouyoumdjian F, Rachlis B, Strike C, Upshur REG. Defining and measuring health equity effects in research on task shifting interventions in high-income countries: a systematic review protocol. *BMJ Open*. 2018 Aug 1; 8(7):e021172. doi: 10.1136/bmjopen-2017-021172. **Principal 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**.

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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.**
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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](http://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. 49<sup>th</sup> 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. 48<sup>th</sup> 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? 26<sup>th</sup> 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](http://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](http://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](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

AFFIRMED: James Moulton

EXAMINATION BY:

PAGE NO.

Ms. Shores.....5

Court File No. CV-21-77187  
ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

KRISTEN HEEGSMAN, DARRIN MARCHAND, GORD SMYTH, MARIO MUSCATO, SHAWN ARNOLD, BRADLEY CALDWELL, CHRISTINE DELOREY, GLEN GNATUK, TAYLOR GOGO-HORNER, CASSANDRA JORDAN, JULIA LAUZON, AMY 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. Aaron Orkin on his Affidavit sworn September 14th, 2022, taken upon affirmation in the above action this 26th day of August, 2024, conducted via Zoom videoconference hosted by the offices of Nimigan Mihailovich Reporting Inc.

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**GUIDE TO UNDERTAKINGS, UNDER ADVISEMENTS AND REFUSALS**

**This should be regarded as merely a guide and does not necessarily constitute a full and complete list.**

**Undertakings are found on the following pages:**

None entered

**Under advisements are found on the following pages:**

None entered

**Refusals are found on the following pages:**

None entered

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APPEARANCES:

Sujit Choudhry For the Applicants  
Haki Chambers

Nonye Okenwa  
Community Legal Clinic

Curtis Sell  
Community Legal Clinic

Sharon Crowe  
Community Legal Clinic

Bevin Shores For the Respondent  
Gowling WLG

Vivian Caldas  
Gowling WLG

Jojo Johnson - student at Gowling WLG

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EXHIBITS

Exhibit No.	Description	Page
1	Form 53 dated September 14th, 2022.	9
2	Huber et al, "How should we define health?"	22
3	Article "A 25-year-old woman with diabetes in custody"	51
4	"Homelessness and Health in Canada"	67
5	"Rethinking involuntary admission for individuals presenting to Canadian emergency departments with life-threatening substance use disorders"	67
6	"Pressure and coercion in the care for the addicted: ethical perspectives"	67

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---UPON COMMENCING AT 10:00 a.m.  
Dr. Aaron Orkin,  
having been duly affirmed,  
was examined and testified as follows:  
BY MS. SHORES:

1 Q. Good morning, Dr. Orkin. As I introduced offline, my name is Bevin Shores. My pronouns are she and her. I'm one of the lawyers for the respondent in this proceeding and we'll be cross-examining you today on your Affidavit affirmed September 14th, 2022. Can you start by stating your full name for the record, please?

A. I'm Aaron Michael Orkin.

2 Q. Okay. And is there a particular name that you go by or would like to be addressed?

A. Aaron is fine.

3 Q. Okay. And do you have any pronouns that you use?

A. He/him.

4 Q. Okay. And where are you participating from today?

A. I'm in Toronto, Ontario.

5 Q. You previously told us you're alone in the room that you're participating from?

A. Correct.

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6 Q. And you've confirmed that you're aware you are to have no assistance in giving your answers?

A. Correct.

7 Q. And you've previously confirmed that the only thing you have in front of you is your Affidavit affirmed September 14th, 2022, and I think you said the exhibit to it as well?

A. That's right.

8 Q. Okay. And as I indicated offline, if you were referring to any materials in giving your answers you would need to state what you're referring to, we'll make it an exhibit and explore how it informs your evidence. Anything else that I intend to refer you to I will place up on the screen. Is that understood?

A. Yes, thank you.

9 Q. All right. And you've been affirmed to tell the truth today?

A. Yes.

10 Q. All right. So what do you understand your role is in this litigation?

A. My purpose is an expert witness to serve the Court and provide information based on my expertise that can serve the Court in its

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deliberations and decision-making. A6863  
11 Q. Okay. And I'm going to put your Affidavit on the screen and I'll be referring you to parts of it. Are you able to see on your screen your Affidavit sworn September 14th, 2022?

A. Let me open that window here. Yes, I have that. I have that same one in another window that allows me to scroll so yes, I can see yours but --

12 Q. Okay.

A. -- I have another version.

13 Q. You can use whatever one is more comfortable for you. I'm going to direct you to paragraph seven where you state, "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." That's correct?

A. Correct.

14 Q. Okay. Which courts have you been previously qualified as an expert in those subjects for?

A. Those courts are listed in my CV. I can take you to the page. In multiple provinces and NIMIGAN MIHAILOVICH REPORTING INC.

territories, page five of my CV, and that's in 2020 and then you'll see in 2018 the Office of the Chief Coroner of Ontario.

15 Q. Okay. Now, your Affidavit affirmed September 14th, 2022 did not append a Rules of Civil Procedure Form 53; correct?

A. Sorry, repeat.

16 Q. Your --

MR. CHOUDHRY: Ms. Shores, may I?

MS. SHORES: Yes.

MR. CHOUDHRY: Ms. Shores, I believe that my co-counsel, Ms. Crowe, provided you with that form this morning.

BY MS. SHORES:

17 Q. Yes, I received a copy this morning and I'll put it to Dr. Orkin but the question is it wasn't appended to the September 14th, 2022 Affidavit?

A. No, that's not an appendix to this document.

18 Q. Okay. And I'll -- now, I'm going to place up on the screen the Acknowledgment of Expert's Duty that we received, we, my office received this morning by e-mail by counsel for the applicants. So I'll show this to you, Dr. Orkin. A2579

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It's an Acknowledgment of Expert's Duty.

**A. Correct.**

19 **Q.** And your name and that's your signature?

**A. It is.**

20 **Q.** Okay. The document is dated September 14th, 2022. When was it actually signed?

**A. It was submitted alongside the Affidavit so September 14th, 2022.**

21 **Q.** Okay. All right.

MS. SHORES: So we're going to mark this Form 53 dated September 14th, 2022 as Exhibit A to your examination.

---EXHIBIT NO. 1: Form 53 dated September 14th, 2022.

BY MS. SHORES:

22 **Q.** Dr. Orkin, returning to your Affidavit, at the time you wrote or sorry, at the time you affirmed your Affidavit, what instructions had been provided to you with respect to your Affidavit?

**A. The instructions were twofold. They were first, substance of the -- sorry, is it a Form 53 you just said? My duty was to the Court, which is, was the first set of instructions and second was NIMIGAN MIHAILOVICH REPORTING INC.**

**to share my opinions relevant to the relocation of people in encampments and its affect on health.**

23 **Q.** And any factual assumptions your opinions are based on are set-out in your Affidavit?

**A. So the factual assumptions are -- sorry, I'm trying to understand what you mean by factual assumptions.**

24 **Q.** Well, that's one of the components of what is required of an expert opinion under Rule 53, any factual assumptions on which your opinion is based.

**A. Yeah, so the factual assumptions, where relevant, are either cited or are, like, discussed in the document itself, how I come to that conclusion.**

25 **Q.** And any documents you relied on forming the opinions set-out in your Affidavit, those are also in your Affidavit, either in the body or in the footnotes?

**A. Correct.**

26 **Q.** And I don't believe I saw any reference to research that you conducted on your own to form the opinions set-out in your Affidavit; correct?

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**A. No, I did not ascribe my own research.** A6864

27 **Q.** At paragraph three of your Affidavit you state that you provide your statements in your capacity as an independent physician, epidemiologist and researcher so I'd like to talk about your background briefly.

**A. Sure.**

28 **Q.** If I can take you to your CV, which is Exhibit A to your Affidavit, you indicate at the bottom of page one going on to page two, you're a physician licensed with the College of Physicians and Surgeons of Ontario?

**A. Correct.**

29 **Q.** Okay. Since 2009?

**A. Correct.**

30 **Q.** Your specialties are family medicine with a certificate of Added Competency in Emergency Medicine?

**A. Yes, as well as Public Health and Preventive Medicine.**

31 **Q.** Okay. And so emergency medicine, was that at, I believe in 2015, if I'm reading this correctly, and Public Health and Preventive Medicine in 2014?

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**A. Correct.**

32 **Q.** All right. At the time you affirmed this Affidavit in September 2022, how much time -- how much of your time was spent treating patients versus doing research?

**A. So Public Health and Preventive Medicine, so to be treating patients directly or practicing medicine?**

33 **Q.** Uh --

**A. I raise this because Public Health and Preventive Medicine is a non-clinical specialty. So at the time I write this, I spent about 60 to 80 percent of my time depending on, you know, the month and what was going on with COVID on practicing medicine. Public Health and Preventive Medicine is a non-clinical specialty. We work with groups, we work with programs but we don't work with individuals.**

**It's the same as people who are Medical Officers of Health and so forth and so I spent about 60 to 80 percent of my time practicing medicine and the remainder of my time doing research. And some of that time practicing medicine was direct patient care and some of it was Public Health and Preventive Medicine practice. It's a little bit like a radiologist who might be looking** A2580

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**after patients all the time but they only look at pictures, they never actually see a real patient.**

34 **Q.** Understood. And for the proportion that was spent in direct patient care, I think you phrased it, what proportion would that have been around September of 2022?

**A. About half my time in any given week.**

35 **Q.** So about -- sorry, was that half your time overall or half your time practicing medicine?

**A. Half my time overall.**

36 **Q.** So about half your time overall was spent in direct patient care within the, approximately, 60 to 80 percent that you were practicing medicine and then the roughly 20 to 40 remainder was doing research?

**A. That's right.**

37 **Q.** And is that more or less still the breakdown of how your practice is today?

**A. My practice is a little bit more patient care now. You'll see that in the -- back in 2022, and somewhere in my Affidavit, I mention that then I was the Director of Population Medicine for Inner City Health Associates. I no longer hold that NIMIGAN MIHAILOVICH REPORTING INC.**

**appointment and I spend more time in emergency medicine practice and so I spend more time in direct patient care right now.**

38 **Q.** And where is your patient care practice based?

**A. I split my emergency medicine practice between St. Joseph's Health Centre in Toronto and Muskoka Algonquin Health Centre in Huntsville.**

39 **Q.** So not in Hamilton?

**A. No.**

40 **Q.** Okay. And your Public Health and Preventive Medicine practice, is that also based Toronto and Huntsville?

**A. I don't practice Public Health and Preventive Medicine in Huntsville, only in Toronto.**

41 **Q.** Only in Toronto. And I also see on your CV, and you've described yourself as an epidemiologist, particularly in December of 2021 you have a PhD in Clinical Epidemiology and Health Services Research?

**A. Correct.**

42 **Q.** And I think your thesis was on "Care Redistribution: Reassembling Task Shifting with Naloxone Distribution and First Aid"?

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**A. Yes, that is the title of my thesis.**  
43 **Q.** Okay. And in very general terms, that would be about involving a lay public directly and providing health services such as Naloxone or first aid?

**A. Yes, specifically for the purpose of achieving health equity.**

44 **Q.** I'm going to take you back to the body of your Affidavit and start at paragraph 12. In the preceding paragraph to paragraph 12 or sorry, let me say the subheading B, People Experiencing Homelessness Make Housing Choices. Over to paragraph 12 you state, "These choices are rational for people who make them."

Dr. Orkin, I'll put it to you, as a general proposition, that choices are informed by needs and wants. Would you agree?

**A. Partly informed by needs and wants.**

45 **Q.** Okay. And what else do you say that choices are informed by?

**A. By rationed preferences like cultural values, by aversions, previous trauma and experiences and by things that are, I think quite often, difficult to characterize or quantify.**

46 **Q.** And those things may be either a  
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need or a want depending on the individual?

**A. Right. Again, needs, wants and other elements. So I think the needs and wants are much of what informs a decision but probably not sufficient cause for decision or a choice.**

47 **Q.** Do you agree that some needs are higher priority than others?

**A. Yes.**

48 **Q.** And more generally, some factors that inform a person's choice are higher priority than other factors?

**A. Yes, and that varies from person to person. So it would be highest priority for me, might be third highest priority for another person.**

49 **Q.** And that may be subjective?

**A. Yeah, they may be subjective, objective and what may be subjective for one person may be objective for another.**

50 **Q.** I'm going to take you to the Affidavit of another witness who's given evidence in this proceeding. It's Dr. Andrea Sereda. Her Affidavit, for the record, was sworn May 12th, 2023. I'm going to specifically refer you to Exhibit B of Dr. Sereda's Affidavit, which Dr. Sereda has appended and described as the needs

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pyramid. Do you see that?

**A. Yes, this is very closely mapped to a widely cited hierarchy that has been mostly discredited. I haven't read this Affidavit and so I'd have a very hard time just commenting on the pyramid or its application.**

51 **Q.** Okay. When you say the hierarchy has been widely discredited, can you expand on that?

**A. Well, the hierarchy of needs has been used across a huge range of psychology, biology, epidemiology to try to assign what ought to be or is the most important elements in how both societies are built and in how people make decisions and make their choices.**

**What we find is that in much of the more recent literature, especially with people facing absolute marginalization, is that people often will, say, pursue issues of self-actualization even when their physiological needs are not met and vice versa. That it doesn't work in a pyramid in that you can only pursue, say, your esteem needs when your physiological needs are met. And that appears to be the case across a range of biomes, not just humans.**

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Shelters, do, however, have a roof and heating in the winter." **A6866**

So I put to you, Dr. Orkin, that there would be circumstances where the need for a roof or heating may be more pressing than another need such as a need for avoiding a communal environment?

**A. So I think my only way to answer your question is pressing with respect to what? And so there's -- when it comes to someone's health or choices, the idea of something being absolutely pressing as it would appear in that pyramid doesn't seem to be the driving factor when it comes to people's health or choices or the sole driving factor.**

**So we will see that many people, even though if we take a theoretical frame like that pyramid, we would think that all rational people will choose a roof or heating over drugs, alcohol, partner, accessibility for pets and personal possessions because those things are higher up on the pyramid and that there's some sort of absolute understanding of what is pressing this, as you put it.**

**But it doesn't turn out that way.**  
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**And so this pyramid, when it was initially proposed, was structured in that an organism, a person could only pursue these higher elements if they have the lower ones met, and that's what I mean by structure. Like building a pyramid, it doesn't just turn out to be true.**

52 **Q.** So what you're describing, if I understand correctly, is that this needs pyramid at Exhibit B was conceptualized as something where the needs at the bottom of the pyramid must necessarily be fulfilled before it is possible to address those higher up in the pyramid?

**A. Yeah, that's how it was initially conceptualized.**

53 **Q.** Understood. I'm going to take you back to your Affidavit at paragraph 12 again and bear with me as I find it to place on the screen. So reading the second and third sentences, "For example, shelters can be restrictive regarding the number and volume of personal possessions, accessibility for pets, ability to live a partner", I think you probably meant to live --

**A. Yeah, that's an error. With a partner.**

54 **Q.** "Or use of drugs and alcohol.

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**That theory breaks down both the practice for the many thousands of parents that I've seen and in more recent research about how health or how wellbeing is pursued. And so pressing with respect to what will be the only way to answer that question. Or pressing with respect to whom. And so, many people die cuddled with their pet knowing that a roof and heating might be important to them but that may not be an expression of how they understand their health or wellbeing. Or vice versa. People pursue, you know, a roof and heating in winter and end up much less healthy because they sacrificed other aspects of, say, self-actualization that was higher on that defunct pyramid.**

55 **Q.** So if I understand correctly, the need for, for example, shelter would change depending on the individual and the circumstances and their subjective views of what is best for their health?

**A. Right. Or their objective use of what's best on their health. That's what I meant by what's subjective for one may be objective for another in that one person's ability to stay healthy when they have a roof or heating but no access to their pet may be objectively different to another's,** **A2582**

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**but those two people may perceive one as subjective and another as objective.**

56 **Q.** To take the example of someone freezing to death outside with their pet, I mean, you'd agree that that's not objectively better for their health because a person passes away?

**A. Yes, but I think we should be very careful about what we mean by health in that context. But yes, that -- like, freezing to death with your pet is generally bad for your health, yes.**

57 **Q.** Paragraph 16 of your Affidavit you state that more recent conceptualizations -- and I'm not reading this verbatim. So paragraph 16 of the Affidavit is under the heading "Choices Are Related to Health". And in paragraph 14 you described the World Health Organization's definition of health. What I'd like to take you to is paragraph 16 where you state, "More recent conceptualizations refer to health as the ability to adapt and self manage."

**A. Correct.**

58 **Q.** And I want to talk a little bit more about what the ability to adapt and self manage means. So you footnoted, footnote four here is a source for that. The document Huber et al, "How

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fine. So let's go back. Exhibit A we'll now make Exhibit 1 and Exhibit B we'll make Exhibit 2. I think, generally, marked for identification is lettered exhibits but there's no hard and fast rule. **A6867**

So just so it's clear for the record, we're now on Exhibit 2 and that's the Huber et al article, "How should we define health?" All right.

BY MS. SHORES:

61 **Q.** Sorry for the diversion, Mr. Orkin. I'd like to take you to the first sentence under the heading "How should we define health?" as a bit of a tag line it looks like. "The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease."

Essentially, what is being communicated here is that people can experience health notwithstanding that they face social, physical and emotional challenges; correct?

**A. It's a much broader conceptualization than that or re-conceptualization than that, but that is one of the really important elements that health is not simply the absence of disease or the absence of threats to the absence of disease.**

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should we define health?" That's a source for your statement?

**A. Correct.**

59 **Q.** Okay. So I believe I found that article so I'm placing up on the screen here an article from BMJ, which I believe is the British Medical Journal and was formally known as the British Medical Journal and then you can see the citation underneath "*BMJ* 2011;343:d4163"?

**A. Correct.**

60 **Q.** And then the doi there. So this is the article?

**A. Yes.**

MS. SHORES: So I'd like to mark this for identification as Exhibit B or I'm sorry, mark this as Exhibit B to your examination. ---EXHIBIT NO. 2: Huber et al, "How should we define health?"

MR. CHOUDHRY: Ms. Shores?

MS. SHORES: Yes.

MR. CHOUDHRY: I'm sorry,

Ms. Shores, should we maybe number the exhibits to the cross given that we've got lettered exhibits to the Affidavit?

MS. SHORES: I don't -- yeah, that's

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62 **Q.** And the authors, and I'll take you to this in a minute, but the authors will also argue that health is not defined as a complete absence of social, physical and emotional challenges as well; correct?

**A. Correct.**

63 **Q.** I'm going to take you down to the second page under the heading "Need for reformulation". And the third paragraph down, the paragraph beginning with the word "redefining health". There's a reference to a Dutch conference, so I'll start with the second sentence for context but I'm going to actually direct you to the last sentence.

So I'll read from the article: "The discussions of experts at the Dutch conference, however, led to broad support for moving from the present static formulation towards a more dynamic one based on the resilience or capacity to cope and maintain and restore one's integrity, equilibrium, and sense of wellbeing. The preferred view on health was "the ability to adapt and self manage"."

**A. Right.**

64 **Q.** So it took us a while to get here but that's what you're citing when you refer to the **A2583**

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more recent conceptualizations of health as the ability to adapt and self manage?

**A. Yes. And critically, although this is the citation that I gave, it's a really nice overview, what I was -- what I'm really going to is the, the main article, not just this commentary where that tag line, the ability to adapt and self manage, comes from.**

65 **Q.** Okay. But the main article is not cited in your Affidavit, is it?

**A. Right. But this article is the, is an entry point to that literature.**

66 **Q.** Let's stick with the, this entry point because that's the one that we have. The last paragraph under the heading "Need for reformulation" states, "The first step towards using the concept of "health, as the ability to adapt and to self manage" is to identify and characterize it for the three domains of health: physical mental and social. The following examples attempt to illustrate this." So I'd like to just take you to those examples. The next heading is "Physical health", you see that?

**A. Yes.**

67 **Q.** And so the authors state, "In the **NIMIGAN MIHAILOVICH REPORTING INC.**

physical domain a healthy organism is capable of "allostasis" - the maintenance of physiological homeostasis through changing circumstances. When confronted with a physiological stress, a healthy organism is able to mount a protective response, to reduce the potential for harm, and restore an (adapted) equilibrium. If this physiological coping strategy is not successful, damage (or "allostatic load") remains, which may finally result in illness."

So trying to boil this down a little bit into lay terms. Basically what they're referring to here is the body's ability to adapt and self manage as a physiological process?

**A. I don't think it's quite the body's ability to adapt or self manage, it's the organism which includes both the body as well as that organism's -- that's what's meant by self manage. The organism's decision-making capacity. So the self as well as the body that it inhabits. And so yes, it's the ability of that, like, of that organism to manage and the ability of that organism's brain to make choices to allow it to manage.**

68 **Q.** Okay.

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**A. So adaptation and self-management, the self is quite present in this definition of physical health. So allostasis refers to self, allo, and when confronted with a physiological stress, a healthy organism is able to mount a protective response which is not just, say, does my immune system respond but can I make choices that move me further away from bad water or closer to family that makes me healthy or otherwise. So it's both the mind and the body is part of the organism here.**

69 **Q.** Okay. The authors in this article, though, don't refer to choice or making choices that affect those physiological processes, do they?

**A. My expertise on the meaning of all of these terminologies and my training directly under some of its authors would say that's definitely what these words mean.**

70 **Q.** But you haven't cited any sources for that in your paper or I'm sorry, in your Affidavit?

**A. I've cited this source. That's what these words mean.**

71 **Q.** Well --

**A. So allostasis as well as coping NIMIGAN MIHAILOVICH REPORTING INC.**

**strategies are terminologies that do not suggest a separation of bodied mind. They are -- especially when we're talking about human health. They're a phenomenon that is integrative.**

72 **Q.** So even though the author states, "'allostasis' - the maintenance of physiological homeostasis through changing circumstances", your evidence is that that actually also includes conscious exercise of choice?

**A. Definitely.**

73 **Q.** Under the subheading "Mental health", the author states, "In the mental domain Antonovsky describes the "sense of coherence" as a factor that contributes to a successful capacity to cope, recover from strong psychological stress, and prevent post-traumatic stress disorders."

So I'm going to take you to the citation for that. So it's number 12. "Antonovsky A. Health, stress and coping. Jossey-Bass, 1979." I got to tell you, Dr. Orkin, I wasn't sure what was meant by sense of coherence so I went down a little bit of a rabbit hole. I wasn't able to find the book *Health, Stress and Coping* but I think I found a quotation of it so I just want to take you to that and have you confirm whether or not we've

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found what Antonovsky defined as the sense of coherence.

**A. Just also on your previous question, you've helpfully scrolled down to citation 11 there which was cited on the previous questions that you asked me.**

74 **Q.** Yes.

**A. "Interacting mediators of allostasis and allostatic load: towards an understanding of resilience in aging." So that paper, and we can go to it, doesn't only talk about the biological factors of an aging organism as it moves through time but also what makes older adults more resilient is full of choice, and you'll see it's cited into the elements around physiology of aging, not just biology of aging.**

75 **Q.** Okay. So thank you, Dr. Orkin. I'm going to take you back again to -- so this is a document that I've located. So this is not cited in your, in the paper or in your Affidavit. This is called *The Handbook of Salutogenesis, 2nd edition*. It's dated, if you can see the small type, 2017. Now, I'm only taking you to this because it appears to have a direct quote from the 1979 Antonovsky text.

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78 **Q.** Now, turning to the third example by the authors, "Social health" under the heading, and again, we're on the second page of the article that's at Exhibit 2. The authors state, the first part of the first paragraph:

"Several dimensions of health can be identified in the social domain, including people's capacity to fulfill 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. Health in this domain can be regarded as a dynamic balance between opportunities and limitations, shifting through life and affected by external conditions such as social and environmental challenges. By successfully adapting to an illness, people are able to work or to participate in social activities and feel healthy despite limitations?"

So having read that, Dr. Orkin, what's being described here is basically being able to adapt to an illness. You'd agree?

**A. I think it's -- this description is much broader than illness especially until it, until the sentence "by successfully adapting to an illness", but yes, the social elements that produce the ability to adapt and self manage is what they're referring to here.**  
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So at page 11 of this text, the authors state, "In its narrower meaning, salutogenesis is often equated with one part of the *model, the sense of coherence*, specifically defined as: a global orientation that expresses the extent to which one a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected." And then they cite Antonovsky 1979.

So this is all a very roundabout way of asking is that Antonovsky's definition of a sense of coherence?

**A. Yeah, that's Antonovsky's definition of a sense of coherence.**

76 **Q.** So you'd agree, returning to the discussion of mental health and the "How should we define health?", conscious exercise of choice can be part of that sense of coherence; correct?

**A. Yes.**

77 **Q.** But you'd also agree that the sense of coherence is not only the conscious exercise of choice, agreed?

**A. Yes.**

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**A. No. Health is not -- like, a Venn diagram of health and choice does not overlap as a, like, in a one hundred percent way. You asked me not to speak in a way that's visual here. So health and choice are not the same thing. A life with the total absence of choice, however, cannot be healthy and so the elimination of choice, in general, is a threat to health, but choice itself is not defining of health.**

79 **Q.** So conscious exercise by choice may be a part of that but not the only part of that. You'd agree?

**A. Yes.**

80 **Q.** And so I put to you, Dr. Orkin, that this definition of health as the ability to adapt and self manage is not constructed as being defined by the conscious exercise of choice; correct?

**A. No. Health is not -- like, a Venn diagram of health and choice does not overlap as a, like, in a one hundred percent way. You asked me not to speak in a way that's visual here. So health and choice are not the same thing. A life with the total absence of choice, however, cannot be healthy and so the elimination of choice, in general, is a threat to health, but choice itself is not defining of health.**

81 **Q.** And while this article, the "How should we define health?" article, it's only three pages and as you said, is an introductory or, I'm not purporting to quote you verbatim but it's introductory material?

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**A. Right.**

82 **Q.** You'd agree this article doesn't state that making choices about where one wants to live in particular is part of this definition of health?

**A. No, this article does not -- is not about homelessness.**

83 **Q.** Dr. Orkin, you'd agree, as a general proposition, that not every factor that affects health has the same degree of impact on health?

**A. Correct.**

84 **Q.** So in other words, some things that affect health can have a small effect and other things that affect health can have a more significant effect on health?

**A. Correct.**

85 **Q.** And you'd agree, as a general proposition as well, that people can make choices that are bad for them?

**A. Correct. For their health you mean?**

86 **Q.** Well --

**A. When you say bad for them, bad for --**

87 **Q.** Yes, I'll say that. Bad for their health. I think that's a useful clarification.

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**A. Yeah.**

88 **Q.** So even in that circumstance, even though people are exercising their choice, if they're exercising their choice to do something harmful to their health, that effect may still be a negative outcome for their health. You'd agree?

**A. They may be making an unhealthy choice, yes.**

89 **Q.** So to put a finer point on it, not every choice made by a person is healthy for them; correct?

**A. Correct.**

90 **Q.** I'm going to take you back to your Affidavit and turn you to paragraph 17. So paragraph 17 starts, "Based on these definitions, when people who experience homelessness make choices about where they want to live, those decisions are related to health."

So "these definitions", you're referring to the World Health Organization definition in that more recent conception of the definition of health that we just discussed?

**A. Correct.**

91 **Q.** Now, you don't cite any sources in the first paragraph or sorry, the first

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subparagraph, paragraph 17 saying that decisions about where people experiencing homelessness want to live are related to health so that's your opinion? **A6870**

**A. Yes, this is analytic opinion, not a regurgitative opinion.**

92 **Q.** So that's based on your interpretation of those two definitions that we just discussed?

**A. Yes, and my care for many thousands of people who experience homelessness and make choices related to their health in that context.**

93 **Q.** And the fact that people are making choices about where they want to live is not determinant of their level of health, you'd agree?

**A. Okay, can you describe what you mean by determinant?**

94 **Q.** Sure. Person's level of health is not determined by whether or not they are making choices about where they want to live?

**A. Some aspects of our health is, I think for all people, related to the choices they make about where they want to live and crucially related to their ability to make that choice, and I would say that that is a mere universal phenomenon**  
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**regarding homeless people and not homeless people. That both the choices we make about where we want to live, so whether we choose somewhere healthy or not healthy has an effect on our health and the fact that we have that choice has an effect on our health.**

95 **Q.** But if a person makes a choice about where to live that has a negative effect on their health, that choice may -- the negative effect of that choice may outweigh the positive effect that they are making that choice. You'd agree?

**A. In some circumstances. The alternatives, however, need to be examined in the same breath and so yes, somebody may choose to live somewhere that is objectively less healthy than another available alternative but there's quite a profound difference and this is what my -- this is the thrust of my Affidavit.**

**There's quite a profound difference between that person choosing option B, where they oh, that's a little healthier over there, I'm going to go live there versus being relocated to that alternative which then eliminates the choice. So there's a profound health harm in that, in that avenue to a seemingly healthier location.** **A2586**

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And so yes, people can make choices that are less healthy than another choice but the elimination of choice may nevertheless be more harmful than the choice they've made.

96 Q. But it's not always more harmful, you'd agree with that?

A. No, not always more harmful. There are circumstances where the relocation of individuals, and we see this in the context of public health orders, for example, can be beneficial for health.

97 Q. We'll come back to that point later but I want to stay on paragraph 17. So paragraph 17(b) you state here, "The person's ability to make a choice and have that choice respected is itself related to health." I understand that you've just explained a bit of that but with this subparagraph in particular, you didn't cite any sources so that's, again, your opinion?

A. It is my opinion.

98 Q. And you haven't referred to any studies or scholarly works concluding that the ability to make a choice and have the choice respected is related to health?

A. This paragraph doesn't provide any NIMIGAN MIHAILOVICH REPORTING INC.

thesis relate to the history and structure of medical humanitarianism which is very closely related to how state choices impact individual health and how non-state factors, such as humanitarian organizations, can allow people to have a different approach to health in individual autonomy within a medical one health frame.

So yeah, the relationship between autonomy, health equity and medical authority is something that I have studied and published on substantially.

104 Q. So let's go back to the body of your Affidavit, paragraph 18 under the heading involuntarily -- "Involuntary Removal". And under paragraph 18, first sentence you state, "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."

Again, there's nothing cited for that so that's your definition?

A. Correct.

105 Q. Okay. And you're not referring in your Affidavit to any studies or scholarly works or sorry, research or scholarly works on how

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citations.

99 Q. Okay. Well, I'll put it to you that there are no studies or scholarly works cited in your Affidavit concluding that the ability to make a choice and have a choice respected is related to health; is that correct?

A. Correct.

100 Q. And also, your Affidavit doesn't refer to any studies or scholarly works quantifying the degree of impact choice may have on health; correct?

A. Correct.

101 Q. And I also didn't see any studies or articles on your CV that are focussed on the relationship of choice and health; correct?

A. So choice, yes, but there's very closely related concept which is autonomy and the relationship between autonomy state authority and health which I have studied.

102 Q. Okay. And where --

A. And published on in detail.

103 Q. So let's take -- can you point me to where that is on your Affidavit or not your Affidavit --

A. So for example, two chapters of my NIMIGAN MIHAILOVICH REPORTING INC.

individuals perceive coercion?

A. So I haven't cited which is just a matter of academic style. All of these definitions come from my expertise in reading work in this area. So adding citation certainly wouldn't be the, wouldn't be the barrier here but that's just not my scholarly style for this kind of work.

106 Q. You said --

A. I'm happy to explain for the Court why I choose that approach in writing these documents but wherever definitions or references would actually be helpful, happy to provide.

107 Q. Well, what we've got is your Affidavit that contains your opinion and is being put forth as Rule 53 compliant including both the factual assumptions and the information relied upon in forming your opinion so that's what I have to go on.

Now, going to the second sentence of paragraph 18, you state, "Coercion, in this case, includes real or perceived threats of force, imposition of fear or other harmful consequences should the individual or group remain in their preferred place of residence." Again, this is -- there's no sources cited for that?

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**A. No, there's no citation on that sentence.**

108 **Q.** At paragraph 20 you state, "Perception of force, fear or harm vary widely from person to person." And again, there's no citation in this paragraph but I wanted to confirm, you're also not referring to any studies or scholarly works about the effects of coercion on individuals; correct?

**A. This paragraph does not include a citation.**

109 **Q.** Well, and more broadly, in your Affidavit, you don't include any references to research or scholarly works about the effects of coercion on individuals; correct?

**A. Correct.**

110 **Q.** Second sentence --

**A. Actually, I do want to say something specific because I think I've been asked to provide input based on expertise, not just academic and scholarly but as a physician, as somebody who looks after patients, which is something you asked me about in terms of the time I spend on specifically.**

**I think when it comes to expertise about the health threats of coercion as well as NIMIGAN MIHAILOVICH REPORTING INC.**

**forceful relocation and stuff like that, is certainly a core aspect of medical expertise to know the limitations and health effects of coercive actions, which is why there's very, very limited circumstances where medical experts such as myself or clinicians attempting to improve the health of individuals or communities in a therapeutic way rely on coercive action. That doesn't come from scholarly knowledge, that's core expertise for health provider and specifically for a physician.**

**So I'm happy to provide details on the expertise that supports the very core, like, absolutely core expertise of a physician in the use of coercion both for physical restraint, mental health restraint, restraint of the rights of children and restraints of the right of a marginalized population such as people experiencing homelessness, prisoners, people without status in a country and otherwise. But I think it's key that I believe I was asked to provide expertise and not just based on scholarly knowledge but based on medical knowledge.**

**And the paragraphs you're referring to here about the health harms of coercion are founded in medical knowledge as well as scholarly NIMIGAN MIHAILOVICH REPORTING INC.**

**knowledge but you're right, there's no citations there so I'm happy to provide medical knowledge to support that.** A6872

111 **Q.** Okay. But when we're talking about populations in general, and I'll take you to the second sentence of paragraph 20 momentarily, you'd agree it would be helpful to have some research or scholarly works talking about any trends or quantifications in those populations; right?

**A. What I'm saying is that I believe that it could be helpful but that the source of expertise that causes me to write that sentence is not scholarship or book learning. It's medical expertise. It's core to -- you asked me at the beginning am I a licensed member of the College of Physicians and Surgeons of Ontario, being able to comment especially as an emergency and public health physician on the limits of coercion in order to protect health is core to my medical expertise.**

112 **Q.** So returning to the second sentence of paragraph 20 you state, "An individual who has experienced personal or multi-generational trauma and conflict with the law enforcement or involuntary relocation may experience fears of force or harm and act based on coercion at a NIMIGAN MIHAILOVICH REPORTING INC.

different threshold than individuals who have no such experience."

So again, you're not, in your Affidavit, referring to any studies or scholarly works about the effects of coercion on individuals with or without experiences of trauma; correct?

**A. Correct. The health effects of multi-generational trauma are, well, perhaps most authoritatively not just refer to the findings of Canada's Truth and Reconciliation Commission, which make the health effects of multi-generational trauma and the effects of involuntary relocation on populations that have experienced that nationally and authoritative.**

113 **Q.** At paragraph 21 you state, "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."

So I'm going to break this down a little bit. When you say including in Canada, Dr. Orkin, you mean in places other than Canada, too? A2588

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**A. Yes. And the reason why I said including in Canada is that the, you know, we have data specific to Canada on these factors and data from other parts of the world.**

114 **Q.** And certainly there are individuals within these groups who may not have personally experienced involuntary relocation or coercion; correct?

**A. Correct. But it is also known that the health effects of those phenomena, involuntary relocation, coercion and adverse health effects of those interactions especially with State authorities are multi-generational. So personal effects are not or personal experiences are not defining of health effects.**

**So if -- well, I can provide example in detail but the concept, I think, is understood. That's why the previous sentence says multi-generational. Multi-generational trauma is a real biological and expressed phenomenon that issues of coercion and relocation that happened to my mother or grandmother can alter my behaviours and my -- the effects on my health from equivalent experiences.**

115 **Q.** But you'd also agree that

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**newcomers and refugees, Indigenous communities, racialized communities - I have worked in that area.**

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119 **Q.** You said --

**A. And published in that area.**

120 **Q.** You said appropriate actions but my question was the effect of involuntary or relocation or coercion on any of these groups?

**A. Yeah. So in order to write papers on, say, the appropriate use of coercive actions for people with substance use and addiction, one needs to first conduct literature reviews on the background literature.**

**So in order to write those papers on the appropriate use of coercion, I have to do research and understand the literature of the health effects of coercion.**

121 **Q.** Okay. So let's take a look at your CV, then, and tell me which papers involve that research.

**A. I'm using the search function so that I can find the correct paper. Paper 51 has contents in this. "The epidemic as stigma: the bioethics and biopolitics of opioids". And --**

122 **Q.** Bear with me one moment, Dr. Orkin.

**A. Yeah.**

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individuals within these groups may also not have a generational history of involuntary relocation and coercion; correct?

**A. Within their generation?**

116 **Q.** Well, you said in generational history so what I'm putting to you, Dr. Orkin, is that not everybody who is in a racialized community, religious minority group, Indigenous community, LGBTQ population, who is a newcomer to Canada or who is a refugee, not everybody in those groups may have a multi-generational experience of trauma; correct?

**A. Correct.**

117 **Q.** Now, you haven't cited any sources, research or scholarly works that quantify the affect of involuntary relocation or coercion on any of these groups; correct?

**A. Correct.**

118 **Q.** And based on your CV, you haven't done any work yourself on the effect of involuntary relocation or coercion on those groups; correct?

**A. Incorrect. There are several papers I can point you to related to appropriate actions when it comes to involuntary or coercive actions in medicine in Canada and several of these groups -**

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123 **Q.** So for the record, we're on your CV under the heading "Publications" and publication number 51, "The epidemic as stigma: the bioethics and biopolitics of opioids"?

**A. Yeah, there's content in there around coercion. There's content in, let me find the paper.**

124 **Q.** And Dr. Orkin, I don't mean to interrupt your train of thought but before we move on from number 51, you'll agree the focus of that paper is not on the effect of coercion; correct?

**A. No, it is not a paper printed on coercion but I'll get you one. Paper 59 is about the appropriate management of people in custody in emergency practice which talks -- which is directly about the coercive elements of care. And I'm trying to find a paper about Form 1s and people who have used drugs.**

125 **Q.** And again, Dr. Orkin, while you're looking for that, so paper 59, the paper titled "A 25-year-old woman with diabetes in custody", but again, the focus of that is not on the effect of coercion on the groups you list in paragraph 21 of your Affidavit, correct? This is a study on one woman with diabetes who is in a correctional

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context?

**A. No, it is a case study on the broader issues. She's a hypothetical person written in order to highlight the -- how coercion can affect care for patients in emergency departments. It's not actually about one woman.**

126 **Q.** And are there any other papers that you'd like to point me --

**A. There is, I'm just having a hard time finding it. It's a commentary in CJEM.**

127 **Q.** Is it possibly number 28, Dr. Orkin?

**A. Yes, thank you. "Rethinking involuntary admission for individuals presenting to Canadian emergency departments with life-threatening substance use disorders". Correct. That paper is about the appropriate use of coercive admission orders for individuals with life-threatening substance use disorders.**

128 **Q.** Okay. I'll take you to that in a moment but I'd like to just take you back to number 59 and I'm going to change the window that I'm sharing. Now, I've just pulled up, this is a website, National Library of Medicine and it's got the heading "Canadian Medical Association Journal" and the title is "A 25-year-old woman with diabetes  
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in custody" and your name is on it. Is this the --

**A. That's the paper.**

129 **Q.** -- paper cited at number 59? Okay. And so in this paper, it's described:

"A 25-year-old woman who is handcuffed was brought to the emergency department in the custody of police officers. She has type 1 diabetes and last took her insulin over a day ago. She is slurring her words and appears fatigued. She asks if her sugar can be checked. The officers request that she be treated and stabilized before she is taken to a local correctional facility. They expect the patient to remain in detention for several days and ask if her urine can be checked for drugs?"

And then subsequently in this article, there's a few questions. So does the plaintiff -- I'm sorry. "Does the patient" --

**A. Patient.**

130 **Q.** Thank you. "Have to remain in handcuffs?" "Are the patient's charges or convictions a part of history-taking?" "What clinical information can be shared with the police officers?" "Should the patient's urine be tested for drugs at the officer's request?" "How should  
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continuity of care be assured at the time of discharge for this patient?" And then finally **A6874**  
under the subheading "Case Revisited".

So again, Dr. Orkin, I'll just put it to you that this article doesn't address the extent to which the -- I'm sorry, the effect of involuntary relocation or coercion on the groups that you've identified at paragraph 21 of your Affidavit, namely racialized communities, religious minority groups, Indigenous communities, LGBTQ populations, newcomers or refugees?

**A. Sure. What I'd say is that, you know, I would equally add the term people who've experienced incarceration to that first sentence in paragraph 20.**

MS. SHORES: But this article, which I'm going to mark for identification, this is now Exhibit 3.  
---EXHIBIT NO. 3: "A 25-year-old woman with diabetes in custody"

BY MS. SHORES:

131 **Q.** This article doesn't address the effect of coercion on those communities; correct?

**A. This article is overtly about the medical responsibility and expertise required to NIMIGAN MIHAILOVICH REPORTING INC.**

**make choices and to provide care that is actually affirming to health in order to care for people who are experiencing restrictions on their choices.**

**For example, in this case, somebody is incarcerated, a choice of where they might be living right now, this person is living in prison and doesn't have access to that choice. There are very specific steps that a medical expert must take. And when I say medical expert, I don't just mean somebody looking after an individual but somebody purporting to provide medical care to a population in order to affirm their health. There are very specific steps that somebody, that a medical expert must take in order to be doing things to somebody who is under coercion in order to protect their health. That's what this article is about. Very directly.**

132 **Q.** So this article is not quantifying the effect on health of the lack of choice that this person experience -- this hypothetical person experienced by virtue of being in custody?

**A. No. And as you'll see from my Affidavit, the quantification of these effects is not what I am purporting to have expertise on. But the relative weighing of effects is possible,  
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meaningful and within my expertise outside of the quantification, and there's a key reason why I haven't taken on quantification just that there's no research whatsoever both on the health effects of encampment living, shelter living or choice that would enable that quantification. That -- and that -- the absence of that evidence, the absence of such an ability to perform a quantification today is what I'm trying to offer you as part of that expertise.

133 Q. But Dr. Orkin, you'd agree that without some sort of quantification, you can't accurately engage in that weighing of which is preferable choice or the alternative; correct?

A. Being -- in fact, what we don't have the ability to do is assert that it is possible to eliminate someone's choice in order to say that this option is healthier for you than that one. So what you just described is exactly the point that, in an overarching way, that my Affidavit was seeking to provide is that my opinion is that there is no science to suggest that coercively relocating somebody from an encampment to a shelter in a way that purports to protect their health, that there is nobody who could weigh that and say that they are  
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doing so to protect that person's health.

And the point that I think you're asking me do I have evidence to say -- do I have the ability to weigh in the opposite direction and say in fact, I can prove that the choice to not relocate somebody, that I have data to weigh in the opposite direction, no, I have no such data. But I have very compelling, I believe both data and theory that shows us that that choice has a profound effect on people's health.

It is not a weight -- if we use the example of weighing, it is not a weightless element in this calculus and that the value of that element in this calculus is what I am hoping to highlight here.

134 Q. Okay. We'll take you to that in a minute, Dr. Orkin. I want to, if we can, just stay on paragraph 21 before I move on. So I'm going to re-share your Affidavit. So at paragraph 21, the last sentence where you state, "These groups are overrepresented among people experiencing homelessness." In your report, you're not speaking specifically about groups of people experiencing homelessness in the City of Hamilton; correct?

A. No, I am not speaking specifically  
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about Hamilton.

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135 Q. And as a related point, you are not addressing in your report whether to what extent involuntary relocation and coercion is part of the lived experience of people experiencing homelessness in Hamilton specifically; correct?

A. So I will say that I grew up in Hamilton, my family lives in Hamilton, I'm in Hamilton roughly monthly. I went to high school in Hamilton, I went to medical school in Hamilton, did rotations of my residency in Hamilton and so my familiarity with the City of Hamilton, with the communities in Hamilton, I've worked with Indigenous communities in Hamilton, I'm comfortable in saying that there's no profound difference in these factors and the community of Hamilton than there is in Toronto.

So I live in Toronto and provide care in Toronto and don't have specific data to Toronto on any of these factors. I have data for Canada. There's been studies in Vancouver, Edmonton, Toronto, some in Hamilton related to these factors but I'm -- it's not different than Hamilton.

136 Q. And your statement is based on your anecdotal experience interacting these groups when  
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you are present in Hamilton?

A. Correct.

137 Q. I want to go to a source that you cited elsewhere in your Affidavit. So at paragraph 23, footnote five is by Guirguis-Younger et al. "Homelessness and Health in Canada". If you bear with me, I'll pull it up.

A. If we could pause for one minute, I need to send my regrets to somebody who I was going to be connecting with at 11:00.

138 Q. Of course.  
(OFF THE RECORD AT 11:10 a.m.)  
BY MS. SHORES:

139 Q. So before we took that very brief break, Dr. Orkin, I placed on the screen a document titled "Homelessness and Health in Canada" edited by Manal Guirguis-Younger, Ryan McNeil and Stephen W. Hwang. And on the fourth page of the PDF, it's University of Ottawa Press 2014. Is this the document cited at footnote five of your Affidavit?

A. Yes.

140 Q. One of the authors is Stephen Hwang, do you have any knowledge, is that the same Stephen Hwang who is giving evidence as another witness in this proceeding?  
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**A. Well, I know that he's the one who wrote the book. I don't actually know that that's -- yes. Yes, but I don't have any proof.**

141 **Q.** Fair enough.

**A. I assume it is.**

142 **Q.** You cited this source in your Affidavit because you view it as a reliable authority?

**A. On certain things. I don't actually agree with every chapter in this book or every finding in this book but yeah, it's a good piece of research and an important part of the, like, of the information in Canada on this issue.**

143 **Q.** Okay. I'm going to take you to the introduction. So heading "Introduction", and recognizing that this is just the introduction, the second to last sentence of the first paragraph, the authors state, "Although some groups are overrepresented among the nation's homeless population due to wider social inequities embedded in Canadian society, notably people of Aboriginal ancestry (Hwang 2001), homelessness does not discriminate on the basis of age, gender, sexuality or race. In turn, Canada's homeless population reflects the country's overall diversity."

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Do you agree with that statement?

**A. Yes, in very specific ways. So what this is trying -- what this statement means to me working in this field is that if we choose a population that is part of the -- of Canadian society, we will find members of those groups who experience homelessness. I've had multi-millionaires who were experiencing homelessness for certain periods for one reason or another and people who have come from great privilege who are experiencing homelessness for one reason or another in my practice. What this means is there's no exceptions. What it doesn't mean is that homelessness is simply representative of the Canadian population.**

**So because it says most notably people of Aboriginal ancestry, I do not read that to mean that is the only group that is heavily overrepresented among people experiencing homelessness. People experiencing homelessness are more often male than the general Canadian population, more often of a non-binary gender identity than a general Canadian population, more often they're younger than the Canadian population. So this sentence is simply saying there's people**

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**from every walk of life who experience homelessness but it does not mean that the demography of homelessness is simply representation of the Canadian population.**

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144 **Q.** Thank you. I'm going to take you back to paragraph 22 of your Affidavit. So under the heading "Involuntary Removal and Making a Healthy Choice", first sentence of paragraph 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."

Dr. Orkin, you'd agree that those disease processes and threats to safety can also affect people other than those living in the encampment; correct?

**A. Correct.**

145 **Q.** So fires, for example, can threaten the safety of people in the surrounding area?

**A. Oh, you mean a fire in an encampment can threaten people in a surrounding area?**

146 **Q.** Yes.

**A. Hypothetically, yes, but I'm not NIMIGAN MIHAILOVICH REPORTING INC.**

**aware of any data to that effect. I'm not aware of any data that found that people surrounding a homeless encampment faced health threats because there was a homeless encampment there. I'm aware of deeply stigmatizing media stories to that effect, highly pervasive media stories to that effect but I'm not aware of any science that shows that the health of people in proximity to homeless encampments is harmed by the presence of the homeless encampment.**

147 **Q.** And --

**A. By fire or any other element.**

148 **Q.** Okay. And so then I take it you wouldn't agree that poor sanitation in a homeless encampment can be a threat to the safety of people in the surrounding area?

**A. Again, I'm not aware of any study that has shown that somebody living in a home but close to an encampment got cholera, giardia, yersinia, any type of pathogen from poor sanitization because there was an encampment in the adjacent park. Hypothetically, I can see how that could occur but I'm not aware of any circumstance where it's happened.**

149 **Q.** And not only people housed, who are

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living in houses in the immediate area but people passing through the area?

**A. Yeah. I'm not aware of -- I'm not aware of harms that have happened other than perceived threats. You know, I saw a needle, I was worried I'd be, you know, that I would touch that needle, I was worried that my child would touch that needle. I'm not aware of any cases where somebody has had an actual threat to their health because of an adjacent encampment. Certainly not in an epidemiological level. There may be anecdotal things but not at a, not at a pattern. Level of pattern.**

150 **Q.** So taking your example on a needle or being afraid specifically that a child may touch a needle, your evidence is that presence of a needle is not a threat to a child or even a pet who may not recognize what a needle is?

**A. No. That's -- I'm not saying that needles are not a threat to people's health or that, you know, anyone can touch a needle. That is not what I'm saying. What I'm saying is that it would require a different kind of evidence and a different kind of study. As you've requested on some of the other things that I've raised, it would require they**  
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**had some ability to cite a paper or conduct some kind of research that showed me that encampments as opposed to some other public substance use or other detritus cause more concentration of health harms to children or pets than the presence of those, that detritus in our society any ways.**

**I'm not aware of any such study so yes, fecal matter in our community or needles in our community or things that are burning in our community are bad for our health, that's a substantially different or a potential threat to adjacent people's health. That's profoundly different to showing that homeless encampments produce a systematic threat to the health of people who are adjacent to those encampments.**

151 **Q.** I want to take you to paragraph 25 because I think we've already talked about some of what you said in paragraph 23 and 24 about the lack of research about living in encampments and the health effects but paragraph 25 in particular, the last sentence you state, "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."

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As again, to put an even finer point on it, Dr. Orkin, in the absence of that scientific or health research, it also cannot be said that involuntarily relocating people from encampments in order to protect their health is not supportable; correct? A6877

**A. So that's actually not true. So, and I can provide some citations for this. I think there's a paper by Rodriguez on this phenomenon. We do know that involuntary relocations, encampment sweeps and other forms of coercion is harmful and harmful specifically to this population's health and so we do have evidence that shows that involuntary relocation has health harms. We do not have any evidence to show that involuntary relocations produce systematic benefits.**

**As I said, I really appreciate your language about weighing it. We do not have the kind of research that allows us to weigh those things relative to one another but we do have evidence of harm. So we know that coercively relocating people within encampments harms their health. We don't know whether letting them choose is good or bad.**

152 **Q.** When you say we do --

**A. So all we have is evidence of harm.**  
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153 **Q.** When you say we do know that coercively relocating people from encampments, and I may not have been quoting you verbatim there, Dr. Orkin, that research isn't cited in your Affidavit, is it?

**A. So no, the research itself isn't cited. My Affidavit is about the health harms of eliminating choice but not specifically about that, no.**

154 **Q.** At paragraph 26 of your Affidavit you state, "Broadly speaking, coercion is itself harmful and choice is itself helpful." And earlier in your testimony today you had referred to what I think could be fairly characterized as some nuance or an exception to that concept. For example, an involuntary admission for treatment where someone is in a mental health crisis. You'd agree?

**A. Correct. There are circumstances where the broad consensus or the professional opinion is that coercion is in that health benefit and we have very clear professional standards. One of the only areas where medical expertise and legal expertise are supposed to overlap. There's a few areas of legislation that doctors are supposed to know about and by in large, they refer to coercion**  
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and the very limited circumstances where coercion is appropriate for health.

155 Q. And so I'm going to take you to, we had previously discussed -- I'm sorry, item number 28 on your CV. So let's just go there so we're all on the same figurative page of what we're speaking about. So item 28 on your CV, page 11 of your CV, Reid et al, article titled "Rethinking involuntary admission for individuals presenting to Canadian emergency departments with life-threatening substance use disorders". I believe I located that article and so I placed it up on the screen. Do you see the document that's on the screen here?

A. Correct.

156 Q. It's an article titled "Rethinking involuntary admission for individuals presenting to Canadian emergency departments with life-threatening substance use disorders". Nadine Reid and then also Aaron Orkin, MD. That's you?

A. Correct.

157 Q. This is a document that's at paragraph -- sorry, item 28 of your CV?

A. Correct.

158 Q. So I want to take you down to the second page of this document and bear with me while

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I find my spot. Under the subheading "Ethical Basis", so towards the bottom, the first sentence reads, "Under a bioethics lens, support for involuntary admission in mental health is clear under certain circumstances. From this perspective, involuntary admission can be ethically justified if the imperatives of medical care, beneficence, nonmaleficence, or justice, are significantly challenged by an individual's presentation and risks." I take it you'd agree with those statements?

A. Correct.

159 Q. I want to look at item, I'm sorry, footnote 11 in particular. So footnote 11 corresponds to an article by Janssens et al, "Pressure and coercion in the care for the addicted: ethical perspectives" and the Journal of Medical Ethics 2004;30:453-458. I believe I've located that article so I'm placing up on the screen here a document titled "Pressure and coercion in the care for the addicted: ethical perspectives". You'll see the citation, Journal of Medical Ethics 2004, 453-458?

Is that the article cited in your paper?

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160 A. It is. Q. Okay.

MS. SHORES: So let's just continue with the marking of exhibits. So I'm going to make -- actually, I apologize. Bear with me with some housekeeping. So "Homelessness and Health in Canada" we had not previously made an exhibit. I'd like to make that Exhibit 4.

---EXHIBIT NO. 4: "Homelessness and Health in Canada"

MS. SHORES: Exhibit 5 will be the article "Rethinking involuntary admission" and then this article that's currently on the screen "Pressure and coercion in the care for the addicted", that will be Exhibit 6.

---EXHIBIT NO. 5: "Rethinking involuntary admission for individuals presenting to Canadian emergency departments with life-threatening substance use disorders"

---EXHIBIT NO. 6: "Pressure and coercion in the care for the addicted: ethical perspectives"

THE WITNESS: Can I make a pre-ambulatory statement just because it might help in this track? The ethical framework for the decision-making of the use of coercive measures for

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populations and Public Health and Preventive Medicine and the ethical framework for the use of coercive measures for care of individual patients such as mental health and addiction do not map to one another. They are not the same. And so the use of this framework for the application to coercive measures for a population would be, for me, and I just think this is -- I'm happy to go down this path with you but for me would be a misapplication. It's just simply moot. These frameworks don't apply to populations. They apply to individual care, which is like a -- it's civil law versus criminal law. It's a completely different framework.

BY MS. SHORES:

161 Q. Okay. But in your Affidavit, you don't provide any sort of indication that these -- I'm sorry. In your Affidavit you don't cite any source materials to stand for the proposition that coercive measures in individual care do not apply when we're talking about groups of people, do you?

A. I do. Actually, the -- you'll -- let me go to the right paragraph. Paragraph 27, "There are of course limits to the principle that choices make health. Limited circumstances when coercive and involuntary actions can be taken to

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protect an individual or community's health include involuntary admissions under the *Mental Health Act.*" That's individuals.

"Protections from health hazards under the *Health Protection and Promotion Act*", which is the population health lens, this is the legal context but they all are supported by well-developed bioethical frameworks, which public health experts would be responsible for knowing quite separately from clinical experts who would be responsible for knowing about coercion in individual patients or child welfare concern under the *Child Youth and Family Services Act* which have elements of both individual and community health because there's a family dynamic in child and youth and family services.

And so medical experts, and this is a very common error that medical experts think they can wander between them because very few clinicians are trained in the difference between individual and population health. So population health ethics is quite different to clinical bioethics and require different framework. So there's a reason why in this paragraph I cited the different legal frameworks because they're rooted in different  
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was seeing last night in the emergency department 11:00 o'clock who was placed under an Order under the *Mental Health Act* and you asked me do you have a citation or reference that could support your decision to complete a Form 1 under the *Mental Health Act*, I'd say citations aren't how we make that decision. It's an area of medical expertise and application of my assessment of the patient, bioethical framework, legal framework and the document that then requires signing.

The application of the *Health Protection and Promotion Act* to a homeless encampment is a core feature of practice as a Public Health and Preventive Medicine physician. And well, I'm simply not aware of any municipality or circumstance in recent history in Canada where the *Health Protection and Promotion Act* and bioethical frameworks that underlie it have been used in order to clear an encampment.

163 Q. I'm not talking about what legal instruments or statutes may apply, I'm talking specifically about your statement that the *Acts* or circumstances don't apply in a general way to individuals who choose to live in encampment.

A. Right.  
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bioethical frameworks.

So I'm willing to discuss any citation or any paper that I've written and to discuss the appropriate use of coercion for patients under the *Mental Health Act*, which is what that commentary is about in CJEM, but the bioethical framework that I referred to simply don't map to the, to population health choices. And it might also be useful to highlight that I'm not aware of the, like, legal details and circumstances in Hamilton but I don't think that an order was ever placed under the *Health Protection and Promotion Act*.

162 Q. And specifically with respect to the last sentence of paragraph 27, which I think encapsulates what you were just describing, that none of these *Acts* or circumstances apply in a general way to individuals who choose to live in an encampment. Again, though, Dr. Orkin, you're not citing any research or scholarly works that say this, are you?

A. No. But again, as pointed out, just like I'm an emergency physician and a public health physician, if you ask me whether the patient in front of me, if the actual individual patient that I  
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164 Q. So are you saying --  
A. What I'm saying is that's a medical expertise. That's a feature of medical expertise, not a feature of scholarly expertise. So the idea -- let's take the *Mental Health Act*, for example, right, which we can go through the elements but the idea that we could use the *Mental Health Act* to say I'm going to approach somebody in an encampment, say that your choice is unhealthy to be in this encampment, place you under a Form 1 and move you to a mental health facility because we think that's a way to move you out of this encampment, I'd say that it's not that I need to go to the scholarship on that, I just go to the medical expertise on that and say that that's -- that would be preposterously bad practice and malpractice to go down that avenue unless there were other mental health circumstances involved there.

It is the identical work of expertise to apply the *Health Protection and Promotion Act* to this area of work. It's not area of legal expertise, it's an area of medical expertise. Say that the idea that we would empty an encampment using an order under the *Health Protection and Promotion Act*, that would be the  
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bioethical -- that would be the legal expression of the bioethical framework that public health physicians, population health physicians are expected to use in order to see whether we have met the bar to use coercive measures to change a community's -- to eliminate a set of community's choices. It simply doesn't apply. To do so would be medically inappropriate.

165 Q. So I'm --

A. That's what I mean when I say -- and I mean, none -- *Child Youth and Family Services Act* is just, like, I mean, it doesn't apply just because it's out of left field. It's not related.

166 Q. So I want to go back to Exhibit 6 in particular. So this is the Janssens et al article "Pressure and coercion in the care for the addicted: ethical perspectives". So the very first paragraph, the last sentence states, "Some coercive measures need not be interpreted as an infringement of autonomy - rather, they should be interpreted as a way to provide good care."

I mean, you'd agree with that statement, though, correct? This is cited in your article?

A. Yes, and those are under specific NIMIGAN MIHAILOVICH REPORTING INC.

circumstances where the nature of a mental health disorder, which this author, and this is a key part of what the authors -- of that citation in my name are arguing is that addiction is one of the many conditions that can have a greater effect on an individual's autonomy than the coercive measure itself.

So when we talk about at an individual level, the bioethical framework that's relevant here, the disease is the major threat to the person's autonomy. And so the legal and bioethical framework given to health professionals, physicians, mental health institutions and otherwise, have an affirming effect on people's autonomy to give them an opportunity to return to a place where they have the choice to act on their illness and disease.

And many people, once they are treated, actually, are very grateful to have a restoration of that autonomy. That's quite different and profoundly different to the appropriate frameworks for populations and crucially is hinged on disease that is already undermining the person's autonomy.

So conditions like severe mental NIMIGAN MIHAILOVICH REPORTING INC.

health conditions are perhaps the most profound assault on people's autonomy and sometimes coercive measures from health providers and the State therefore have an autonomy affirming feature. Not an autonomy eliminating feature.

167 Q. And so Dr. Orkin, if we return to Exhibit 5, which is the article titled "Rethinking involuntary admissions", this is the article that you authored. Continuing with the third sentence, "Substance use disorders are characterized by compulsory use of substances and impaired capacity to reflect on and overcome cravings and urges, undermining affected individuals' autonomy and placing them at risk of serious and imminent harm."

So Dr. Orkin, you gave the example of a person with a mental health condition but substance use problems is something, you'd agree as well, presents a possible case for use of coercive measures, you'd agree?

A. Under some very, very specific circumstances. So not in all cases by any stretch and again, an absolutely key term in this sentence is "individuals' autonomy". And so this is a framework, again, for individuals. It does not map to populations. A different framework is used for NIMIGAN MIHAILOVICH REPORTING INC.

populations.

168 Q. And when you say it -- I'm sorry, Dr. Orkin, I didn't mean to interrupt you.

A. No, that's fine.

169 Q. When you say it doesn't map to populations, again, you haven't cited any scholarly works or research that confirms that it doesn't map to populations. If I understand your evidence correctly, you're stating that's within medical practice, in other words, your own expertise as a doctor; right?

A. Yeah. Although, you'll see that this framework came up just by following one of my citations. The Upshur of framework for population and public health ethics doesn't refer to autonomy, it refers to justice as the somewhat equivalent element that would be followed in order to make a decision about whether the use of coercive measures is appropriate. And you'd find that just by following my citations as well in other papers that are not related to individual patients but related to the development of population health programs.

So if we had to take the framework that you asked me about at the beginning, how do I spend my time, this is in the individual clinical

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care bucket, this paper. But the relevant bucket for the type of coercion that is at play when we say to a whole community, this encampment is closed, you all have to move, is not the individual patient care bucket, it's the population health bucket and we'd have to follow other citations for that.

170 Q. And speaking of individuals, Dr. Orkin, you'd agree that in an individual's circumstances, a choice to live in an encampment may not be a healthy choice for that individual?

A. Yes. So my Affidavit refer to two uses of the term health and choice. There are healthy choices and there are choices make health and so just like choosing to eat poutine rather than salad, people can make unhealthy choices and people can choose to live in an encampment that may present threats or limitations to their health. But that choice also makes health in that the elimination of that choice can harm their health, the use of coercion can harm their health. We don't tend to lock people up because they choose to eat poutine rather than salad. So we know that just because people make bad choices doesn't mean we always have the authority as a profession or as a State to impose a healthier choice on them.

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of coercive relocation. We do not have any evidence that would say well, it might be good for them. We only have some evidence that shows it does hurt.

173 Q. And that data, again, is the data that's not cited in your Affidavit?

A. Correct.

174 Q. At paragraph 29 of your Affidavit you state, "For this reason, involuntary removals from encampments are a particularly egregious threat to health." You don't state how you determine that the level of threat is particularly egregious?

A. So again, particularly egregious, I'm not trying to make a quantitative assertion, I'm simply talking about in a population that has ongoing threats to their autonomy and limitations on their choices, that further threats to their choices, that that's a key resource that is undermined in that process.

So egregiousness is not me saying that there's a, you know, a massive effect size and I can show you a statistical p-value. Egregiousness refers to where the fountain of health comes from for this population and that it's a direct assault on it. And so it's -- that's what I mean by

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171 Q. And as I believe we've already established with respect to encampments in particular, there is no sources, research, scholarly works to balance the harm of eliminating choice on one hand versus the harms that an individual may experience from the bad choice to live in encampment if it is, in fact, a bad choice for them; correct?

A. Sorry, can you repeat that question? I got a little bit lost in it.

172 Q. Yes. There's no research or scholarly works to assess the weight of, on one hand, the harm of eliminating a choice and the relative harm for a person of the bad choice of living in encampment if that is, in fact, a bad choice for them?

A. If, in fact, it is a bad choice, correct. There are no papers -- there are papers that look at the harms of coercive relocation for people experiencing homelessness away from encampments. There are no papers showing us the relative health benefit of people moving from one place to another under their own choice and so we simply don't know how to weigh these elements. But the only data that we have is related to the harms

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egregiousness.

175 Q. You said it's not quantitative but I'll put it to you that it's a qualitative statement. You didn't say it's a minor threat to health, for example, you're conveying something that is significant, you'd agree?

A. Correct.

176 Q. But you aren't able to rely on any quantification to confirm the level of significance?

A. Sorry, I use significance in a very particular way. The meaningfulness? Is that what you mean by significance?

177 Q. I can work with meaningfulness if that's how you'd like to capture --

A. Yes. I don't have any -- well, the papers that I can provide you or the reference I can provide you such as the paper by Rodriguez and colleagues shows that it really hits people where it hurts and affects their health profoundly and meaningfully. I can't give you a p-value or a statistical significance on it. That's not the style of research done in that domain.

178 Q. And so to perhaps illustrate this, if we go back to paragraph 22 of your Affidavit

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where you state, "Various disease processes and threats to safety may be associated with homeless encampments", based on your Affidavit, you haven't investigated how the threat to health presented by involuntary removal compares to these disease processes and threats to safety that may be associated with homeless encampments?

**A. No, there's no such weighing that has been performed, to my knowledge.**

179 **Q.** Thank you, Dr. Orkin. You understood all my questions today?

**A. I have.**

180 **Q.** Are there any of your answers that you want to change?

**A. No, thank you.**

181 **Q.** Those are my questions. Thank you. MR. CHOUDHRY: Can we go off the record for a minute, Ms. Thompson?

(OFF THE RECORD AT 11:44 a.m.)

MR. CHOUDHRY: Mr. Orkin, we have no questions for re-direct so thank you for your time very much, sir. I know we ran over and you're busy seeing patients and things but we appreciate your time. Thank you so much.

THE WITNESS: Thank you.

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I hereby certify the foregoing to be the evidence of Dr. Aaron Orkin, given under oath before me on the 26th day of August, 2024, recorded stenographically and later transcribed by me.



Rachel Thompson  
Court Reporter  
Commissioner of Oaths (expiring November 2024)

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MS. SHORES: Yes, thank you,

Dr. Orkin.

---WHEREUPON THE EXAMINATION CONCLUDED AT 11:51 a.m.

**NIMIGAN MIHAILOVICH REPORTING INC.**

*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

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**TABS 99-104**

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