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Export date: Fri Oct 30 10:36:25 2026 / +0000 GMT

Food banks stressed, need grows for affordable rents

With food bank use at record levels as more people can't afford groceries while paying rent, and with Regions and Counties pressed for more affordable (social) housing, conversion of the former Shelburne hospital is either a partial answer to a problem or a folly, depending on whose opinion one accepts.

The food bank situation is startling. Food Banks Canada reported earlier this year that in one month ?833,098 people were helped by food banks in Canada; (and) over a third were children.? That number, it said, is 23% higher than in 2008.

The converted hospital, Dynes-Grey Village, will have 20 ?affordable? and four ?market? rental units. Affordable is 80% of the average local market. It is expected to be fully occupied when it opens at mid-2014, and Dufferin Treasurer Alan Selby has said the rental income would all but cover the annual debenture payments.

The rationale is that, similarly to house mortgages, the centre would be debt free in 20 years, and would be a source of net revenue thereafter.

Earlier this week, CTV interviewed several food bank users who, although employed, said housing and other living costs are continuing to rise but income is not keeping pace. One senior citizen said that with rising taxes and utility costs he wouldn't be able to keep the house he had worked all his life to have.

Many seniors in Dufferin are faced by the same problem, and squeaking by on fixed incomes.

There is said to be a 100-person waiting list for accommodation in Dufferin Oaks.

So there's a proven need. But is Veterans of Dufferin County correct in its position that affordable housing should have been created at a location other than the former hospital, and that the hospital should have been restored to a medical centre.

How did it cease to be a hospital, and why was it not restored?

In the beginning, Shelburne had a full-service hospital, entitled to display the big ?H? signifying Emergency services. This was true even when the town had a population of 2,000 and only two physicians.

At some point in the 1970s, a retiring physician from Toronto with a residence near Horning's Mills helped keep the Emergency department open for a few years. Then, by the mid-1990s, the department became too much of a burden for the town's remaining two doctors.

As a consequence, the hospital was stripped of its department, and the big ?H? disappeared.

Lacking full-service status, the Shelburne hospital board opted to amalgamate with the new Headwaters hospital on the understanding that the ?Shelburne campus? would continue to provide continuing long-term (chronic) care, and Orangeville would be dedicated to acute care.

Headwaters Health Care Centre officially opened in May 1997. The campus arrangement lasted until June 2010, at which time Headwaters, under the presidency of Cholly Boland, moved chronic care to Orangeville. Headwaters is now an 87-bed facility, thanks in part to that move.

Not long after the mid-2010 move of the chronic care beds, which had left the former hospital standing vacant, Headwaters let it be known that it was to obtain commercial appraisals for an open-market of it.

In response, Shelburne council in February 2011 endorsed an Historical Society request to designate the hospital a heritage building, and Mayor Ed Crewson asserted that the zoning would not be changed from ?institutional.?

This, apparently, did function to block a sale. Subsequently, County Council acted on a Shelburne recommendation to ask Headwaters for a transfer of the hospital to county ownership.

The transfer happened. But the building remained vacant.

Meantime, while the building was still in Headwaters ownership, the county had leased space in the Mel Lloyd Centre to the Family Health Team.

Then, when the hospital sat vacant, Central West LHIN ostensibly viewed it as a site for a promised Health and Care Centre. But then-CEO Mimi Lowi-Young of the LHIN obtained a Genivar study of the building that said it would cost $1-million or more to upgrade to a required standard, although Chief Building Official Mike Giles said it would be fine to occupy for medical purposes as a continuing use.

But it became obvious that the LHIN had no interest in the hospital, and its subsequent decision was to use the Mel Lloyd Centre for its promised Health and Care Centre. Subsequently, the Dufferin Area Family Health Team joined with the Mel Lloyd FHT, and Dr. Amy Horvat of Headwaters became the new medical co-ordinator.

The service, with Ontario Telemedicine Network and specialist clinics added, became the Shelburne Centre for Health.

Now it has grown to six physicians, and is able to offer some after-hours service.

Meantime, when the hospital became a county property and remained vacant, the Veterans obtained petitions from more than 1,500 residents calling for restoration of the hospital.

As an alternative, the group sought support from the departments of Defence and Veterans Affairs for a medical service on the second floor for victims of Post Traumatic Stress Disorder (PTSD) ? mainly for veterans of all wars ? and for a medical clinic on the ground floor.

The Veterans say they had carefully considered their proposal. It might have been a worthy plan, but there were no substantive takers.

But no one had given up.

In August 2012 Mayor Crewson and Amaranth Deputy Mayor Walter Kolodziechuk met with Health Minister Deb Matthews who reportedly turned a blind eye and deaf ears on the presentation of research and petitions asking for a hospital restoration at Shelburne.

In a word, her response was that there would be no funding for a hospital at Shelburne.

And the LHIN remains adamant that medical services will remain at the Mel Lloyd.

Faced by that reality plus statistics on the aging population of Dufferin and by a shortage of affordable housing, county council opted to convert the hospital building.

Whether the decision was the right one or not, the weighted vote did not come into play in it.

The council approved a committee recommendation. At committee, there is no weighted vote; it is one vote per committee member.

By Wes Keller