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Monday 22 February 2016

Lundi 22 février 2016

Speaker
Honourable Dave Levac

Président
L'honorable Dave Levac

Clerk
Deborah Deller

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Deborah Deller

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 22 February 2016

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 22 février 2016

The House met at 1030.

The Speaker (Hon. Dave Levac): Good morning. Please join me in prayer.

Prayers.

INTRODUCTION OF MEMBER FOR WHITBY–OSHAWA

The Speaker (Hon. Dave Levac): I beg to inform the House that the Clerk from the Chief Electoral Officer and laid upon the table a certificate of the by-election in the electoral district of Whitby–Oshawa.

The Clerk of the Assembly (Ms. Deborah Deller): This is a letter addressed to Deborah Deller, Clerk of the Legislative Assembly, and it reads as follows:

“A writ of election dated the 13th day of January, 2016, was issued by the Honourable Lieutenant Governor of the province of Ontario, and was addressed to William Paul Jones, returning officer for the electoral district of Whitby–Oshawa, for the election of a member to represent the said electoral district of Whitby–Oshawa in the Legislative Assembly of this province in the room of Christine Elliott who, since her election as representative of the said electoral district of Whitby–Oshawa, has resigned her seat. This is to certify that, a poll having been granted and held in Whitby–Oshawa on the 11th day of February, 2016, Lorne Coe has been returned as duly elected as appears by the return of the said writ of election dated the 13th day of February, 2016, which is now lodged of record in my office.”

It is signed “Greg Essensa, Chief Electoral Officer” and dated “Toronto, February 22, 2016.”

Mr. Coe was escorted into the House by Mr. Brown and Mr. Wilson.

Mr. Patrick Brown: Mr. Speaker, I have the honour to present to you and to the House Mr. Lorne Coe, member-elect for the electoral district of Whitby–Oshawa, who has taken the oath and signed the roll and is now ready to take his seat in the House.

The Speaker (Hon. Dave Levac): Let the honourable member take his seat.

Applause.

INTRODUCTION OF VISITORS

Mrs. Lisa Gretzky: This morning I would like to welcome to the Legislature members of Fix Our Schools and their supporting trustees, individuals and other organizations. We have Krista Wylie, Carolyn Ferns, Spencer Higdon-McGreal, Danielle Chandler, Julian

Heller, Victoria Bitto, Abigail Doris, Geoffrey Feldman, Dennis Hastings, Jean-Francois L’Heureux, Claude-Reno D’Aigle, Jennifer Arp, Pamela Gough, Alexander Brown, Bill Mbotsiadis—I apologize if I said that wrong—Lauren Maiolo, Victoria Martins, Fabiana Stelzer and Ariadra Garcia.

Mr. Mike Colle: Mr. Speaker, As you know, today the Public Affairs Association of Canada is inviting all MPPs to come to room 228 from 5:30 to 7:30. With us today from the Public Affairs Association of Canada we have four very distinguished people: first of all, president John Capobianco, treasurer Stephen Andrews, marketing chair Cristina Onose and illustrious membership chair Harvey Cooper.

Ms. Cindy Forster: I’d like to welcome Jeff Koller, Matt Wayland and all of the Progressive Certified Trades Coalition, who represent about 100,000 construction workers. They’re here today for their lobby day. I welcome them to Queen’s Park.

M. Glenn Thibeault: Avec nous aujourd’hui sont des membres du conseil d’administration de l’ACFO du grand Sudbury : Denis Constantineau, le président; Marie-Eve Pépin, la vice-présidente; et Vincent Lacroix. Bienvenue à Queen’s Park.

Mr. Lorne Coe: I’d like to take this opportunity to introduce in the members’ gallery my wife and my son and daughter, as well as my campaign managers, Rob Morton and Kathy Beattie.

Ms. Peggy Sattler: I’m very pleased this morning to welcome the family of Owen Davies, who is page captain for today. His proud mother, Cheryl Davies; his dad, Rob Davies; his brothers, Bryn and Rhys Davies; and his grandmother, Borden Craddock, have all joined us in the gallery today.

Mrs. Laura Albanese: I would like to introduce Borden Craddock from the great riding of York South-Weston. She is the grandmother of page Owen Davies, who is page captain today. I would also like to welcome her family from London. Welcome to Queen’s Park.

Mr. Norm Miller: I’m very pleased to welcome the mayor and deputy mayor of the town of Bracebridge, who are down from ROMA/OGRA, and that’s Graydon Smith, mayor, and Rick Maloney, deputy mayor, who are in the members’ west gallery. Welcome to Queen’s Park.

1040

Also, I would like to welcome members of the Progressive Certified Trades Coalition who are at Queen’s Park meeting with MPPs, and Craig Hughson, who arranged a lot of it for them.

Mr. Taras Natyshak: I’d like to welcome some friends from the Windsor–Essex area. Barry Heeney is

the assistant business manager of IBEW Local 773, and Karl Lovett is the business manager and financial secretary for Local 773. I'd like to welcome them here today to Queen's Park.

Mr. Chris Ballard: I'd like to welcome the grade 5 class from Northern Lights Public School in Aurora to Queen's Park this morning. Welcome.

Hon. Reza Moridi: It's a great pleasure to welcome the progressive certified trade unions of Ontario visiting the House today. Please join me in welcoming them.

Miss Monique Taylor: I'm very pleased to welcome my dear friend from IBEW, Mr. Lorne Newick. Welcome to Queen's Park.

Hon. Bill Mauro: I heard "IBEW," so I looked up into the gallery and I saw the local IBEW representative from Thunder Bay, Mr. Glen Drewes. I'd like to welcome Glen to the Legislature.

Mr. Mike Colle: I'd like to introduce a former colleague and a member of the Legislature, MPP Steven Gilchrist.

The Speaker (Hon. Dave Levac): I thank the member for doing that as an introduction to my introduction. I'd like to appreciate that.

In the members' gallery is Mr. Steve Gilchrist, member for Scarborough East in the 36th and 37th Parliaments. Welcome, Steve. We're glad you're back with us.

ORAL QUESTIONS

ENERGY POLICIES

Mr. Patrick Brown: My question is for the Premier. This year's budget is only days away, and the Ontario PC caucus is looking for a few assurances. Liberal scandals, waste and mismanagement have led to hydro bills that have skyrocketed in our province. Energy is now unaffordable, and many vulnerable seniors and families simply can't afford their hydro bills. Therefore, this budget must include a credible plan to make energy affordable in Ontario, and any credible plan must include halting the fire sale of Hydro One.

Mr. Speaker, does the Premier appreciate that any budget without a plan for affordable energy will be viewed as a failure to all those seniors, families and businesses across Ontario struggling with the Liberal hydro mess?

Hon. Kathleen O. Wynne: Once again, let me welcome Lorne Coe to the Legislature. We look forward to working with him. Welcome, Lorne.

Mr. Speaker, in 2003, we were elected on a platform to deliver clean, modern, reliable electricity in this province, because there wasn't clean, affordable, reliable electricity in this province. There were huge investments needed to invest. There was an artificial cap that had been put on the price of electricity that created huge problems down the road.

I would say to the Leader of the Opposition that I hope he acknowledges that the investments that have been

made in our electricity system mean that it is clean, mean that it's reliable and mean that thousands of kilometres of line have been upgraded—

Interjections.

The Speaker (Hon. Dave Levac): Order, please. It's coming from all sides.

Answer.

Hon. Kathleen O. Wynne: We did make a decision to take the whole province off coal. There's a cost associated with that, but we have that clean, reliable power that we knew we needed.

The Speaker (Hon. Dave Levac): Thank you. Supplementary.

Mr. Patrick Brown: Again to the Premier: Let me say that "scandal, waste and mismanagement" is not code for "investments." This government must be looking at ways to make electricity and hydro bills more affordable.

Just look at the story that I read recently about Blenheim resident Cathy Van Breda. I recently read her story in the Chatham Daily News. She is a 74-year-old widow. Her last hydro bill was \$813. She said that was \$500 more than what she usually pays.

Mr. Speaker, does this government understand that their scandals, mismanagement and waste mean higher hydro bills for residents like Ms. Van Breda? Will the Premier apologize to Ms. Van Breda? Will she apologize for this atrocious bill, because of her government's incompetence on hydro?

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Premier?

Hon. Kathleen O. Wynne: I would hope that the member for that citizen of Ontario would make it clear to her what the programs are that would help her with her electricity bill, because we recognize that investing in our—

Interjections.

The Speaker (Hon. Dave Levac): The member from Leeds-Grenville and the member from Renfrew-Nipissing-Pembroke will come to order.

Hon. Kathleen O. Wynne: Mr. Speaker, I have said quite clearly that there are costs associated with investing in a system that had been neglected and degraded by a previous government. Those costs have meant that we have now got a system that is reliable and clean. We are ahead of the curve in terms of a—

Interjections.

The Speaker (Hon. Dave Levac): I will move right to members directly. I will move to warnings. The member from Simcoe-Grey will come to order and the member from Prince Edward-Hastings will come to order.

Hon. Kathleen O. Wynne: I would say to the Leader of the Opposition, if he is suggesting that we should go back to coal or subsidize and create more debt, we're not going to do that. That artificial cap that was put on by the previous government, the burning of—

Interjections.

The Speaker (Hon. Dave Levac): The member from Glengarry–Prescott–Russell just chirped one too many. I'm now moving to warnings.

You have 10 seconds.

Hon. Kathleen O. Wynne: We are not going back to burning coal. If that's what the Leader of the Opposition is suggesting, we're not going there.

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. Patrick Brown: Again to the Premier: The voters in Whitby–Oshawa didn't buy that smear either. And do you know what, Mr. Speaker? It was Premier Ernie Eves who announced the phase-out of coal, so don't try any of these diversion tactics.

The reality is that this is because of your—

Interjections.

The Speaker (Hon. Dave Levac): Stop the clock. Just to make sure that the members understand: At any given time, you will get a warning. When it gets too loud by everybody, I'll stop.

Finish, please.

Mr. Patrick Brown: Mr. Speaker, we've obviously touched a nerve. The Liberal government doesn't want to talk. This is their fault. They must own up to it.

The Auditor General said very clearly that it is because of your mismanagement, so let's go back to what this is about. This is about seniors across the province who can't afford their bills because of your political interference in the energy sector.

Ms. Van Breda has done everything possible to lower her bill. She doesn't turn the TV on until the late afternoon, she keeps no lights on during the day, she cleaned up her attic to put insulation in, and it's still \$800. Will you apologize to the seniors in this province? This is because of you. This is because of your—

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Premier?

Hon. Kathleen O. Wynne: Let's be clear: The Leader of the Opposition is saying that we should not have invested in those transmission lines around the province, we should not have upgraded the system, we should not have continued to shut down the coal-fired plants, and we should not have a clean, renewable electricity system. The Leader of the Opposition is suggesting either that we return to burning coal or that we do as a previous Conservative government did and put an artificial cap on electricity prices, which will actually increase the cost to the people of Ontario.

I would say to the Leader of the Opposition that we have a plan. He knows full well that the broadening of the ownership of Hydro One, which will allow us to invest in infrastructure, has nothing to do with electricity prices—

Interjections.

The Speaker (Hon. Dave Levac): If the last episode was a test, I will pass the test, and warnings will be distributed.

New question.

1050

ENERGY POLICIES

Mr. John Yakabuski: My question is to the Premier. For years, it has been clear to us on this side of the House how damaging your government's reckless and dangerous energy policies truly are. The phone calls to my office and my colleagues' offices just haven't stopped. We hear from constituents every day who are desperate for help because they can't afford their hydro bills. Many people in Ontario don't know how they're going to pay this month's bill.

Speaker, why does this government stubbornly refuse to do anything to make energy more affordable in Ontario?

Hon. Kathleen O. Wynne: I hope that when those people call his office the member opposite is very clear with them that we do understand that there are challenges; we do understand that there was a cost associated with shutting down the coal-fired plants and there was a cost associated with making a degraded electricity system a reliable electricity system. That's why we have removed the debt retirement charge. We have put in place the Ontario Energy and Property Tax Credit, which is targeted particularly at seniors to allow them to reduce their electricity costs. We've put in place the Low-Income Energy Assistance Program. We've put in place the Northern Ontario Energy Credit. We've made it very, very clear that there are mitigating programs to deal with the cost.

The fact is, we had to have a reliable, clean energy system. That was not left by the previous government. That's what we've built in Ontario.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Supplementary?

Mr. John Yakabuski: It's just a rolling shell game. Your former minister, George Smitherman, said that the Green Energy Act was going to cost 1% a year. That's where the costs have gone. The auditor says that it cost \$9.2 billion more than it should have. This government's out-of-touch response is no more than just a mere Band-Aid for the gaping hole that is skyrocketing hydro bills. It's not just families and seniors in this province who are struggling to pay them; as hydro prices rise in Ontario, our businesses become less and less competitive.

The Liberals have driven job-creating businesses right out of Ontario and into the arms of neighbouring states and provinces—job creators like the Leamington greenhouse operator who chose Delta, Ohio, over Ontario to invest \$61 million in his expanding business. If this government doesn't reverse course on damaging policies, more and more businesses will follow suit. How many more businesses have to leave Ontario before this government introduces a credible plan to make energy more affordable?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Bob Chiarelli: Mr. Speaker, the member refers to the industrial rates or the business rates. The member must know that the Ontario price is lower than probably 25 or 30 provinces and states in the US. That's the record.

I want to say that I appreciate very much—

Interjection.

The Speaker (Hon. Dave Levac): The member from Simcoe-Grey is warned.

Carry on.

Hon. Bob Chiarelli: Mr. Speaker, the member mentions: Going forward, what are we going to do? I appreciate that the Conservatives supported our refurbishment program, because, in the next 30 years, we're going to put into this province electricity which will cost about 7.5 to 8 cents per kilowatt hour going into the grid, and it'll be clean and emissions-free.

We did announce, a couple of days ago, \$100 million that went into conservation that will help reduce rates. There's much more that I'll say in the supplementary.

The Speaker (Hon. Dave Levac): Final supplementary?

Mr. John Yakabuski: Don't try to dodge the question. The question is about prices today.

Since you were elected, hydro costs have increased by more than \$1,000 a year for the average family. This government has spent the last 12 years recklessly wasting billions of dollars on cancelled gas plants, expensive green energy experiments and smart meters that were anything but smart. If they hadn't done all that, hydro bills would be much more affordable. The Auditor General has said as much in her last report. Without the waste on cancelled gas plants and smart meters, this government wouldn't have to resort—

Interjection.

The Speaker (Hon. Dave Levac): The Minister of Finance is warned.

Interjections.

The Speaker (Hon. Dave Levac): Excuse me; I'm not looking for any attention.

Mr. John Yakabuski: Without that waste, you wouldn't have to resort to the fire sale of Hydro One.

Will this government finally do something to address skyrocketing hydro bills for ratepayers? Will Thursday's budget, Mr. Finance Minister, include a credible plan to make energy affordable in Ontario?

Hon. Bob Chiarelli: I think there's a lot of exaggeration coming from the other side. If you look at the average daily price for electricity, if you take the price of electricity that's being paid in the province, the average by the residential user is \$5.26 per day. That's less than most return transit fares in the province of Ontario. Take public transit back and forth—it costs less per day than what they're paying for electricity. Their one or two computers, one or two television sets, all their lights—all of that is \$5.26 per day. It's less than a return trip on any public transit system in Ontario. It's less than a one-way GO trip. It is value that people are getting, and we're taking steps to bring it down.

HOSPITAL FUNDING

Ms. Andrea Horwath: I do want to begin, on behalf of Ontario's New Democrats, by welcoming the new member for Whitby-Oshawa to the Legislature.

This is to the Premier. People expect their government to work for them and to invest in their priorities, like supporting our children's schools and reducing wait times in our hospitals. But this government just doesn't seem to share those priorities. For four straight budgets, the Liberals have chosen to freeze hospital funding. That's forced hospitals to cut millions of dollars from their budgets, close beds and fire thousands of nurses who provide front-line care to patients.

People deserve to know: How much deeper does this Premier want to cut health care services that people count on in this province?

Hon. Kathleen O. Wynne: I know that the leader of the third party actually knows that we have increased funding to health care year over year, every single year. Since 2003, hospital funding has risen from \$11.3 billion to \$17.3 billion, a 53% increase. Every single year more money has gone into health care. For small, rural hospitals, we've invested over \$17 million since 2003.

So just in terms of hospital funding alone, you can see the increases that we've made, because we recognize how important those hospitals are to communities, how important health care is to the people of Ontario, Mr. Speaker, and you will see, as we go forward, we will continue to increase investments in health care across the province.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Andrea Horwath: In public, the Premier promised to protect health care, but behind closed doors she's cutting the care that we all rely on. Nearly 1,200 nursing jobs have been cut since the start of 2015 alone, and hospitals say that they are now—

Interjections.

The Speaker (Hon. Dave Levac): The Minister of Economic Development is warned.

Carry on, please.

Ms. Andrea Horwath: Hospitals say that they are now at a critical turning point. Families know exactly what that means: longer wait times when our loved ones are sick, fewer nurses to provide critical care, fewer beds in our hospitals, more overcrowding and even more worry for families and loved ones.

How can this Premier keep cutting health care when she knows that those cuts are hurting Ontarians?

Hon. Kathleen O. Wynne: I understand that it is somehow in the political interests of the third party leader to sow this kind of fear. But the reality is that I think it would be a much more productive discussion if the leader of the third party said, "You know, we recognize that you're putting more funding into health care but here's the plan that we would like to see in place," because the fact is, we're hiring more nurses.

The leader of the third party doesn't note, as she talks about changes, that there's hiring going on at the same

time as the other changes are taking place. She doesn't acknowledge that there are more health care workers being hired to work in the community, to work in hospitals, to work in health sciences centres. The fact is, health care needs are growing. As the population ages, changes are needed in terms of delivery. We're making those changes. We're increasing funding. We will continue to do that.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Final supplementary.

1100

Ms. Andrea Horwath: Well, Speaker, what I wish is that the Premier would actually start paying attention to what's happening to health care in Ontario. People are waiting months on end for the home care that they need. Thousands of seniors are stuck on waiting lists for long-term care in this province. The Premier's freeze on hospital budgets—which she cannot deny; she has frozen hospital budgets four years running—has forced hospitals to cut nearly 1,200 nursing jobs since the start of 2015. That's just the facts. That's what this Premier needs to recognize: the facts. But the Premier is too focused on helping private investors profit off the sale of Hydro One to even notice that health care is suffering because of her Liberal cuts.

It begs the question: How can this Premier actually think that profits for private investors are more important than patient care?

Hon. Kathleen O. Wynne: Well, I don't. I am very focused, as is our government, on helping people to deal with the challenge of their day-to-day lives. The fact is that there have been investments in community care. That's the side of the story that the leader of the third party omits as she talks about a partial story.

The reality is that demographics are changing. The reality is that delivery of health care is changing. We need more investment in home care, and we continue to make those investments. We continue to increase funding, and we continue to hire health care workers across the province, because we know that that kind of community care is what people need.

I look forward to discussing the budget after Thursday. I hope that the leader of the third party will then be able to comment on those further investments that we are making.

Ms. Andrea Horwath: Speaker, the Premier is failing miserably because she's actually making day-to-day life a lot worse for people.

EDUCATION FUNDING

Ms. Andrea Horwath: My next question is for the Premier. Protecting our hospitals and our children's schools is a priority for the people of Ontario, but the Premier just isn't listening to parents, students and education workers. The Liberals cut \$250 million from education last year. They've shut down nearly 100

schools in four years. Now families are worried that Thursday's budget will bring even deeper cuts to Ontario schools.

Why is this Premier cutting education when she knows that it's students that will pay the price?

Hon. Kathleen O. Wynne: We're not cutting education funding; in fact, we're increasing education funding. We've increased education funding year over year. In fact, we have been doing that in the face of declining enrolment. There are fewer students in the system, but there is more funding in the system. That means that there are more resources in place for boards to deliver services.

We are seeing the results. The graduation rate in Ontario I think is at 83% or 84% after high school. When we came into office, the graduation rate in this province was 68%. Students have gotten more support, they have gotten resources that they need, and that has allowed their achievement to improve.

We will continue to work with education leaders and with parents. The Parents Reaching Out Grants were announced last week. That was a grassroots initiative that came from parents—

The Speaker (Hon. Dave Levac): Thank you. Supplementary?

Ms. Andrea Horwath: The Liberals have already cut \$250 million from education. That's the fact. They've said that up to half a billion dollars could permanently be cut from schools by next year. Parents, trustees and community advocates who are here today know exactly what those Liberal cuts mean to our schools. They lead to bigger class sizes, a growing backlog of critical repairs to buildings, broken heaters in the middle of winter and even more school closures.

People want an answer from this Premier. Why is she cutting education when she should be protecting our children's schools?

Hon. Kathleen O. Wynne: Minister of Education.

Hon. Liz Sandals: First of all, let me repeat what the Premier said: We are not cutting education. The grants for student needs were \$22.5 billion a couple of years ago. They are still \$22.5 billion.

Let me give you an idea of where we have been investing money. In 2014, to keep schools in a good state of repair, the ministry announced an investment of \$1.25 billion for school condition improvement over three years. Just to give you an idea, Speaker, the way that grant works is that it's actually based on the facility condition index. We look at each board and customize the grants based on what condition the schools are in that board. That's how we distribute the funding, and I'd be happy to give you some more information in the next question.

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Andrea Horwath: It's like the Premier and the Liberals don't actually know what's going on in Ontario when it comes to education. They should look at their own last budget, which, on page 230, clearly states \$250 million is coming out of education.

The Auditor General says that the Liberals have failed today to keep up with urgent school repairs. Here's what that means: When old heaters break, students are forced to wear their jackets in class just to stay warm; ceilings leak in classrooms and libraries; and today, a quarter of the schools in Toronto are in critical condition and desperately need to be fixed. Yet this Premier is too focused on selling off Hydro One to even notice what's happening in our schools.

When will this Premier start paying attention to the urgent needs of students in our classrooms and stop her Liberal cuts to education?

Hon. Liz Sandals: In addition to the school condition improvement fund I told you about, we also have the school renewal fund, which is \$325 million this year. In fact, when you add up all the grants that have to do with school renewal and school retrofit, we actually spent \$825 million on just that one area last year alone.

We've also said to the school boards that, number one, we have a \$750-million school consolidation fund, and if you consolidate those schools with empty spaces, we'll help you. We'll help you do the renovation. We'll help you do the repair. We'll help you with the addition that you need. We've also directed the boards that if they sell a school, they must invest the money in repairing the schools they kept—

The Speaker (Hon. Dave Levac): Thank you. A gentle reminder: I stand, you sit.

PRIVATIZATION OF PUBLIC ASSETS

Mr. Todd Smith: My question this morning is for the Premier. More than 80% of Ontarians oppose the sale of Hydro One. Two weeks ago, the voters of Whitby-Oshawa spoke loud and clear, sending this government a resounding message: They don't want the sell-off to continue. They don't want another skyrocketing hydro bill to pay for big raises at Hydro One.

Speaker, will the Premier listen to the people of Whitby-Oshawa and have her finance minister announce in the budget on Thursday that they won't be selling off any more Hydro One shares, or will she continue to insist that she knows more than the people of Ontario?

Hon. Kathleen O. Wynne: Again, I look forward to working with the new member from Whitby-Oshawa.

Mr. Speaker, I know from having listened to people in Whitby-Oshawa that a huge concern of the people in that riding is about transportation and transportation infrastructure—transit infrastructure that needs investment. It's a community that wants that connectivity, whether it's local infrastructure, whether it's the road, whether it's Highway 407, or whether it is transit and increased GO service.

The reality is that if we are going to make the investments that we know are necessary, not just in Whitby-Oshawa but across the province, we have to have the resources to do that. That's what the broadening of the ownership of Hydro One is about: investing in that infrastructure that's going to allow our economy to thrive.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Todd Smith: It's clear from documents that were put before this House before Christmas that the money from Hydro One isn't going to infrastructure. If the Premier was actually listening in Whitby-Oshawa, why would she waste Justin Trudeau's time in dragging him into an election that they were going to get resoundingly defeated in?

Speaker, one small business in my riding recently received a bill for \$27,000 for a vacant LCBO building. When they challenged the bill, Hydro One had to admit that it had no idea that the LCBO had moved out, and they just continued to bill as if there was still an LCBO inside. Hydro One ended up settling—instead of \$27,000—for \$3,600, after they actually looked at the meter reading.

1110

People have lost faith in Hydro One. They've lost faith in this Premier. They've lost faith in this government. Will the Premier stop the further sell-off of Hydro One in this Thursday's budget?

Hon. Kathleen O. Wynne: Minister of Energy.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

The Premier passed it to the Minister of Energy.

Hon. Bob Chiarelli: First of all, I want to remind people that the province still owns 84% of Hydro One today. I also want to remind the members opposite that, of the proceeds from a partial sale of Hydro One shares, \$5 billion is going to reduce provincial debt and \$4 billion is going into infrastructure. Those are investments—or pay-down of debt—that are not coming from taxes or cutting programs. It is very, very smart fiscal management. Besides which, it is a better-managed company today, and it will become better as we go down the road. They are making decisions now in this short time period that are adding value to shareholders. And I must repeat one more time that Hydro One does not control rates. They're controlled by the Ontario Energy Board. So a better operating company—

The Speaker (Hon. Dave Levac): Thank you.

New question.

EDUCATION FUNDING

Mrs. Lisa Gretzky: My question is to the Minister of Education. Schools in this province are falling apart. Over the past five years alone, this government has underfunded school repairs by \$5.8 billion. Add that to the previous repair backlog and we now have a shortfall of \$15 billion—that's billions, Speaker.

Kids are being forced to wear winter coats inside because classrooms are 12 degrees. Roofs are collapsing and children are being injured by broken infrastructure. While this government starves school boards of the resources they need to address these issues, students and families are being left behind.

My question is simple. With a budget on the horizon, Ontario families want to know: Will this government

stop cuts to the classroom and commit to fixing the disrepair in our schools?

Hon. Liz Sandals: I'm pleased to report that, in fact, we have continued to increase education funding. If you look at the amount of funding that was received in 2003 and compare it to today, it's up \$8.1 billion. That's 56%, at a time when the number of students has decreased.

Interjection: I think she said "billion."

Hon. Liz Sandals: Billion with a "b."

The amount per pupil has gone up. The absolute amount has gone up. The amount of funding for school renewal has gone up. The amount for school renovations has gone up. The amount of money for school repairs has gone up. Everything is going up.

While there do continue to be schools that are not in great shape, we have actually fixed the funding model—

The Speaker (Hon. Dave Levac): Thank you.

Supplementary?

Mrs. Lisa Gretzky: That just shows how out of touch the minister is, because the needs of the students have increased, the cost of electricity has increased and the cost of transportation has increased. Therefore, the budgets are not sufficient.

Again, to the Minister: Ontario boasts highly qualified education and child-care workers, bright students and parents who want what's best for their children. This morning, organizations like Fix Our Schools, the Elementary Teachers' Federation of Ontario and the Ontario Coalition for Better Child Care held a press conference at Queen's Park to demand answers. Directors of education, trustees and students also attended.

The Minister of Education needs to put our students first. Kids are paying the price for her misplaced priorities. This government must recognize that it's unacceptable that kids are wearing winter coats in classrooms.

Will this government repair our schools and finally provide a safe and equal opportunity education for all Ontario students?

Hon. Liz Sandals: It might interest you to know, because it sounds as if you don't actually realize this, that every year, when we review the operating funding for school boards, we actually do increase the operating funding based on increases in utility costs, so that the school board funding is adjusted for increases in electricity and natural gas costs each year, every year, as they occur. So that is factored into school boards.

It might also interest the people in the gallery to know that we've spent \$13.9 billion to build 755 new schools in Ontario. We have built, in addition to that, 720 renovations and major additions. We have been significantly investing in our schools, and there's another \$11 billion—

The Speaker (Hon. Dave Levac): Thank you.

New question.

BEVERAGE ALCOHOL SALES

Mr. Arthur Potts: My question is to the Minister of Finance. Just last week, our government made a very important announcement that will boost consumer convenience and choice in Ontario. It seems only a few

weeks ago that I stood third in line behind the Premier and the finance minister at the Leslie Street Loblaw's as I purchased my first six-pack of Molson Canadian and Steam Whistle beer.

Last week, we announced that in total, up to 300 grocery stores, both large chains and independents, will also now be selling wine. By this fall, 70 grocery stores will be authorized to have wine, as well as fruit wine, beer and cider, sold on their shelves.

Speaker, will the minister please tell us about the great economic opportunities that this much-appreciated announcement will create?

Hon. Charles Sousa: I would like to thank the member from Beaches-East York for the question and also for his advocacy on this matter. I know that he has been a champion of the beverage alcohol industry, and I thank him for his continuous work.

The changes will create a win-win-win outcome for the province's wine lovers, for Ontario's local domestic wine producers and the farmers who support them, as well as for wines from all over the world. By selling wine in grocery stores, we'll also help to boost economic growth and preserve jobs in Ontario's wine, agriculture and tourism sectors. This will also help to maintain a vital source of economic growth and opportunity for the province's farm sector.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Arthur Potts: Cheers, Mr. Speaker. I would like to thank the minister for his answer and for this well-deserved and well-received initiative.

These changes really are a win-win-win for farmers, consumers and retailers in Ontario. I'm particularly pleased about the fact that as part of these changes, cider and fruit wines will also now be available in grocery stores.

I know that Ontario's producers in these emerging categories—cider being the fastest-growing segment in the LCBO. I'm excited to await the successes that they will achieve when afforded wider market access.

Speaker, will the minister share with this House how this government will also benefit Ontario consumers by these changes?

Hon. Charles Sousa: Again, I would like to thank the member for the question and for the cheers; I appreciate that. I too share the excitement for the potential growth for cider producers in Ontario with these changes.

As we've announced, wine and beer producers will benefit greatly from this change, along with craft brewers and distillers; craft distillers are important here as well. They will now be able to deliver directly to restaurants and bars—a change they have long advocated for. They will also now receive better selling commissions in their on-site stores. All of these changes have taken place while our government maintains our strong commitment to social responsibility wherever beverage alcohol is sold.

HYDRO RATES

Ms. Laurie Scott: My question is to the Minister of Energy. We have continuously demanded that the Liberal

government do something to address the damage resulting from their disastrous energy policies—policies that have driven the price of electricity from 4.3 cents per kilowatt hour to 17.5 cents on-peak. They're driving people into poverty just to pay off their hydro bills. And what do we get from this government? They continuously make excuses, put new packaging around shell games and confuse ratepayers even more.

The bottom line is that when people pick up their hydro bills, they see them continuing to rise at alarming rates. It's not only hurting ratepayers; it's seriously damaging our economy.

Speaker, will the minister commit to a credible plan to bring in affordable energy rates in this year's budget?

1120

Hon. Bob Chiarelli: I might remind the member that just several days ago, we announced \$100 million to assist 36,000 people in this province to reduce their energy bills. I might remind the member as well that that party supported us with the nuclear refurbishment projects that we just announced several months ago, which will show electricity going into the grid at seven and a half to eight cents per kilowatt hour. That's a very, very major initiative.

The National Energy Board projects our increase in electricity prices over the next 16 years for residential owners to be 1.7%, which is around the rate of inflation or less, because of the investments and decisions that we're making in the system today.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Laurie Scott: I have more people in poverty than ever before, and it's because of their hydro rates. I don't need more stories and excuses. The first thing the government needs to do is to stop doing what you have been doing, because it's clearly not working.

With rates four times higher than when you came into office, and a scathing Auditor General's report that shows that consumers are paying \$37 billion more than they should have paid, it clearly highlights that there needs to be a policy reversal. Thanks for the \$100 million, but you've already overcharged them by \$37 billion.

Will the minister commit today to creating an energy plan that is credible and will bring affordable energy rates, and stop signing those exorbitant contracts for unreliable energy that are continuing to drive hydro rates up even further?

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Minister of Energy?

Hon. Bob Chiarelli: One of the things that's happening to reduce rates is a conservation program at Hydro One. They have initiated a project which is saving those who participate, particularly in rural areas, between \$800 and \$1,200 a year. It's a heat pump program where they subsidize the installation of the heat pump. The record in Nova Scotia, and now in Ontario, with the program that they've started is saving customers between \$800 and \$1,200 a year. That's something that's really,

really concrete, in addition to the \$100 million we just invested for retrofits in the province.

We are taking very significant action in many different ways, and I would challenge the member to come to my office for a briefing on all of the things that we're doing for the electricity sector. Perhaps then the questions will be more informed.

CLIMATE CHANGE

Mr. Peter Tabuns: My question is to the Minister of the Environment and Climate Change. People don't want money from a cap-and-trade program to be used as a Liberal Party slush fund. They want to see this money actually tackling climate change, helping families to reduce their carbon footprint and save money.

And yet, the government announced several spending programs recently, including a \$3,000 rebate on a \$150,000 electric car, without showing how much greenhouse gases would be reduced by the program, if any.

Will these spending programs include transparent, evidence-based projections showing that they will actually help families and the climate, rather than just the Liberal Party of Ontario?

Hon. Glen R. Murray: I'll take that as support from the member opposite for the initiatives. The entire dynamic of how we measure GHGs—your point is well-taken; that will be part of the five-year action plan.

The electric vehicle program—run by my colleague the Minister of Transportation, who has provided extraordinary leadership—brings down the cost of an electric vehicle to being extraordinarily affordable. In some cases, if you're buying the Chevy Spark, it's a few thousand dollars, for seniors and for families.

It also means that electric vehicles are creating a lot of jobs, opening up our ability to attract more investment in the electric sector, and making life much more affordable. It's the same thing with our social housing and the retrofit programs the Minister of Energy is running.

These are good-news stories. They help make life more affordable. They create jobs, and it's good news.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Peter Tabuns: We've seen the Liberals have fun with numbers before. The government created the Trillium Trust as a dedicated fund for infrastructure in 2014, but then dissolved the fund as a special-purpose account just one year later. The only way we can be sure that cap-and-trade money won't be used as a slush fund is to keep the money separate.

The Canadian Environmental Law Association recommends that revenue from a cap-and-trade program flow into a separate and transparent special-purpose account and not into general government revenue. Will the government keep cap-and-trade funds separate so their use is transparent?

Hon. Glen R. Murray: You don't get much more transparent than \$325 million in specific allocations announced by the President of the Treasury Board. Each one of those programs is being run, in most cases, by a

third party, the Canadian Manufacturers and Exporters association and other partner organizations. They submit and they account directly for that funding. You can't get much more transparent than that.

Mr. Speaker, you'll see, when the climate change legislation—because I know the NDP is very good at spending money. We'll find out in the next week or two whether they'll actually support a price on pollution, which I hope they will. If they'll support a price on pollution, you will see the accounting exercise being very, very clear.

We have to meet the same standards as Quebec and California under the Western Climate Initiative, and we have a third-party review by the compact of regions that we're actually making progress. There isn't a jurisdiction that is being held to a higher standard than we are.

JOB CREATION

Ms. Ann Hoggarth: I'd like to direct my question to the Minister of Economic Development, Employment and Infrastructure. Last month, Ontario gained nearly 20,000 net new jobs, which adds to a long line of months of growth of jobs in this province. In fact, I understand that, in the last two months alone, Ontario has gained a net of 50,000 jobs. While it sounds like steady growth, I recently heard the Leader of the Opposition on CP24 insinuating that Ontario is actually losing jobs.

If the Leader of the Opposition is incorrect in that statement, I'm concerned that Ontarians may not be getting the straight facts on the strength of Ontario's economic growth. I would certainly encourage all legislators to refrain from talking Ontario's economy down and, instead, accurately—

Interjections.

Ms. Ann Hoggarth: Minister, please advise this House on how Ontario is doing in attracting investment and jobs.

Hon. Brad Duguid: I'm very pleased to confirm to the member that Ontario's economy continues to grow. Ontarians are being inundated, however, with economic news about challenges in the overall Canadian economy.

Interjections.

The Speaker (Hon. Dave Levac): Oops. The member from Hamilton East-Stoney Creek is warned.

Please finish.

Hon. Brad Duguid: Okay, Mr. Speaker. The national news is often inundated with tough times that are taking place in our sister province, in Alberta. The fact that Ontario's economic performance has been much stronger than the national picture and is trending in a much more positive direction can sometimes get lost in that national coverage. Ontario continues to lead this country in growth and in job creation.

Here are the facts, not according to me, but Stats Canada: Since 2009, Ontario has gained 608,300 net new jobs—

The Speaker (Hon. Dave Levac): Thank you. Supplementary.

Ms. Ann Hoggarth: I'm pleased to hear that, overall, Ontario's economy continues to be on the upswing. That's good news for Ontario workers and for families all across this province.

Many of us will be joining our municipal partners later today at the Ontario Good Roads Association/ROMA conference. While Ontario is excelling in job creation overall, I know that some regions of the province are still struggling. Some parts of the province were hit harder by global recession than others and still need some support to enjoy the overall level of growth experienced province-wide. As well, our manufacturing sector is still transitioning to global initiatives.

Can the minister share with this Legislature some of the measures he is taking to drive regional economic growth and growth in manufacturing?

Hon. Brad Duguid: What an important and timely question. While Ontario has led North America for two years in a row in attracting foreign direct investment, we continue to lead Canada in job creation and growth.

The fact is, though, some regions of our province were hit harder by the global recession than others, and some are still struggling. That's why we ignored the advice of the opposition and took the advice of our local municipal partners when we established our regional economic development funds. We've invested \$170 million through our regional economic development funds, which has leveraged \$1.8 billion in private sector investment and has created or supported over 41,000 jobs in eastern and southwestern Ontario. The vast majority of those investments are in manufacturing. In fact, over the last 12 months alone, we've seen 15,000 net new manufacturing jobs added to this province.

We're not done; we have more work to do. But we're going to continue to diligently invest in these programs.

1130

PROPERTY TAXATION

Mr. Norm Miller: My question is for the Minister of Finance. This week is the start of the Rural Ontario Municipal Association annual conference. You may remember the Premier's speech in 2015 where she promised, "We will reform the provincial land tax ... we will bring forward proposals that can be implemented" this year. Well, Minister, it has been a year, and still silence from your government.

My question is simple: When will the Minister of Finance table reforms that will find a meaningful solution for both municipalities and Ontarians living in unorganized territories, or is this just another stretch goal?

Hon. Charles Sousa: Thank you for the question. I appreciate the concern, because it's something that we all share, recognizing the impact it has on municipalities. We also understand the issue with regard to unincorporated lands and unincorporated properties and regions around those respective municipalities. Those consultations have been ongoing and have been proceeding. We recognize that those neighbouring municipalities want a

component share of that. The Premier made that commitment. We are working on that. In the upcoming budget, we'll have more to say.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Norm Miller: Minister of Finance, this is an issue that requires real leadership and a real commitment to the people of northern Ontario, in both unorganized territories and municipalities. Because of this Liberal government's cuts to the Ontario Municipal Partnership Fund, northern municipalities need financial assistance now more than ever. The minister promised to help, but now he's nowhere to be found.

When the Minister of Finance speaks to the rural and northern mayors at the minister's forum later today, will he apologize for breaking yet another promise?

Hon. Charles Sousa: We made a commitment to actually provide municipalities with \$505 million in unconditional funding through the OMPF. The OMPF, combined with the municipal benefit results from the provincial uploads, totals \$2.3 billion, nearly four times the level of funding provided in 2004. This is the equivalent of 13% of municipal property tax revenue in the province.

The member knows perfectly well that the OMPF has been revised, but that supports for those communities is continuing. Frankly, it was a result of the uploads and the downloading of the previous government that created a lot of havoc and a lot of stress in the system. We've uploaded. We're providing support. There are net benefits going to those municipalities. They'll continue. They have our support. Much more will be said in the budget that's going to provide them with a great degree of support. We hope we can count on your support for them as a result.

AUTOMOBILE INSURANCE

Mr. Jagmeet Singh: My question is to the Premier. This government has created two worlds in Ontario: There's one world where the rest of us live, and there's the other world where the Liberal government and their powerful lobbyists live, like the auto insurance industry, which currently enjoys record profits at the same time as Ontarians pay the highest auto insurance premiums in the entire country.

The government was pushed by New Democrats in 2013 to reduce auto insurance premiums by 15%. The government responded and said that they would complete this promise within two years. That timeline is long gone, and this government hasn't even achieved half of that promise. In response, the Premier has said, "Oh, that was simply a stretch goal," something they never intended completing anyway.

The timeline has passed. The Liberals have broken their promise. New Democrats call this stretch goal a broken promise. How can Ontarians trust this government to fulfill any—

The Speaker (Hon. Dave Levac): Thank you, Premier?

Hon. Kathleen O. Wynne: Minister of Finance.

Hon. Charles Sousa: I appreciate the question. I remind the member opposite that, had we proceeded with the work we did on time and as scheduled, some of that benefit would be had now. But because of the delays and the obstructions by the members opposite, we've now had to provide for legislation that was later than expected.

The fact of the matter is, insurance rates are going down, not up. Many insurance companies, because it's a competitive industry, have already started to provide 15% reductions in their insurance premiums.

Furthermore, it's not at a point in time that matters most. It's on an ongoing basis to ensure that there's a structural change in the system to provide for lower costs of claims and better benefits for the 9.5 million drivers that exist.

We're doing our job. We hope we can count on their support going forward.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Jagmeet Singh: Let's be clear: This Liberal government and this Premier have the power and the ability to reduce auto insurance premiums, but they won't because it's not a priority for this government. The government has made it clear that they're continuing to break promise after promise. The Premier likes to call those simply stretch goals: promises that they make but that they never intend to complete anyway.

In the upcoming budget, Ontarians want to see some real commitments. They want to see investments in health care. They want to see commitments to ensure that we have good-paying permanent jobs in this province. They want to see affordable auto insurance rates and they don't want to see continual slashing and cutting of our benefits. They want to see investment that actually builds transit in this province, but they know better than to trust this government. They know that this government is going to just make more stretch goals.

My question is simple: What other stretch goals can we look forward to in this upcoming budget?

Hon. Charles Sousa: Ontario currently has and will continue to have the most generous benefits anywhere in the country. That will continue. The member opposite is well aware that a number of changes are being proposed in terms of making the processing of claims more efficient to provide greater benefit to the victims and those who are in need, and to enable more affordability and more efficiency in the system. Those are the proposed changes that we're making, as well as anti-fraud measures and other things that enable the system to be less expensive.

We put those changes in place, they delayed them, and now we're trying to still catch up as a result of those delays. We're getting there. Many of these companies are competitive. They are providing for lower rates and they'll continue to do so, provided the member opposite doesn't obstruct them any further.

FIRST RESPONDERS

Mrs. Kathryn McGarry: My question is for the Minister of Labour. I was pleased when the minister

introduced the Supporting Ontario's First Responders Act. First responders are at risk of PTSD due to the traumatic situations that they have to engage in and the accumulative effect of experiencing these traumatic events.

For example, during a shift as a nurse in the emergency room at Cambridge hospital, a child came in with no vital signs from a car crash. A police officer guided the stretcher, and a paramedic and firefighter performed CPR. We couldn't save him. They were very upset but had to attend to other incidents that shift. The same paramedics attended several other traumatic events during the next week. With no supports to help them cope, one paramedic was later diagnosed with PTSD. She was delayed in getting WSIB, hampering her recovery.

Can the minister please inform the House what this legislation entails and the significance it will have if passed?

Hon. Kevin Daniel Flynn: I'd like to thank the member for her question and for the interest of all members of the House in this very important topic. Last Thursday, I introduced the Supporting Ontario's First Responders Act. Now, I know that all members in this House recognize that post-traumatic stress disorder is a very significant risk to the health and well-being of first responders in this province. Physical injuries we can spot pretty clearly; psychological injuries take a lot more.

If passed by the House, this bill is going to create a presumption that PTSD diagnosed in first responders is a result of the workers' employment. Their claims to the WSIB will be automatically approved after that. This will provide for immediate identification of the issue, immediate intervention and immediate treatment for the first responders.

I'm very proud of this bill. I hope it gets the support of the entire House.

Mrs. Kathryn McGarry: Thank you, Minister, for your response.

I know he has worked hard to advocate for our first responders. Some of them, including some firefighters from my community of Cambridge, came to Queen's Park to show their support when the minister announced the proposed legislation. These changes, if passed, would make a big difference in the lives of dedicated professionals who experience traumatic events in the course of their work.

This legislation supports those who are already suffering from PTSD. I know that this government has emphasized a comprehensive plan that supports cultural change to overcome stigma and provides the mental tools necessary to respond to events and build resiliency, as well as to help prevent PTSD from occurring in the first place.

1140

Can the minister please share with the House the prevention pieces of this comprehensive PTSD strategy for our first responders?

Hon. Kevin Daniel Flynn: That is an excellent question because it points out that we need a comprehensive strategy on this and that while it's important that the bill

pass—that the legislation in the House pass—it's also important that we have preventive legislation and preventive programs in this regard. So with the full support of the Premier, I brought forward what I think is a comprehensive plan that addresses the legislative portion and that also addresses the prevention portion.

Prevention initiatives are:

—we're going to have an awareness campaign that you'll be hearing on the radio very soon;

—a leadership summit in which the first responders want to see duplicated the success we had last year;

—an online tool kit for all employers in this province so that you can come from the smallest municipality and you'll have access to the same information as the city of Toronto.

There's more research emerging on this issue. Ontario is going to stay on top of that research. We're going to be a leader in this regard.

WIND TURBINES

Mr. Jim Wilson: My question is for the Premier. A few days ago, the province approved the wpd wind turbine project in my riding of Simcoe-Grey. This project will result in eight 500-foot wind turbines placed literally right next door to Collingwood Regional Airport.

The municipalities in my riding don't want this project. As I've said several times in this House, the people of my riding aren't in favour of it either. The municipalities have done a study that shows the turbines will hurt the local economy and future investment at the airport. Furthermore, this project endangers pilots and public safety.

The towers will be the tallest structures in all of rural Ontario, throughout Canada. They're as tall as the TD office tower in downtown Toronto.

Mr. Speaker, given all these points, can the Premier tell us why her government is ignoring the safety of the people of Simcoe-Grey, Canada's pilots and the local municipalities in allowing this project to proceed?

Hon. Kathleen O. Wynne: Minister of the Environment and Climate Change.

Hon. Glen R. Murray: I thank the honourable member for his question. We've had this conversation a few times. As he knows, in this case, we took extraordinary measures to consult, adding—

Interjections.

Hon. Glen R. Murray: Well, maybe they don't know this, Mr. Speaker—but extending our standard—

Interjections.

Hon. Glen R. Murray: Mr. Speaker, I can't even hear myself, never mind the opposition.

Interjections.

The Speaker (Hon. Dave Levac): Enough.

Hon. Glen R. Murray: Thank you, Mr. Speaker. We added six months to the standard review over two years. We considered over 350 public and agency comments and looked at the economic side.

But I want to be very clear about this: Nav Canada reviewed this not once, not twice, but three times—they set the standards for air navigation—and they found no problem with it, Mr. Speaker—

The Speaker (Hon. Dave Levac): Thank you. The member from Prince Edward–Hastings, albeit late, is warned. But there's always time for another one.

Supplementary.

Mr. Jim Wilson: Well, Mr. Speaker, I've heard this gibberish from the minister before. He doesn't know what the heck he's talking about on this issue. Nav Can told me and the Deputy Minister of Transportation a year and a half ago that they didn't have any rules for this sort of situation because they didn't think that any government would be stupid enough to build eight 500-foot wind turbines close to a regional airport, so they don't have any rules.

I hope you're aware that you're the only government in Canada that took away local powers to plan. You've changed the Planning Act. Everybody else, when they have this situation, can say, "Move your towers." They can't do that in Ontario.

You've ignored everything you've heard on this issue and you keep hiding behind Nav Canada, and Nav Canada told you, "Don't put the towers there. We don't have any rules to protect you."

Their advice to the airport is, "If it gets really bad, close the airport. If it gets bad enough, change your runways. Move your runways." We're expecting tens of millions of dollars to invest in—

The Speaker (Hon. Dave Levac): Thank you.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Minister?

Hon. Glen R. Murray: Let's just review this carefully. On January 5, 2016, NAV Canada gave their first opinion, saying that the Fairview project will have minimal impact on the current or future operations of the CRA. On January 7, Transport Canada said the same thing. And on January 14, NAV Canada again provided their comments based on the town's analysis that this is not interfering with their requirements.

We had his party in power federally, and this is a federally regulated standard. We appealed to the federal minister to review it. She did not return my phone calls, Mr. Speaker; maybe the member opposite had the same luck. This is within NAV Canada's standards and guidelines. It is not a provincial responsibility.

Finally, it is not my decision. It is a decision of the director, of a public servant. And the member is suggesting I politicize it by inserting myself improperly and illegally in the decision—

The Speaker (Hon. Dave Levac): Thank you.

There are no deferred votes. This House stands recessed until 1 p.m. this afternoon.

The House recessed from 1146 to 1300.

INTRODUCTION OF VISITORS

Mr. Randy Pettapiece: I was remiss this morning in not introducing the grandmother and brother of our page captain Andrew Johnson. Joyce Johnson and Evan Johnson were here this morning.

ORDER OF BUSINESS

The Speaker (Hon. Dave Levac): The deputy House leader on a point of order.

Hon. James J. Bradley: Point of order, Mr. Speaker: I believe we have unanimous consent to put forward a motion without notice regarding today's routine proceedings.

The Speaker (Hon. Dave Levac): The government House leader is seeking unanimous consent to put forward a motion without notice. Do we agree? Agreed.

Hon. James J. Bradley: I believe you will find that we have unanimous consent for a representative from each caucus to speak for up to five minutes regarding regulation 17 prior to the commencement of routine proceedings, and that members be permitted to wear Franco-Ontarian pins.

The Speaker (Hon. Dave Levac): The deputy government House leader is seeking unanimous consent to have the motion adhered to. Do we agree? Agreed.

Motion agreed to.

ÉDUCATION EN FRANÇAIS

FRENCH-LANGUAGE EDUCATION

L'hon. Kathleen O. Wynne: Je tiens à accomplir deux tâches importantes aujourd'hui à l'Assemblée.

First, to deliver on a promise I made in December to speak truth about a government regulation that effectively outlawed public French-language education for a generation of schoolchildren one century ago; and second, I wish to recognize how far our province has come since that time.

De nos jours, nous célébrons la culture francophone. Les communautés francophones ont contribué à faire de l'Ontario une province dynamique et prospère.

En 2015, nous avons eu la chance de célébrer les 400 ans de la présence française en Ontario. Pour célébrer les 400 ans de la présence française en Ontario, notre gouvernement a mené diverses initiatives visant à faire connaître l'histoire des Franco-Ontariennes et Franco-Ontariens, les progrès qu'ils ont accomplis et les obstacles qu'ils ont dû surmonter.

Today, I want to acknowledge regulation 17 as one of those barriers.

Le règlement 17 a été adopté en 1912.

In 1912, regulation 17 prohibited primary schools from using French as a language of instruction or communication beyond grade 2, allowing only one hour per day for French to be taught as a subject in primary schools.

Les parents et les enseignants des écoles francophones se sont opposés farouchement au règlement 17. De nombreux enseignants ont résisté et continué d'enseigner en français.

La communauté a été encore plus choquée lorsque le gouvernement a imposé de fortes pénalités pour les infractions aux dispositions du règlement 17. Les écoles qui maintenaient l'enseignement en français perdaient leur financement. Des enseignants perdaient leur brevet.

The francophone community feared that Franco-Ontarian children were losing their language.

Les francophones ont alors renforcé leur détermination et se sont mobilisés politiquement dans la presse et devant les tribunaux. Le quotidien de langue française *Le Droit* a été fondé en 1913 avec la mission précise de s'opposer au règlement 17, et 102 ans plus tard, *Le Droit* demeure un pilier de la communauté francophone.

Au fur et à mesure que les écoles françaises autofinancées se retrouvaient à court d'argent, elles n'avaient d'autre choix que de suivre le curriculum public ou de fermer leurs portes.

The government enforced regulation 17 for more than a decade before finally conceding that the policy was a failure. But it stayed on the books much longer.

Aujourd'hui, au nom du gouvernement de l'Ontario, je présente des excuses à tous les Franco-Ontariens dont la famille et les communautés ont souffert à cause du règlement 17.

Regulation 17 showed a disregard for Franco-Ontarian identity and equality, and on behalf of the government of Ontario, I offer an apology.

I want to thank MPP Glenn Thibeault for bringing forward this motion last December.

J'aimerais remercier le député Glenn Thibeault pour avoir présenté cette résolution en décembre dernier. Je veux aussi remercier la ministre Madeleine Meilleur pour ses efforts inlassables afin de promouvoir, de protéger et de préserver le fait français en Ontario.

I want to also thank Minister Madeleine Meilleur for her tireless efforts to promote, protect and preserve the francophone presence in Ontario.

Je suis heureuse que nous ayons parmi nous aujourd'hui des personnes dont la famille ou la communauté ont été touchées par le règlement 17, de même que d'autres personnes qui ont rappelé à cette Assemblée ce chapitre de notre histoire.

Ainsi, je tiens à souligner le travail des représentants de l'Association canadienne-française de l'Ontario du grand Sudbury et de son président, Denis Constantineau. Au nom du gouvernement de l'Ontario, je tiens à vous remercier.

The tremendous courage and tenacity of Franco-Ontarians has not gone unnoticed.

Vos efforts ont aidé l'Ontario à faire un bon bout de chemin au cours des 100 dernières années. Il suffit de se rappeler l'adoption honteuse du règlement 17 en 1912 et l'adoption de la Loi de 1986 sur les services en français. Nous pouvons tous être fiers du cheminement de notre province.

We can all be proud of the distance Ontario has travelled. In just a few generations, Ontario has gone from a place that was, at times, resistant to diversity to a place that fully embraces different cultures and languages—from fearing our differences to celebrating and learning from them.

Ainsi, les réalisations des Franco-Ontariens nous donnent de grands espoirs que notre société continuera à reconnaître la vérité sur notre passé et nos victoires durement gagnées. Car, c'est ainsi que nous pouvons continuer à renforcer l'égalité, à multiplier les possibilités et à donner à toutes les communautés le respect, la reconnaissance et les ressources que nous méritons tous et toutes. Merci beaucoup.

Le Président (L'hon. Dave Levac): Merci beaucoup, madame la Première Ministre.

And now, the member from Leeds-Grenville and the deputy leader.

M. Steve Clark: Je tiens à remercier la première ministre de mettre cette déclaration de l'avant. C'est un plaisir pour moi d'en discuter cet après-midi.

L'an dernier, nous avons célébré 400 ans d'existence française en Ontario, ainsi que le 40^e anniversaire du drapeau franco-ontarien.

Les francophones ont contribué à bâtir la province que nous avons aujourd'hui, avec plus de 611 000 francophones et francophiles, comme moi, vivant maintenant en Ontario.

Le caucus PC de l'Ontario reconnaît que les francophones de l'Ontario méritent des excuses du gouvernement pour le règlement 17, qui avait interdit l'utilisation de la langue française dans les écoles primaires pour 15 ans au début du 20^e siècle. Mais, les excuses devraient être accompagnées par des mesures concrètes pour promouvoir la langue française dans cette province.

Il y avait une erreur dans le passé, et il est important de reconnaître cette erreur. Mais, ce que la communauté francophone veut vraiment sont des mesures concrètes pour améliorer les services en français en Ontario.

1310

Je dois rappeler au gouvernement que c'est notre chef qui a été le premier chef d'un parti provincial à soutenir publiquement une nouvelle université franco-ontarienne. En effet, notre chef Patrick Brown a posé une question au gouvernement en français à l'Assemblée législative sur cette question importante pour les Franco-Ontariens.

Monsieur le Président, je prends la parole aujourd'hui au nom de ma collègue la députée Martow, qui est la porte-parole des Affaires francophones de notre parti. En fait, la députée Martow se trouve aujourd'hui à une conférence francophone.

Je suis fier du fait que notre chef Patrick Brown est bilingue et que plusieurs membres de notre caucus parlent maintenant plus en français à l'Assemblée législative.

En conclusion, j'ai eu le grand plaisir de jouer au hockey ce week-end passé, dans ma circonscription de Leeds-Grenville, avec les anciens joueurs de la Ligue

nationale de hockey de l'équipe des Canadiens de Montréal. Quel honneur et quel privilège c'était que de jouer avec ces anciens joueurs de hockey canadiens français.

Je vous remercie, monsieur le Président, de m'avoir donné cette opportunité aujourd'hui.

Le Président (L'hon. Dave Levac): Merci beaucoup.

Now, the leader of the third party.

M^{me} Andrea Horwath: Merci, monsieur le Président. En 1912, le gouvernement ontarien a adopté le règlement 17, qui empêchait l'enseignement du français en Ontario. Le règlement 17 représente une époque très sombre pour le peuple franco-ontarien et pour tout l'Ontario. De la part du parti néo-démocrate de l'Ontario, j'aimerais offrir mes excuses les plus sincères aux générations de francophones qui ont vécu les répercussions néfastes du règlement 17.

No government should ever pass discriminatory measures. It is appalling that francophones had their future stripped away from them because regulation 17 meant that they could no longer attend school in their mother tongue. The lasting impacts of this assimilation policy created barriers to education for francophone Ontarians for many decades.

Although much progress has been made in the realm of French-language education in Ontario, barriers still remain. Francophone children do not always have access to French schools, and we still don't have a French university governed for and by francophone Ontarians.

I hope that in remembering and apologizing for the severe consequences of regulation 17, we will all strive to continuously improve French-speaking education across this province.

Le 25 juin 1912, les élèves franco-ontariens se sont vus dépouillés de leur droit d'étudier dans leur langue. Le règlement 17 interdisait l'éducation dans la langue française à travers tout l'Ontario.

Le gouvernement de l'époque a voulu assimiler la communauté francophone. Cette loi a eu des conséquences graves sur plusieurs générations. Les francophones de l'époque, n'ayant pas accès à l'école dans leur langue maternelle, ne pouvaient apprendre à lire et à écrire correctement.

Je suis navrée et je m'excuse, au nom de tous mes collègues néo-démocrates, pour cette politique discriminatoire.

Cependant, dès l'adoption du règlement 17, les francophones s'organisent et livrent une lutte en faveur de leurs droits scolaires. Il ne faut pas oublier les échos politiques et institutionnels qui ont entouré le règlement 17 et la naissance de la revendication pour l'éducation en langue française.

La communauté franco-ontarienne ne s'est pas laissé assimiler. Elle s'est unie et s'est ralliée contre ces injustices. Nous avons vu des manifestations de plus de 1 000 personnes à Ottawa et de centaines de personnes à Sudbury contre le règlement 17. Durant cette période tumultueuse, nous avons vu la création de l'Association

canadienne-française d'éducation d'Ontario, qui deviendra l'ACFO; puis de l'AFO, qui existe toujours aujourd'hui; et du Syndicat d'Oeuvres sociales, qui fondera le quotidien *Le Droit*. Au Québec, on commence la campagne du Sou de la pensée française, pour aider les francophones de l'Ontario.

Les femmes francophones ont également revendiqué. Elles se sont unies pour protéger l'éducation en français dans leur province. La fameuse bataille des épingle à chapeaux, où des dames ont empêché les inspecteurs d'entrer et de fermer leur école en brandissant leurs épingle à chapeaux : ma collègue la députée de Nickel Belt a déposé un projet de loi afin de faire reconnaître le 29 janvier, chaque année, comme la journée de la bataille des épingle à chapeaux.

Même si de nombreux progrès ont été accomplis dans le domaine de l'éducation en langue française, nous avons toujours plusieurs problèmes d'accès à l'éducation à tous les niveaux et nous n'avons toujours pas notre Université de l'Ontario français.

Il faut souligner avec fierté les efforts que le peuple franco-ontarien a faits pour revendiquer leurs droits. Mais il ne faut surtout pas oublier les conséquences désastreuses du règlement 17 sur des générations de francophones qui ont dû vivre leur vie sans éducation, et surtout ne pas oublier les barrières qui existent encore aujourd'hui pour les jeunes francophones de cette province.

The Speaker (Hon. Dave Levac): I thank all members for their statements. Merci beaucoup.

MEMBERS' STATEMENTS

LENNOX AND ADDINGTON INTERVAL HOUSE

Mr. Randy Hillier: This morning, the Lennox and Addington Interval House in Napanee was awarded the third annual Family Advocacy Award, which honours people and organizations that make a positive contribution to the lives of families.

Interval House earned this reward for their 24 years of service and their great work on helping those affected by domestic violence throughout Napanee and Lennox and Addington. Interval House has provided services which have made a great and a positive difference in many lives and provided safety to those affected by domestic violence. They have provided shelters to those brave enough to leave; resources for those attempting to help; legal information to help regain a sense of justice; and a helping and caring hand, and listening ears, to help end the isolation.

I'd like to congratulate the Lennox and Addington Interval House once again for all their great efforts, which have resulted in this award, and all that they do to improve the lives of families in Lennox and Addington and the greater Napanee region.

COLDEST NIGHT OF THE YEAR

Ms. Jennifer K. French: February 20 marked the Coldest Night of the Year, and this past Saturday, communities across the province came together to walk for awareness of and raise funds for homelessness.

In Oshawa, our Coldest Night of the Year walk benefited The Refuge outreach centre. The Refuge does invaluable work across our community to support our homeless, hungry and hurting youth.

This year was a balmy 10 degrees, so it wasn't as cold as years prior, and we were warmed by the spirit of the volunteers and the shared purpose. In fact, there were 92 participating communities across the country, and Oshawa placed 11th in funds raised, but fifth overall in terms of number of participants. That is what community is all about.

Speaker, events like this remind us how generous our communities are, but we should not have to rely on generosity to ensure that all of our community members are safe and warm. When it comes to homelessness, this government is failing. We have a poverty reduction strategy in Ontario, but there are no measurable targets in place. In my experience, a strategy without targets isn't much of a strategy at all.

Interjection: It's a stretch.

Ms. Jennifer K. French: It's a stretch. According to Ontario's chief coroner, this government doesn't even keep track of homeless deaths. They don't keep track, they don't measure and they don't seem to care.

1320

Homelessness is a very real challenge across the province. I challenge this government to care, to set real and measurable targets. Perhaps then we can stop relying on the generosity of communities to crowd-fund Ontario's poverty reduction.

SINGH KHALSA SEWA CLUB

Mr. Vic Dhillon: This past Christmas, the Singh Khalsa Sewa Club organized a massive food and clothing drive within my riding of Brampton West. The word "sewa" means "help without the expectation of anything in return."

The response from the community members was enthusiastic and very positive. On Christmas Day, donations of goods collected were handed over to Knights Table, a wonderful organization in Brampton West serving the needs of people dealing with the issues of poverty and homelessness.

The volunteers from the Singh Khalsa Sewa Club did not consider Christmas as just another holiday. They worked tirelessly through the week prior to Christmas to go door to door in my riding of Brampton West. In their feedback, this organization advised me that the community was very kind and generous to those in need at this special time of the year.

I look forward to working at the grassroots level with the Singh Khalsa Sewa Club to continue to work towards

integrating every member in my riding, to spread the message of the Canadian values of oneness and living in harmony.

Mr. Speaker, I want to congratulate the Singh Khalsa Sewa Club and the Knights Table for all the great work they do for our community.

BERNARD CAMERON

Mr. Jack MacLaren: Bernard Cameron died tragically on February 11. He will be sadly missed by his wife, Catherine, his four children, his six grandchildren, his four brothers, his extended family and the community of Almonte, where he lived.

Bernard graduated from the University of Western Ontario, and was a much-respected high school teacher. He served as a Boy Scout leader for 25 years and was on the board of the Mississippi Valley Textile Museum. He was also elected to two terms as councillor for the municipality of Mississippi Mills.

Bernard Cameron will be greatly missed by all.

I ask that we have a moment of silence to remember Bernard Cameron.

The Speaker (Hon. Dave Levac): With the member's indulgence, can I do a unanimous consent after the rest of the statements?

Mr. Jack MacLaren: Yes.

The Speaker (Hon. Dave Levac): Thank you.

COLDEST NIGHT OF THE YEAR

Miss Monique Taylor: Saturday brought record temperatures to many parts of Ontario, but it was also the Coldest Night of the Year in over 40 communities across Ontario, where thousands of women, men and children walked to raise money to support their neighbours who are hungry, homeless or hurting.

On Hamilton Mountain, it was my great pleasure to head over to St. Stephen on the Mount, which was the base camp for the walk in support of Neighbour to Neighbour, our local food bank, before we headed out with 300 other walkers.

This was the third annual Coldest Night walk organized by Neighbour to Neighbour. As in past years, it was a great feeling to see our community coming together to support an organization that puts people first.

Offering housing support, family budgeting, counselling and various food programs, Neighbour to Neighbour is a vital part of our community and we are fortunate to have the dedicated staff and volunteers who run it.

The walk on the mountain raised almost \$55,000, and that was at last count. I know every penny will be put to good use.

I want to offer my sincere thanks to the organizers of the Coldest Night of the Year walk; to the event sponsors; to all who walked; and especially to the volunteers who took care of the registration, greeted us along the route and welcomed us back with a piping hot cup of chili.

INTERNATIONAL MOTHER LANGUAGE DAY

Mr. Arthur Potts: This past weekend I participated in a series of events celebrating International Mother Language Day. My member's statement today is especially important, considering the apology that this House has heard about regulation 17, which prohibited Franco-Ontarians from being taught in their mother language.

International Mother Language Day was created in 1999 by a Bangladeshi living in Vancouver; to promote awareness of linguistic and cultural diversity, and the value of multilingualism.

The choice of the day commemorates the killing of four students on February 21, 1952, as they protested for the right to speak Bangla in Dhaka, Pakistan, which eventually led to the independence of Bangladesh. The event reinforces the critical importance of language in preserving a people's culture, traditions and history.

In 2009, Ontario officially recognized February 21 as International Mother Language Day. Our local Bangladeshi community created a number of events to reflect the theme—I was honoured to participate in them—including an open discussion on the role of language in education and integration in Canadian society, an art and poetry competition for children in the Bangladeshi community, a large rally that went to a memorial on Danforth Avenue, and a sombre yet beautiful commemoration of those who gave their lives fighting for the right to speak their mother tongue.

We are fortunate, Speaker, to live in a province where so many languages are spoken and so many cultures are sustained through the teaching and sharing of their languages, including our First Nations languages. I encourage you and this House to join me in recognition of International Mother Language Day, to remember the sacrifice of those students so many years ago, and to celebrate those who preserve and sustain their languages today.

WIARTON WILLIE FESTIVAL

Mr. Bill Walker: As you may be aware, Wiarton is home to Canada's foremost weather prognosticator, Wiarton Willie. This year was a very special celebration as we hosted the diamond 60th anniversary of the Wiarton Willie Festival on February 2.

Groundhog Day is one of the most popular events in Ontario. Without a shadow of a doubt, it was one of the best-ever celebrations and saw thousands of visitors from all corners of the country flock to my beautiful riding of Bruce-Grey-Owen Sound to see the world-famous albino groundhog cast his shadow and declare six more weeks of winter.

I was also pleased to host our party's leader, Patrick Brown, during his first visit to the festival, as well as my colleague Randy Pettapiece from Perth-Wellington, who also has a cottage in nearby Lion's Head.

Everyone enjoyed a great weekend, which featured a festival queen pageant, hockey tournaments, curling bonspiels, ice carving, buskers and a zoo, just to name a few family-friendly events. None of this fun would have been possible without the genius idea of its founder, Mac McKenzie, who sent out invitations to the first Groundhog Day gathering, held in his backyard in 1956 in an effort to break the winter blues.

Willie has always been well-cared for over the years by handlers John Makela, Sam Brouwer and Don Crain. This year Willie's prediction was six more weeks of winter, which put him at odds with that of his Pennsylvania counterpart, Punxsutawney Phil, and Shubenacadie Sam in Nova Scotia. But that's okay. This was not the first time Willie generated excitement.

You see, I was the spin doctor, the spokesperson in 1999, and Tom Ashman and Dee Cherrie-Ashman were key organizers in the year of his infamous demise, when the albino prognosticator passed away just days before Groundhog Day. We garnered media attention from all around the world and had so many messages of condolence and well wishes that it crashed our Internet: over one million hits in three hours.

Fortunately, Willie's son Wee Willie, who had tunneled his way to our nation's capital, returned and continues making the annual famous predictions for the whole world to hear.

The Speaker (Hon. Dave Levac): We welcome Willie.

YOUTH BOCCE CANADA

Mrs. Laura Albanese: I would like to recognize today Youth Bocce Canada, which is proudly associated with Special Olympics Ontario, and their 23rd Youth Bocce Canada championship for athletes with special needs, which is happening this Friday, February 26 at the Amesbury Sports Complex in my riding of York South-Weston.

This exceptional organization was founded in 1994 by my constituent Lee Prioriello, whose passion, vision and dedication have affected so many. The organization's mission is to support over 400 athletes with special needs in the GTA and York region. The game of bocce is used to promote participation, socialization and a sense of community.

The championship taking place this next Friday is extremely important to special-needs youth as it gives them a chance to participate in a sport in a team environment. Remarkably, Youth Bocce Canada hosts the largest bocce tournament in all of Canada. It also provides bursary awards for special financial needs participants and organizes pilgrimages with small groups of participants. They have travelled to France, to Italy and to the Vatican.

Youth Bocce Canada is a private organization; it is not funded by the government. All events are made possible with the support of many committed sponsors that purchase advertisements in the Youth Bocce Magazine.

Congratulations to Youth Bocce Canada on their tournament, to Lee Prioriello as the founder, and thank you to all of the volunteers for all they do for the special youth and kids in our community.

The Speaker (Hon. Dave Levac): Grazie.

COLDEST NIGHT OF THE YEAR

Mr. Glenn Thibeault: I'm always honoured to rise in this House and speak about some great work that's happening in my riding. Just this past weekend, in the riding of Sudbury, we were part of a national campaign which is called the Coldest Night of the Year. It's a walk held around the country that raises money for the hungry, the homeless and the hurting in 100-plus cities.

1330

What I'm very proud of, Mr. Speaker, is two things: First off, about 300 people in my riding participated in this walk, and over \$50,000 was raised to help programs in my great riding of Sudbury that help the homeless and the hungry. Specifically the Samaritan Centre, which is a phenomenal place and does great work, ranked 13th out of 2,800 teams of walkers. They did great work. We also had four teams in Sudbury that were in the top 100 nationally, and seven walkers from Sudbury were also in the top 100 nationally. So not only are we doing great work to try and raise funds to help the homeless in my community; we're also caring for them and giving them fellowship.

I should also mention, Mr. Speaker, that the member from Newmarket–Aurora was also part of this walk in his great community, and so was the member from Durham. So we're doing great things, not only as a government, but our communities are doing great things as well.

BERNARD CAMERON

The Speaker (Hon. Dave Levac): The member from Carleton–Mississippi Mills has deferred unanimous consent for his friend Mr. Bernard Cameron. He's seeking unanimous consent for a moment's silence. Do we agree? Agreed.

Could I have all members please stand for a moment of silence in honour of Bernard Cameron.

The House observed a moment's silence.

The Speaker (Hon. Dave Levac): Pray be seated.

INTRODUCTION OF BILLS

LICENSED HOME INSPECTORS ACT, 2016

LOI DE 2016

SUR LES INSPECTEURS D'HABITATIONS TITULAIRES D'UN PERMIS

Mr. Dong moved first reading of the following bill:

Bill 165, An Act to regulate home inspectors / Projet de loi 165, Loi visant à réglementer les inspecteurs d'habitations.

The Speaker (Hon. Dave Levac): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Dave Levac): The member for a short statement.

Mr. Han Dong: In my riding of Trinity–Spadina, there have been a lot of changes. There are a lot of homes being bought up by younger families, and I just heard over and over in my constituency that this is very, very necessary to provide a layer of consumer protection. I think this is the time to do it, and I hope all members will be, after they study the details of the bill, supportive of this bill.

Mr. Gilles Bisson: Oh, new rule, Speaker? Okay.

SUPPLY ACT, 2016

LOI DE CRÉDITS DE 2016

Ms. Matthews moved first reading of the following bill:

Bill 166, An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2016 / Projet de loi 166, Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2016.

The Speaker (Hon. Dave Levac): Is it the pleasure of the House that the motion carry? Carried.

First reading agreed to.

The Speaker (Hon. Dave Levac): The member for a short statement.

Hon. Deborah Matthews: No, sir.

The Speaker (Hon. Dave Levac): Introduction of bills?

Without the prodding from the member from Timmins–James Bay, I have an intent to make a comment on introducing private members' bills or government bills. It's always done with a simple statement that is in the explanatory notes. If you were to make reference to that, if the explanatory note is very long, we're asking you to make a short précis of that explanatory note. So stay focused. It's not the time to do debates or comments about your ridings or anything, other than to tell us what the bill is. Thank you very much.

PETITIONS

PRIVATIZATION OF PUBLIC ASSETS

Mr. Bill Walker: "To the Legislative Assembly of Ontario:

"Whereas the current government under Premier Kathleen Wynne is calling for the sale of up to 60% of Hydro One shares into private ownership; and

“Whereas the decision to sell the public utility was made without any public input and the deal will continue to be done in complete secrecy; and

“Whereas the loss of majority ownership in Hydro One will force ratepayers to accept whatever changes the new owners decide, such as higher rates; and

“Whereas electricity rates are already sky-high and hurting family budgets as well as businesses; and

“Whereas ratepayers will never again have independent investigations of consumer complaints, such as the Ontario Ombudsman’s damning report on failed billing; and

“Whereas the people of Ontario are the true owners of Hydro One and they do not believe the fire sale of Hydro One is in their best interest;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To protect Ontario ratepayers by stopping the sale of Hydro One.”

I fully support this, will affix my name and send it with page Owen.

AUTISM TREATMENT

Miss Monique Taylor: I have a petition named “End the Wait-lists for IBI/ABA Services Now.

“To the Legislative Assembly of Ontario:

“Whereas applied behaviour analysis (ABA) and intensive behavioural intervention (IBI) are the only recognized evidence-based practices known to treat autism spectrum disorder (ASD); and

“Whereas the combined number of children waiting for ABA and IBI therapies in Ontario is approximately 16,158; and

“Whereas estimates from the Ministry of Children and Youth Services for 2015-2016 indicate that only five more children are receiving IBI this year compared to last year and, shockingly, the number of children receiving ABA has dropped by almost 1,000 in the past two years—despite the fact that the wait-list is growing; and

“Whereas it is well known that early detection and early intervention is crucially important for children with ASD to learn to their fullest potential, and these programs set the stage for growth and development throughout children’s lives; and

“Whereas some families are being forced to remortgage houses or move to other provinces while other families have no option but to go without essential therapy; and

“Whereas the Premier and her government should not be balancing the budget on the backs of kids with ASD and their families;

“We, the undersigned, petition the Legislative Assembly of Ontario to direct the government of Ontario immediately end the chronic wait-lists for IBI/ABA services for kids with autism spectrum disorder.”

I couldn’t agree with this more. I’m going to affix my name to it and give it to page Richard to bring to the Clerk.

LUNG DISEASE

Mrs. Kathryn McGarry: I’ve had a petition come in from around Ontario. This one is signed by people from Mississauga, Burlington and Haliburton. It’s addressed to the Legislative Assembly of Ontario.

“Whereas lung disease affects more than 2.4 million people in the province of Ontario, more than 570,000 of whom are children;

“Of the four chronic diseases responsible for 79% of deaths” in Ontario (“cancers, cardiovascular diseases, lung disease and diabetes”) lung disease is the only one without a dedicated province-wide strategy;

“In the Ontario Lung Association report, Your Lungs, Your Life, it is estimated that lung disease currently costs the Ontario taxpayers more than \$4 billion a year in direct and indirect health care costs, and that this figure is estimated to rise to more than \$80 billion seven short years from now;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To allow for deputations on” the “private member’s bill, Bill 41, Lung Health Act, 2014, which establishes a Lung Health Advisory Council to make recommendations to the Minister of Health and Long-Term Care on lung health issues and requires the minister to develop and implement an Ontario Lung Health Action Plan with respect to research, prevention, diagnosis and treatment of lung disease; and

“Once debated at committee, to expedite” its passage through to royal assent.

I agree with the petition, sign my name and give it to Ryan to bring to the table.

1340

HYDRO RATES

Mr. Ted Arnott: I have a petition to the Legislative Assembly of Ontario, and it reads as follows:

“Whereas the price of electricity has skyrocketed under the Ontario Liberal government;

“Whereas ever-higher hydro bills are a huge concern for everyone in the province, especially seniors and others on fixed incomes, who can’t afford to pay more;

“Whereas Ontario’s businesses say high electricity costs are making them uncompetitive, and have contributed to the loss of hundreds of thousands of manufacturing jobs;

“Whereas the recent Auditor General’s report found Ontarians overpaid for electricity by \$37 billion over the past eight years and estimates that we will overpay by an additional \$133 billion over the next 18 years if nothing changes;

“Whereas the cancellation of the Oakville and Mississauga gas plants costing \$1.1 billion, feed-in tariff (FIT) contracts with wind and solar companies, the sale of surplus energy to neighbouring jurisdictions at a loss, the debt retirement charge, the global adjustment and smart meters that haven’t met their conservation targets have all put upward pressure on hydro bills;

“Whereas the sale of 60% of Hydro One is opposed by a majority of Ontarians and will likely only lead to even higher hydro bills;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To listen to Ontarians, reverse course on the Liberal government’s current hydro policies and take immediate steps to stabilize hydro bills.”

I support this petition, and I’ve also affixed my signature to it.

TENANT PROTECTION

Ms. Cheri DiNovo: “To the Legislative Assembly of Ontario:

“Whereas the cost of living in Ontario is high and skyrocketing rental costs are creating a city where too many people are living on the edge, or are falling into poverty;

“Whereas many tenants in Ontario are not protected by provincial rent control guidelines, and as a result some Ontarians are seeing their rents arbitrarily increased, and in some cases by arbitrarily large sums;

“Whereas fixing this simple loophole in the law will help protect tenants and help make housing a bit more affordable for thousands of Ontarians;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the province of Ontario acts to protect tenants in Ontario and immediately moves to ensure that all Ontario tenants living in buildings, mobile home parks and land-lease communities are covered by the rent control guidelines in the Building Code Act, 1992, and the Residential Tendencies Act, 2006.”

I agree with this. I’m going to sign it and give it to Ryan to be delivered to the table.

ELECTRONIC BIKES

Mr. Arthur Potts: I have here a ‘Petition for updated and increased regulation of electronic bikes and scooters in the province of Ontario:

“To the Legislative Assembly of Ontario:

“Whereas electronic bikes and scooters (e-bikes) are legal to operate in the province of Ontario; and

“Whereas they are recognized as being environmentally friendly in their responsible use of electricity over gasoline; and

“Whereas they provide a relatively affordable means of transportation relative to automobile ownership, taxis or public transit, and provide a level of independence and mobility to individuals with little or no income, or those living on pensions; and

“Whereas the number of e-bikes on Ontario roads has increased significantly since the initial pilot program in 2009; and

“Whereas there appears to be confusion among the operators of e-bikes, gas-powered scooters and mopeds on what rules and laws apply to their safe and responsible

use—including driving on sidewalks, driving the wrong way, ignoring street signs and traffic lights, and driving in pedestrian crosswalks; and

“Whereas the size and weight of e-bikes makes them an injury risk, despite being restricted to moving at slower speeds than automobiles and bicycles; and

“Whereas the increased use of e-bikes will likely continue over the near-term;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the Minister of Transportation conduct a review of the Highway Traffic Act with the goal of regulating e-bikes and e-scooters as motorized vehicles, subject to the same laws as electronic or hybrid automobiles, including the need for vehicle registration, operator training, insurance, licensing and regular safety inspections.”

I agree with this petition and leave it with Andrew.

HYDRO RATES

Mr. Randy Pettapiece: I have a petition to the Legislative Assembly of Ontario about lower hydro rates.

“Whereas household electricity bills have skyrocketed by 56% and” energy “rates have tripled as a result of the Liberal government’s mismanagement of the energy sector;

“Whereas the billion-dollar gas plants cancellation, wasteful and unaccountable spending at Ontario Power Generation and the unaffordable subsidies in the Green Energy Act will result in electricity bills climbing by another 35% by 2017 and 45% by 2020; and

“Whereas the Liberal government wasted \$2 billion on the flawed smart meter program; and

“Whereas the recent announcement to implement the Ontario Electricity Support Program will see average household hydro bills increase an additional \$137 per year starting in 2016; and

“Whereas the soaring cost of electricity is straining family budgets, and hurting the ability of manufacturers and small businesses in the province to compete and create new jobs; and

“Whereas home heating and electricity are a necessity for families in Ontario who cannot afford to continue footing the bill for the government’s mismanagement of the energy sector;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to immediately implement policies ensuring Ontario’s power consumers, including families, farmers and employers, have affordable and reliable electricity.”

I agree with this and I will send it down with page Richard.

PARTNER ASSAULT RESPONSE PROGRAM

Ms. Peggy Sattler: I have a petition to the Legislative Assembly of Ontario called “Halt the Changes to Partner Assault Response.”

“Whereas Partner Assault Response (PAR) is the only government-funded program designed to change the behaviours of men who abuse; and

“Whereas the Liberal government has created a crisis in PAR by arbitrarily reducing the length of the program from 16 weeks to 12 weeks, without any research to support this change; and

“Whereas the changes to PAR were made contrary to the advice provided to the government by violence-against-women experts, front-line agencies, PAR providers, and provincial leaders across the sector; and

“Whereas the 2009 report of the Domestic Violence Advisory Council recommended that PAR be enhanced to include voluntary access and differentiated interventions as part of a comprehensive strategy to end violence against women;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the Ministry of the Attorney General immediately halt the changes to PAR until a comprehensive review of the program can be conducted based on full and meaningful consultation with PAR providers and violence-against-women sector organizations and agencies.”

I couldn't agree more. I affix my name to it and will give it to page Tristan to take to the table.

LUNG DISEASE

Mrs. Kathryn McGarry: I've got another petition here, and it comes from folks in Oakville, Mississauga and Milton. It's addressed to the Legislative Assembly of Ontario.

“Whereas lung disease affects more than 2.4 million people in the province of Ontario, more than 570,000 of whom are children;

“Of the four chronic diseases responsible for 79% of deaths (cancers, cardiovascular diseases, lung disease and diabetes) lung disease is the only one without a dedicated province-wide strategy;

“In the Ontario Lung Association report, Your Lungs, Your Life, it is estimated that lung disease currently costs the Ontario taxpayers more than \$4 billion a year in direct and indirect health care costs, and that this figure is estimated to rise to more than \$80 billion seven short years from now;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To allow for deputations on” the “private member’s bill, Bill 41, Lung Health Act, 2014, which establishes a Lung Health Advisory Council to make recommendations to the Minister of Health and Long-Term Care on lung health issues and requires the minister to develop and implement an Ontario Lung Health Action Plan with respect to research, prevention, diagnosis and treatment of lung disease; and

“Once debated at committee, to expedite” through “to seek royal assent immediately upon its passage.”

I agree with the petition, sign my name and give it to Suzanne to take down.

EMPLOYMENT SUPPORTS

Mr. Norm Miller: I have a petition to the Legislative Assembly of Ontario. It reads:

“Whereas the government announced the cancellation of the Ontario Self-Employment Benefit (OSEB) program on May 15, 2015;

“Whereas this program has helped thousands of men and women who were unemployed and unable to find sustaining employment to become successful entrepreneurs;

“Whereas clients of this program have had a much higher probability of five-year survival than average businesses of similar size starting without help in Canada;

“Whereas these results have had a large positive economic impact in the province;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To reverse the decision to cancel the OSEB program.”

I fully support this petition.

MENTAL HEALTH AND ADDICTION SERVICES

Ms. Teresa J. Armstrong: “To the Legislative Assembly of Ontario:

“Whereas mental illness affects people of all ages, educational and income levels, and cultures; and

“Whereas one in five Canadians will experience a mental illness in their lifetime and only one third of those who need mental health services in Canada actually receive them; and

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“Whereas mental illness is the second leading cause of human disability and premature death in Canada; and

“Whereas the cost of mental health and addictions to the Ontario economy is \$34 billion; and

“Whereas the Select Committee on Mental Health and Addictions made 22 recommendations in their final report; and

“Whereas the Improving Mental Health and Addictions Services in Ontario Act, 2015, seeks to implement all 22 of these recommendations;

“We, the undersigned, petition the Legislative Assembly of Ontario to pass the Improving Mental Health and Addictions Services in Ontario Act, 2015, which:

“(1) Brings all mental health services in the province under one ministry, the Ministry of Health and Long-Term Care;

“(2) Establishes a single body to design, manage and coordinate all mental health and addictions systems throughout the province;

“(3) Ensures that programs and services are delivered consistently and comprehensively across Ontario;

“(4) Grants the Ombudsman full powers to audit or investigate providers of mental health and addictions services in Ontario.”

I fully support this petition and give it to page Tristan to deliver.

The Acting Speaker (Mr. Ted Arnott): Sorry to have to say, but that concludes the time we have available for petitions this afternoon.

ORDERS OF THE DAY

SUPPORTING ONTARIO'S FIRST RESPONDERS ACT (POSTTRAUMATIC STRESS DISORDER), 2016

LOI DE 2016 D'APPUI AUX PREMIERS INTERVENANTS DE L'ONTARIO (ÉTAT DE STRESS POST-TRAUMATIQUE)

Mr. Flynn moved second reading of the following bill: Bill 163, An Act to amend the Workplace Safety and Insurance Act, 1997 and the Ministry of Labour Act with respect to posttraumatic stress disorder / Projet de loi 163, Loi modifiant la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail et la Loi sur le ministère du Travail relativement à l'état de stress post-traumatique.

The Acting Speaker (Mr. Ted Arnott): I recognize the Minister of Labour to lead off the debate.

Hon. Kevin Daniel Flynn: It is a pleasure to rise today on a bill such as this. I'd like to say right from the outset I'll be sharing my time with my own parliamentary assistant, the member from Eglinton–Lawrence.

I stand with some pride today to lead off second reading debate for Bill 163. We all know that Ontario's first responders protect our communities with pride and diligence, and I've said before many times—and other people around this House have certainly agreed with me and expressed the same sentiment—that it appears within our first responders' community that the first word in their vocabulary appears to be “action.” When they rush into that burning building or when they pull that child from a car on the QEW in a traffic accident, or they respond to a crime perhaps or they subdue an inmate or even calm an explosive situation in our corrections facilities, what these people do on our behalf is they put their own physical and mental safety at risk.

When a first responder suffers a physical injury, it's quite evident; you can see it. There's bleeding; there's bruising, there are signs of trauma, and if WSIB is needed in that regard, we have those benefits in place and the process to have that approved is pretty clear and is a relatively easy one. In most cases, it's very straightforward. A physical injury is very easy to diagnose, as I said. It's quite visible and you can easily relate that to a work-related incident.

What's a little tougher is when you're trying to apply that same discipline, that same evidence to psychological injuries in the workplace. Psychological injuries in the workplace have been tremendously underestimated by governments all around the world for a long time, and just as the research is being done and more information is coming to light about the impact that anxiety, depression or some of the other mental illnesses can have on a person in the workplace, the issue of PTSD is one that has been ignored by this society for far too long. Often, in the past, it was associated with people who had served in the Armed Forces. It wasn't always called PTSD; it wasn't always called post-traumatic stress disorder.

I think people who had a relative who served in the First World War, for example, might say that granddad doesn't talk about the war much or, “If I ask granddad a question about the war, he doesn't really want to talk about it.” Then, when we got to the Second World War and the Korean theatre, people started talking about it in terms of shell shock. I think there was a realization there was a causal relation between the trauma that someone in the armed services had experienced and the impact it had on their lives when they tried to return to society. The armed services around the world and in Canada attempted to come to grips with that.

As a result of this, I've had the privilege of meeting on a number of occasions with former Senator Roméo Dallaire. If there's a person in this country that has led the charge on this issue, I think it's been him. As a man that served his country, put his life on the line, saw atrocities in Africa that we could only imagine, came back to Canada and began to talk about what he had seen, the impact that it had on him and also the impact that it had on his colleagues, those men and women that he served with in the armed services—he puts the issue under your nose and he makes you deal with it. He's not gentle in his comments at all—he's very factual—but you can tell he certainly has the best interests of those people that he served with in the Canadian Armed Forces right at the front of his thoughts when he's talking to people about PTSD.

PTSD is a very serious, debilitating injury, and there are different types of symptoms to it. We also started to realize, as a result of what we were seeing in the armed services, that some of the same symptoms that accompany PTSD were also impacting upon those people who are first responders. These are the people that we would know as our paramedics, our corrections officers, our firefighters and, of course, our police officers. We ask them to go into situations that we either prefer to think do not exist, or just simply that we don't feel equipped to do ourselves. Sometimes we don't appreciate the situations we're sending people into. These could be from police services that are in the employ of regions, of local government, of the OPP itself, or of the RCMP, at the federal level. These folks calm violent situations; they often go into situations where they put their own life on the line.

This can cause symptoms. They can include the re-experiencing, for example, of an event or a series of

events. Post-traumatic stress disorder sufferers can endure very negative moods and cognitive difficulties, such as the loss of memory. In severe cases, it manifests itself in increased reactivity, aggression, recklessness, or even sometimes, regrettably and unfortunately, it can cause people to decide to end their own life.

Every working person in Ontario is covered by the WSIB. If you work for a company that is covered by the WSIB, you are covered for traumatic mental stress. You're covered for post-traumatic stress disorder.

However, as with other injuries, there's a claim process that you have to go through to obtain that coverage and to ensure that coverage is valid, and that can be very, very challenging for somebody who is going through post-traumatic stress disorder symptoms. Under our current system, a worker that's suffering from traumatic mental stress that has a diagnosis such as PTSD must prove to the WSIB that the injury is, in fact, work-related. What this often asks the individual to do is to relive the incident, sometimes over and over and over again, as the evidence is being collected. That could have the impact of actually increasing the trauma that's associated with the disorder.

Then there's the wait time, as the claim is being processed, as the claim is going through the normal process that a claim would go through. There's a period of time for adjudication, and that period of time sometimes could be very, very valuable time to somebody that is dealing with PTSD. Now, what we've been able to find to date—and the research is coming in on a daily basis—is that the people in our society that we refer to as first responders are at least twice as likely, compared to the general population, to suffer from post-traumatic stress disorder. That simply is due to the risk of that frequent exposure we have to the triggers of traumatic stresses that are at the root of post-traumatic stress disorder. Exposure can come from a number of areas. It can come from just ordinary things in the daily event of doing their jobs, protecting our communities, but I don't think there's anybody in this House who would not agree that if these folks get injured, if our first responders find themselves in a position that they've injured themselves either physically or mentally, we need to provide those first responders with exactly the same support and exactly the same service they provide us when we need them the most.

1400

That is really what is at the heart of Bill 163. If passed by this House—and I certainly hope that happens, and I hope it happens in quick order—the legislation is going to provide a sense of security to first responders in the province of Ontario. As I mentioned previously, I don't want anybody to misunderstand that. Every working person in Ontario covered by the WSIB is covered for post-traumatic stress disorder. But because our first responders are twice as likely to get PTSD, what Bill 163 would do is it would create a presumption that PTSD diagnosed in first responders is actually as a result of the workers' employment and their claim to WSIB would be accepted very quickly.

What that allows for is that early identification, by a psychiatrist or by a psychologist, which we know is so important to mental health diagnosis. It also allows for the early intervention—it allows for the individuals themselves, or the association or the government or the employer or the WSIB—to take place so that things can start to happen very quickly. What that leads to is that very early treatment that everybody says is so important to the outcome of anybody dealing with an issue such as PTSD.

We spent a good amount of time preparing this bill. We did that for a reason. We knew that presumptive legislation is what would deal with people who already had PTSD and those who are likely to get PTSD in the future. It would allow us to deal with that. But, Speaker, in a sense, you could look at that as a failure, because what you're saying is that PTSD at this point in time is incurable. It can be managed, you can cope with PTSD much better, but the expert research that I'm getting today tells me at this point in time—and hopefully this changes very soon—that the disorder does not have a cure. Once you have it, you deal with it, to some degree, for the rest of your life. Some of the outcomes can be very positive, though. You can deal with it, you can manage it properly and you can live a relatively normal life.

But that just drives home the point that as much as presumptive legislation is important, what you really want to do is make sure that people don't get PTSD in the first place. You need to do everything you possibly can to ensure that doesn't happen.

The professions we have looked at, the police officers, the firefighters, the paramedics, the emergency medical attendants, the correctional officers, youth service workers in our secure facilities, the dispatchers of police, firefighter and ambulance services, and, of course, our First Nations emergency response team—when you look at each and every one of them, you realize there are things that can be done within the organizations themselves to build resiliency in those people, to do the debriefs after particularly bad circumstances or when they've been out to a bad call, to get everybody together to talk about it. It's often the colleagues, it's often the people themselves, who see the change in the individual that could lead to the diagnosis, that could lead to the person taking some action themselves and deciding that perhaps they do need some treatment.

What we're saying is that both are important. The preventive side—we're covering that off, I think, in the right way. What we're doing is we're putting tools online so that you can be the smallest fire department in small-town Ontario—I want you to have access to exactly the same information that the city of Toronto has or the city of Hamilton has or Oakville has or the larger, more sophisticated fire departments, police detachments; smaller correctional facilities, for example. We want everybody in Ontario who is a first responder to have access to the most up-to-date information. That's why we're putting the online tool in.

As we led up to my introduction of Bill 163, last year, as a result of what first responders told us—they said, “You know, you really need to get all the biggest and brightest minds on PTSD together in Toronto.” They didn’t say Toronto, but it seemed to be the sensible place to do it.

So what we did is we invited some of the most outstanding academics and we invited people from associations. Our guest speaker was former Senator Roméo Dallaire, and if you’ve heard him speak about PTSD, he doesn’t give you a choice to deal with it; he tells you you’ll deal with it and then he’ll tell you how you will deal with it, or the best way to deal with it. He does it with such charm that it seems like you’re doing it because you want to do it, and that, I think, is how we all should feel about this.

We had the summit, and people left that day. It was a day-long summit, and people talked to each other. The armed services came, police came, fire came, corrections came, organized labour came and academia came. Everybody told us what they knew about PTSD and what they were doing within their own organizations. That was a day well spent. It was so well spent and the feedback has been so positive that they’ve asked us to do this on an annual basis.

They’ve asked the Ministry of Labour if they would host that summit on an annual basis because we see emerging trends in this field. It’s changing, and the ground is shifting under our feet in a positive way. We’re learning more and more about PTSD, so let’s get that information out to as many organizations and let’s have a sharing of best practises. That was something that we certainly were quite pleased to do and will continue to do, as part of our preventive program on this.

Speaker, research is so important. Research from around the world is telling us things about post-traumatic stress disorder that we simply haven’t dealt with in the past. We simply haven’t known the impact of PTSD, and we simply haven’t realized the things we can do about PTSD. That is changing, and it’s changing, as I said, in a very, very positive way.

In the past decade, we’ve been able to reduce the incidence of health-related incidents, accidents, fatalities by about 40% in the province of Ontario. Ontario is the safest place in all of North America to work. We should all be proud of that, but we shouldn’t be satisfied with that, because we still have incidents that take place. A reduction of over 40% in that period of time is something that we should aspire to in the treatment of PTSD as well. If we can reduce the incidence of PTSD in this province by 40% over the next period of time, we will have served our first responders very, very well.

Those are some of the things we have done from a preventive perspective. The one thing you’ll be hearing about in about a month to six weeks is a digital awareness program and educational program that will be airing on the radio and on the digital media. While it’s aimed at first responders, there’s a message for all of us: The rising interest and appreciation of the impact of mental

illness, both on our families and on individuals, and on the economy, is something that we need to pay much more attention to.

When you look at some of the figures, when you look at some of the impacts, it’s absolutely staggering. The number one cost of disability programs for employers in Canada isn’t physical injuries or physical illness; it’s mental illness. It’s something where employers—smart employers—are starting to realize that if they do a better job, it means that they’ll have better employees, less absenteeism and less presenteeism. It’s nothing but good things for the economy for those companies that get a grip on this issue very, very early. We’re starting to see that. The one obviously that would jump off the page, without picking on one in a favourable way, is the work that Bell Canada has been able to do in this regard, to put mental illness right on the forefront when it comes to public interest.

The diagnosis of PTSD would have to be made by either a psychiatrist as we define a psychiatrist in the Mental Health Act, or a psychologist who is a member of the College of Psychologists of Ontario, but also it can be a person that’s authorized to practice psychology in another province or in another territory of Canada. We’re hoping that those services are made available.

We realized some best practices when I’ve been talking to people about this issue, and I want to just take a second to highlight what they did in the region of Durham with their police services. It’s very progressive, Speaker. As part of their collective agreement, if you’re an employee of the police services in Durham, you have unlimited access to psychological services. That means that if you need to go six days a week, 52 weeks of the year, it’s covered. It’s part of the collective agreement. And what I’m told is that even though it’s in the collective agreement and a negotiation takes place at the expiry of each of the terms of that agreement, the employer would not get rid of that provision if they could, because they see the value in it. The other day, at the same time I was making the announcement on Bill 163, I also heard that somebody else is going to adopt that very, very soon as well. I don’t know which service it is.

1410

Certainly, I think when employers start to realize that prevention is the way to go, that quick intervention is the way to go—it just makes sense. It just makes you think there’s some hope that employers and the general public, first responders—everybody is starting to understand that this is an issue we need to come to grips with in a very comprehensive way.

Bill 163 is part of a comprehensive strategy. It has the preventive side to it, and it’s also dealing with the respect and dignity that our first responders deserve, should they unfortunately end up with the symptoms of post-traumatic stress disorder.

There’s nothing like a little transparency and a little sunlight to make sure that people do the right thing. I’ve met with, as I’ve travelled around the province, some incredible leaders in the organizations that employ our

police officers, firefighters, correctional folks, and all the others—paramedics—who are covered under this act. What I'm going to do is I'm going to ask each and every one of those employers to file with me their prevention act, to file with the Minister of Labour their prevention plan, so it shows how they're going to deal with the people who work for them. It shows the proactive work that they'll be doing; it shows the preventive programs. And I'm going to make those plans public. So the town of Oakville will know what the city of North Bay is doing. The city of Windsor will know what Sudbury is doing. Everybody around the province will know what the best information is possibly available on this issue. A lot of that will be handled by our Public Services Health and Safety Association. That will be the repository for this information, Speaker.

I think if somebody is preparing a plan and they know that it's going to be made public, that the rest of the province or people who are particularly interested in this issue are going to read that plan, I suspect there's an extra incentive in that to do a really good job of it. You want to stand up, I think, as an employer of police officers or firefighters or paramedics, corrections officers—ourselves, we are the employers of corrections officers, the government of Ontario. We're the employer of the OPP. We will want to stand up, every employer will want to stand up in this province and be proud of the work that they've put in place, of the plan that they've put in place.

To summarize, the Supporting Ontario's First Responders Act, if passed, is going to provide presumptive PTSD coverage for first responders. It's going to permit me, as the Minister of Labour, to make sure that employers file those prevention plans with me—from employers that, obviously, are affected by this.

We've learned through talks with our first responders, through both the round table we had on traumatic mental stress and our summit on work-related traumatic mental stress, that we need protections in place, as I said before, that not only treat the people who already have PTSD, but that ensure as few people as possible end up with PTSD in the first place. It's a balanced approach.

Some people, in the past, were urging me to do it a shorter way, to perhaps not provide as much coverage as we'll be providing in Bill 163, and to not pay as much attention to the prevention. I know it's always tempting to take the shorter route, especially when you know people out there are suffering with PTSD and want to see that fast action. But I can't tell you how much I'm glad that we took the time. We talked to the right people. We kept the opposition as informed as we possibly could on this. We took the time to get this right, Speaker. I think that the combination of the preventive and the legislative arms of this is going to be what really serves our first responders well. That's exactly what we have before us. That's exactly what I'm speaking to the House about for the first time. It's part of this comprehensive approach. As I said before, it's as much about prevention as it is about legislation.

A lot of the associations, a lot of the unions, a lot of the stakeholders have been coming forward and offering

me advice as to what I should do. What I'm asking them to do is to help me as Minister of Labour, because one of the biggest issues we have and have had around all types of mental illness, including PTSD, is the stigma that still surrounds the issue in some organizations. It's probably one of the biggest challenges in having a person step forward and say, "Something's wrong here. I need some help." The reason that they haven't in the past is that the culture within the organizations asks that person to run the risk of being perceived as a weak individual, or as a damaged individual, or that they've got a condition that they should somehow be embarrassed about or ashamed of.

Speaker, we need to change that. The people who can do that—I'll be doing the awareness programs. The Ministry of Labour will be doing the awareness program. I hope people pass this legislation in very, very short order. We're going to put the prevention aspect of this in place. But the people who can do the most about this are the peers and the colleagues of the individuals themselves. If they can get their colleagues to step forward, if they talk to their colleagues, if they put in place a culture or an environment where a person knows that if they do step forward and say, "I need some help here," they're going to be lifted up and their colleagues will support them, then there won't be any of the ridicule, shame or fear of embarrassment that maybe would have accompanied that in the past.

I've seen a change since I chaired the Select Committee on Mental Health and Addictions with a number of the people in this House. I can remember, when I was asked to chair the committee, some politicians from all stripes came up to me and said, "Now, why would you want to do that?" The implication of that question, I think, was that somehow I'd picked an issue that nobody cared about, and exactly the opposite is true. Since that select committee started meeting, there has been just an outpouring of a desire to want to talk about this issue, finally. People weren't hiding their past; they weren't hiding their family members anymore. People have begun talking about PTSD and mental health in a way that I just don't think we could have imagined five or 10 years ago, and that is a very, very good thing.

That is why I think the individuals within the organizations and the associations themselves can play a leadership role in getting that information out to the members. They need to be able to step forward—confidentially, of course, Speaker; this doesn't have to be a public undertaking. But certainly the individuals who are dealing with it need to know that where they work is a place that cares about them—and not just the management, but the people they work with as well—and there's no lack or loss of respect as an outcome of having the courage and the common sense to step forward, the same way we would for any other injury.

We'll be making this information available online, and I'm hoping that people will avail themselves.

Speaker, members and leaders of all the parties in this House have stood up today and pledged their support for

first responders, and for help for those who need it: those responders who are currently suffering from PTSD or who are in occupations where PTSD becomes a real risk. Today we are debating Bill 163, the Supporting Ontario's First Responders Act, and I'll be the first to say that it's not a moment too soon. I urge all of us in this House to act in solidarity and quickly pass the legislation, so that our first responders can quickly access the immediate identification, the immediate intervention and the immediate treatment they need to deal with this debilitating injury.

1420

Speaker, it's been a pleasure to work with the first responders, it's been a pleasure to work with the employers of first responders, and it's been a pleasure to work with the opposition and in particular the member for Parkdale–High Park, who certainly has done this House a great service by continuing to put the issue under the nose of all of us here and has asked us to deal with it.

I think we can send a message to our first responders in the province of Ontario. We can tell them that we support them. We can tell them that, partisan politics aside, this is an issue that this entire House feels is overdue. The best way we can do that, as quickly and responsibly within the confines of the rules of the House and the committee process, is get this bill through that process as quickly as possible and get the positive effects right into the first responders' community.

Thank you for the time today, Speaker. It's been a real honour to be able to speak to this bill.

The Acting Speaker (Mr. Ted Arnott): Thank you very much. I recognize the member from Eglinton–Lawrence.

Mr. Mike Colle: I was listening to the minister's very passionate speech on this important bill. As you know, Mr. Speaker, he—not by accident, I was going to say—chaired the all-party select committee on mental health and now he's the Minister of Labour and introducing this legislation on post-traumatic stress disorder. He has a real, on-the-ground knowledge of the critical importance of recognizing the impacts that mental illness has on the workplace, on families and on society in general. I know the minister is extremely passionate about this bill and I know the member from Parkdale–High Park has that same passion.

That's why this bill really expresses that incredible determination to do something about the people in our society who are the defenders of safety—our safety. They experience some of the worst, most horrible things you'll ever see, and sometimes those experiences really incapacitate them. But in the past, these horrible experiences by our firefighters and our police officers were something you kept to yourself. You wouldn't even share these horrible experiences with your colleagues because I guess the attitude used to be, "Well, you've got to tough it out. You'll get over it. You've got to get back to the job."

As research has found and as first-hand experiences have demonstrated, it is sometimes totally incapacitating

for an individual who's experienced a horrific car accident, a shooting, someone who gets burned to death in a fire. How could you expect someone to go right back to work the next day as if nothing had happened?

That's the way it used to be. Many of these front-line defenders of public safety were never given any kind of support, counselling, or certainly weren't even allowed to take time off to recover from this traumatic experience. So over the years, there have been a lot of cries for help from our first responder communities to recognize that this type of trauma that is experienced on a regular basis by our front-line responders needs some special attention as it relates to someone's ability to continue to work.

It is impossible in many cases for them to work. It affects different people in different ways. In some cases, a police officer or a correctional officer may witness something that haunts them for the rest of their life. They cannot function—never mind on the job, they can't even function at home with their family. So it's not just something that happens when you punch the clock. This kind of trauma can impact a person's total life. That's why this bill finally recognizes that this is a serious health issue, it's a serious workplace issue, and some of our laws need to be changed to ensure that when a first responder undergoes this kind of trauma, they get some recognition that this is a condition that needs medical support, staff support, peer support. It's something that needs comprehensive attention. That's what Bill 163 does.

I think the fact that this post-traumatic stress disorder is being recognized in first responders is going to do a lot to help the general population, who also go through traumatic experiences in the workplace. I think the minister said that the biggest cost to workplace productivity is not physical accidents or illnesses, but mental illness and mental conditions that are costing all kinds of people productivity in our workplaces. By bringing this issue forward for first responders, I think we're doing something that's going to benefit the whole population, because it relates to everyone who goes through these traumatic experiences. It impacts their mental health.

Up until recently, you always kept these mental health challenges in a secret compartment. You never talked about them within your family, and certainly you didn't talk about mental health in your workplace, with the fear that you might be stigmatized, that you might be ostracized. Therefore, a person suffering from a trauma in the workplace could never get any help, because you couldn't talk about it. You couldn't share it with your family, you couldn't share it with the people at work, you couldn't get any support, and therefore you basically became an island unto yourself, without any kind of support.

This went on in all families, in all walks of life, and it went on especially in our first responder community, because there was a taboo about talking about it. You weren't allowed to basically stand up and say, "Listen, I need help. That accident that I witnessed last night," or that situation they witnessed in the correctional institu-

tion, “I couldn’t talk about it.” You had to keep it within yourself, therefore causing that person, essentially, to be in a situation where they were unable to perform their duties.

In the previous existing laws, you basically had to prove that you had this disorder. You can imagine: You just went through hell, and then you had to go through hell over and over again, trying to explain to the interviewers, the people who assessed you, the people at WSIB, the human resources people—you had to go through it again, trying to convince them that you were legitimately in need of help. You almost compounded the tragedy, the trauma, with the system we have, because there was no presumption that this was an existing health condition that didn’t have to go through these challenges, and that sometimes it could take place over one, two, three, four years. So that person never got the help. They were continually badgered. They were sometimes ostracized and told, “Well, you know, you’re not up to it.”

That kind of anguish that people have gone through is really what this bill tries to eliminate. If someone is in a traumatic situation—and, as I said, there is a vast variety of things that our first responders, our ambulance operators, our police, see on a daily basis. They see horrible accidents, situations that occur on a regular basis. It’s not the type of thing they show on television, these antiseptic television shows that show always the Hollywood approach to these horrible situations. These are gut-wrenching, sickening situations that literally bring people, grown men and women, down to their knees, and in some cases they can’t get up again. Fortunately, some are able to get through these traumatic experiences, but in many cases they could not. With some help and support, they could recover and get back to work.

1430

What this bill tries to do is ensure that there is help, there is support, and there’s greater awareness in all workplaces about the need to have preventive strategies, to have best practices shared, and to just change the mindset of employers—especially the ones who employ first responders—and what their attitude is toward these traumatic experiences.

So that’s what Bill 163 tries to do. It is a comprehensive bill that deals with all kinds of different component parts of this serious situation. It’s something that government cannot do by itself, but it’s government’s job to set the table so that all the employers, all the professional associations and all the medical personnel out there understand that this is now something that needs a comprehensive response. It needs a uniform protocol across the province in all associations and municipalities, various government departments, various private employers, whatever.

There can’t just be this old attitude of, “Well, too bad you went through it. Take a week off and then come back.” That is not sufficient. It is basically saying that you can heal yourself. As we all know, if you have a broken arm or leg, people see those accidents and they say, “Well, too bad. Take some time off. We’ll put a cast

on it,” whatever. But the things you can’t see are the mental traumas that people go through. Therefore, because we can’t see it physically, that police officer or firefighter or EMS person may look healthy and strong, but inside their being, they are going through a living hell because of what they have witnessed on the job.

It’s therefore sometimes very difficult for people to take this as seriously as we should. So this is like a wake-up call for all of us—not only those dealing with the first responders, but for anybody dealing with situations in the workplace or in our families or in society—that if someone undergoes some kind of traumatic experience, we need to make sure they get the counselling and support and, if need be, the time off from work and the compensation they may need so that they can recover and get the help they need. They can’t do it by themselves, and the families cannot do it by themselves.

That’s what this legislation tries to do. It tries to say that this is something that the government steps up to do and that it’s best practices that many others should follow.

I know when I was listening to Minister Flynn—and I heard him last week. It’s interesting. I’ve also been working on a private member’s bill that became law—Bill 141, the pregnancy and infant loss legislation—and I’ve been getting calls from some women who lost their babies at eight months in stillbirth or right at birth at nine months. In many cases, they went through post-traumatic stress disorder.

After they have delivered a stillborn baby, they are told that their maternity leave or their maternity benefits are cut off. They are told, “Go back to work,” after delivering a stillborn baby. That’s an example of the lack of sensitivity there is for people who go through trauma. Here’s a mother who has been carrying a baby for nine months, and normally, if you deliver a healthy baby, you get all the support you want. You get your time off with maternal leave etc. But if you’re unfortunate enough and you go through this incredible trauma of losing a baby, you’re expected to go to work the next week with no maternity benefits whatsoever. So you can imagine the mental anguish that mother has gone through delivering a stillborn baby. You get no support; there’s nothing out there. The employer or the government does nothing to support a woman who has gone through this trauma.

I refer to this, Mr. Speaker, because it’s typical of what can happen to someone who silently goes through a trauma as a first responder. You just think that you can go back to work, that there’s something out there, that your workplace will take care of it. But there isn’t. They have to, basically, fight to get the proper compensation, proper health support. There are laws out there, but the laws do not adequately protect our firefighters, our EMS people, our correctional officers who are exposed to this kind of trauma 24/7.

In my part of the province, in the middle of the city, in Eglinton–Lawrence, I deal very closely with the men and women at three police divisions: 53, 32 and 13. Just hearing about some of the stuff that they have seen and go through would really upset any of us. They go through

this trauma on a regular basis. People getting their head totally blown off with a shotgun—it's not unusual; it happens. Imagine that you're a police officer or an EMS person and you walk into a scene and a person's head has been shot off. This happens in the streets of Toronto on a regular basis. These stabbings, shootings, beatings that take place, people getting beaten to death—there was a person a couple of years ago who got beaten to death with a baseball bat on a street corner. Who comes to the scene? The police officers, the firefighters and the EMS come. All three of them usually show up. Imagine showing up at the scene of a person who has just been beaten to death with a baseball bat and then you've got to go back to work after you've witnessed that horrible thing. What does that do to your psyche? What does it do to your mental health when you witness these kinds of things—horrible, horrible things that we don't have to see as ordinary citizens, but our police officers, firefighters, EMS personnel and correctional officers do, as their regular duty. And they do it not just once in a while; in some cases, they could go through more than one of these traumatic experiences. Sometimes, as I said before, this brings the strongest of men, the strongest of women down to their knees and they can't get up again.

That's why we need this kind of legislation which recognizes that this type of trauma can incapacitate someone. Once they report this kind of trauma, they shouldn't be forced to go through this inquiry, this inquisition, by the WSIB or by an employer, of whether or not they really mean it or they're trying to beat the system. Sadly, there has been too much of that. Everybody who came forward, in many cases, had no confidence that they could report these cases and get the support they needed. I talked to a number of firefighters who would tell me, "I didn't bother reporting it, because if I reported it, I'd have to go through that incredible ordeal, and then I didn't know what the reception would be from my fellow workers. I just didn't want to report it, so I just held it inside and carried that, day in, day out." It ate away at them.

Then you wonder why some of our front-line people—you hear about these suicides. I think this weekend there was a special service for Canadian Armed Forces personnel who committed suicide. They come back from Afghanistan, or they come back from Iraq, or wherever—or like Roméo Dallaire, back from Africa. You can imagine all our Canadian personnel who were in Rwanda or Africa, what they saw, what took place in Africa, where there was mass genocide, a slaughter of people with machetes, with everything under the sun. Hundreds of thousands of people were slaughtered, and our soldiers were expected to stand by and be okay after they witnessed these horrendous atrocities that took place in Africa when Roméo Dallaire was there. Now they're finally starting to recognize that when that service personnel comes back, the soldier comes back from duty, you'd better make sure they have the support they need.

1440

I know we had a case, just not far from where I live, where a soldier who served for eight years in Afghanistan

jumped off a balcony with his wife—both of them dead. The family thought that he showed signs of post-traumatic stress disorder. Here's a soldier—I think he was 37 years of age—and something happened to him when he was in Afghanistan. Who knows what it was? So he comes back, married, expecting a child, and then all of a sudden the two of them ended up—the circumstances are still a bit of a mystery, but both jumping off or being pushed off a balcony, and both dead—a 38-year-old soldier.

How many other soldiers have committed suicide? How many other first responders have gone through all kinds of marriage breakups, all kinds of family dysfunctionality, because of the fact they didn't get help at work when they witnessed these horrific, traumatic situations?

This bill tries to deal with that reality. I think it's a very effective, comprehensive bill. It had input right across the board and hopefully it'll change the paradigm on this whole thing about mental health and trauma and how our first responders are treated once they go through this kind of awful trauma in the workplace.

That's what this bill tries to do. As I said, my hope is that people across Ontario will start to recognize that this kind of illness—it may not be visible, but it is definitely something that can incapacitate someone—is taken seriously and that we support these people. We support our family members. We support our neighbours, friends, and our personnel who work in these very precarious fields. We support them. And not to think that it's something that just happens to them. This can happen to any one of our families, any member of our families, their friends or neighbours.

For too long, this kind of impact was, again, hidden. I had the experience of visiting a friend in a psychiatric ward of a hospital. This man was an incredibly powerful, vibrant man, but he got hit by depression. Depression hits you like between the eyes and it puts you right on your back. This was a man who was very productive—family, friends—then all of a sudden he gets hit by depression.

How do you bring someone out of depression? There's no pill; there's no operation; there's no quick fix. It's related to the same type of thing that can happen to a first responder. If you get hit by this depression, or whatever you want to call it, after being part of a traumatic situation, there ain't no magic solution. You just need to have incredible sensitivity, support, from your fellow workers, your employer, your government, and from all of us who have to pay attention to this and try to be helpful in ensuring that everyone we talk to takes mental illness, this kind of trauma, seriously. It's something that is in every part of Ontario. Whether you're in Kenora, Cornwall or down in Hamilton, it happens everywhere. It doesn't matter if you're black, yellow, green, whatever nationality you are; it happens to anybody. So it's not just an isolated thing that happens to them.

It's got no age limit to it either. This kind of impact—whether you're a 21-year-old or whether you're a 61-year-old, this trauma can, again, incapacitate anybody.

Age is no insurance. You might see a young, healthy firefighter, and he or she looks like an incredible example of good health and physical fitness. They're very strong and they're very fit, as most of our first responders are, but that doesn't mean you're immune from this kind of anguish that besets people who undergo trauma. Don't just think, "Well, they're young. You're okay; you'll get over it." A 25-year-old goes through this, and they say, "Oh, you're a young police officer, don't worry about it." No, it basically—age has got nothing to do with it. Basically, nobody is immune from this happening to them.

In conclusion, I just want to say that I think this kind of legislation is something that will help not only our first responders who asked for it—they've led the fight for this—but will help society overall, because I think it's part of the total shift in attitude towards these things that we call depression, mental anguish, mental disorders, and also trauma that happens in workplaces. We've got to have this shift—this will help—and we've got to continue to look at preventive measures, we've got to continue to do the analysis and we've got to continue to encourage everyone to undertake best practices to avoid these things from happening in the first place.

Overall, we've got to make sure that when something does happen, they don't have to go on trial to get their benefits and get the support they need.

I want to thank all the members for listening to me, and I want to thank the minister and everyone who has been putting forth this cause—all the firefighters and police officers, our First Nations emergency response team, our ambulance services, our Canadian soldiers, who have really gone through hell with this issue for a number of years because of their service. I think it's something that we should try and do our best to make into a great piece of legislation, so that we can set a real great example for our very, very important men and women who serve this province on a 24/7 basis.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Toby Barrett: Yes, a few comments. The presentation we just heard on Bill 163, the PTSD act—I know the minister made mention of the experience of World War I veterans, those who remain silent for the rest of their lives, in spite of being asked many, many times what went on. We think of that expression of that era, "shell shock," because they didn't talk about it; they probably did hide a lot.

I grew up on war stories. My father continues to tell stories about four years on the North Atlantic, on convoy duty. Maybe being Irish, he's a talker, and I think that would be his remedy. Many, as we heard recently, do not talk about some of the things that they have witnessed. I know that later my father did talk about the drownings and the death that he did witness. In contrast, there is the, I guess I would say, strong, silent type.

I had some training in this a number of years ago. We would set up employee assistance programs. Part of those joint union-management negotiations would be to include

not only alcohol, marital stress, legal stress, but the work we did with DND civilians to include post-traumatic stress, more of a co-operative addition to the employee assistance program. This has taken it much further, with legislation, tying it in more closely with WSIB. Whether that's a good thing or not, we shall see.

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The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Gilles Bisson: Well, I guess this allows us to say the motto, "If at first you don't succeed, try, try, try and try again," because this is a number of times that this particular bill had been brought to the House by our colleague Cheri DiNovo, who brought this issue back in the—I believe it was in, let's see now, the 39th Parliament, second session, that she brought in Bill 11. Then she had to try it again, so in the 40th Parliament she came in in the first session and she brought in Bill 129. Then she did it again in the next Parliament and again in the next Parliament and here we are. This is to say that this has been a long time coming, but you have persevered, my dear colleague, and I want to say I think we all congratulate you for that. As New Democrats, we understood that this is an issue we need to move forward on.

I see we have our friends from the OPPA here, and I'm sure others are going to be here as well as we go through this particular process of debate.

I just want to say to the government across the way that I heard the minister say in debate, "Oh, we've got to do this in a hurry. I really hope we get this through quick." Where have you been for the past number of years? That's my question. If you think it needs to move at light speed—and I'm not suggesting here we're going to slow it down; quite to the contrary—it's a little bit rich for the government to come to us and to say, "Oh, we've got to move on this at breakneck speed." This has been an issue that's been before this House for a number of years. The member has tried, by introduction of bills—and in another case actually got one of the bills passed at second reading. The government decided not to act on it at the time. Finally, we're here today, thank God, but the government—we appreciate that you've done this. It's the right thing to do. We say to the government, "Good." But let's not try to crow too much about how quickly we're moving on this and to what degree the government has done this on its own. It has happened. Why? Because this member pushed it.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Hon. Helena Jaczek: Of course I'm pleased to be able to rise in support of Bill 163 and just make a few comments on the excellent remarks by our Minister of Labour and also our colleague the member for Eglinton-Lawrence. This is truly a very, very important issue. As a physician, I certainly recognize how harmful exposure to very, very traumatic events can be for our first responders, particularly those who are first on the scene and can witness truly horrific injuries to individuals.

I became aware of this issue in particular when I became responsible for land ambulance in York region,

in 2000, when land ambulance was downloaded to the municipal level. I was responsible for amalgamating some six ambulance services into York region EMS, and had it made very clear to me that the impact of PTSD was real.

Actually as the member for Haldimand–Norfolk made reference to, we ensured that our EAP program was involved for those who were able to acknowledge that they had an issue with post-traumatic stress disorder, because as we heard, this is something where there's a great deal of stigma: First responders—police, fire, EMS—are supposed to be the strong ones. With the repetitive nature of seeing traumatic events, the impact can be extremely, extremely stressful for individuals. So we instituted, apart from the formal EAP process, a buddy system where a paramedic would have the opportunity to talk to someone individually and work things through.

This is an important bill and I urge everyone to support it.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Pettapiece: I'm pleased to rise to offer a few comments to the members opposite concerning Bill 163. I think there were some important points raised when I listened to the Minister of Labour; certainly, the member from Eglinton–Lawrence. One of the ones I picked up mostly was that when somebody is identified to have PTSD, immediate treatment is needed when it's identified. Letting it linger is just like a wound that will fester unless it's treated, and certainly we need to work to identify the symptoms and identify how we can treat those symptoms to help the person who has it.

Public perception is something that needs to be addressed. It has been pointed out by different members in the House today. We deem that first responders are going to be strong. They can be strong physically and but also strong mentally, so they are able to go to places of stress and not be affected by them and bringing them to PTSD. So I think we need to have the public perception of this issue identified and understood more than what it is right now.

I would also hope that when this gets put through to committee, we have constructive discussion at committee and that any amendments that are put forward are thoughtfully put forward and thoughtfully debated at committee so that all parties who support this bill will have a meaningful discussion on it.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. The member for Eglinton–Lawrence can reply.

Mr. Mike Colle: I want to thank the members from Haldimand–Norfolk and Timmins–James Bay, the Minister of Community and Social Services, and the member from Perth–Wellington for joining in with their comments.

I just want to say that this is a bill that is based on a lot of input, discussion and debate by many, many partners, because this will affect people in every municipality, in

every city and in all these workplaces. There's a lot of complexity in terms of the impact of this bill. That's why I think the minister has done a very thorough job in putting this all together. Hopefully, when it goes to committee, there will be—I'm sure, as there always are—good additions and changes proposed to make sure that we get it right because this is going to, as I said, really be a challenging piece of legislation to bring about.

We can pass laws here, but then the implementation of the law, ensuring that the intent of the legislation is carried out, is a different story. That's why I think it's critical that the bill went through this extensive consultation and that it continue to go through consultation as we go through the committee process, so that we can really come up with a bill that ensures the intent of protecting our first responders who suffer from post-traumatic stress disorder—getting them the support that they've been asking for and that they need, and that it's done in a way that works effectively, compassionately and to the benefit of the people that have to go through this disorder.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Bill Walker: Before I start, I would like to ask for unanimous consent to defer our lead for our party, if I could.

The Acting Speaker (Mr. Ted Arnott): The member for Bruce–Grey–Owen Sound is seeking the unanimous consent of the House to defer the lead speech for the official opposition on the second reading of Bill 163. Agreed? Agreed.

The member for Bruce–Grey–Owen Sound.

Mr. Bill Walker: Now they still have to listen to me, though, Mr. Speaker.

It's a pleasure to stand today and speak to Bill 163, the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016. I'm pleased to support this legislation to recognize post-traumatic stress disorder, or PTSD, as a workplace injury for Ontario's men and women who serve on the front line as first responders. The new act would create a presumption that a PTSD diagnosis is work-related, leading to faster access to resources and treatment.

It's important that people with mental health issues receive timely access to care. This includes our police officers, firefighters, paramedics, workers in correctional institutions and secure youth facilities, dispatchers of first responders, and our First Nations emergency response teams.

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As we understand it, presumption under the proposed bill applies to new claims, pending claims and appeals.

Pending appeals would be reconsidered under the presumption.

Previously denied claims would not be reconsidered under presumption.

Upon royal assent, a 24-month transition period before the legislation comes into effect ensures workers who are or were first responders during that time would have the opportunity to file a WSIB claim under presumption.

Going forward, if a worker who is a first responder leaves a position—for example, for retirement, termination or job change—they could bring a claim under presumption if they were diagnosed with PTSD within 24 months of leaving.

The Minister of Labour will have new power to direct broader public sector employers to provide information to support the prevention of PTSD in first responders.

The Minister of Labour will have authority to require employers of workers covered to provide the ministry with PTSD prevention plans.

PTSD involves clinically significant distress and impairment to functioning, and the development of certain types of symptoms following exposure to one or more traumatic events. They can include painful flashbacks, nightmares, outbursts, thoughts of suicide and feelings of worry, guilt or sadness.

Last year, 39 emergency workers and 12 military personnel in Canada died by suicide, according to the Tema Conter Memorial Trust, an organization that supports public safety and military personnel in Canada who are dealing with the serious and debilitating challenges of PTSD.

A constituent in my riding of Owen Sound, Dave Cruckshank, a firefighter, says that we have first responders locally who are suffering from PTSD. Dave was in a couple of years ago to see me in regard to this, encouraging me to support this legislation, and I'm proud to be able to say that I will be. Another constituent, Jill Foster of the "I've got your back 911" mental health awareness campaign, says this legislative change is "going to be life-changing for people. I think a lot of people can breathe a sigh of relief now that the government has taken these steps to actually recognize that people truly are suffering," she said, "We just hope it gets passed in a timely fashion."

Our leader, Patrick Brown, and our party have repeatedly called on the government to introduce policies and legislation to support first responders who are suffering from PTSD. In fact, our leader raised this issue with the Premier in his very first question period as leader of the official opposition. I'm pleased to see that Minister Flynn has actually brought this legislation forward. For years we heard from the Ontario Professional Fire Fighters Association, OPFFA, which lobbied to have post-traumatic stress disorder added to the list of presumptive illnesses within the Workplace Safety and Insurance Board, WSIB.

Currently, Mr. Speaker, to qualify for WSIB payments because of PTSD, a first responder must prove they suffered the trauma on the job. These are only a few of the 73,000 first responders in Ontario, including police officers, firefighters and paramedics, and every one of them puts themselves in harm's way every day. We're doing this for them and for their families.

First responders experience PTSD at two times the rate of the general population, and statistics show us that up to 22% of paramedics will suffer from PTSD; that's almost one in four, higher than the average, as they say,

of anyone else in our population. According to the 2012 Ombudsman report, PTSD results in more suicide attempts than all other anxiety disorders. We've heard about the human and economic impacts associated with traumatic stress, from increased absenteeism to health deterioration, marriage and family breakdown, and, sadly, even suicide.

The important thing to remember is that PTSD can be prevented or mitigated with the right supports and treatments, and I think it's critical that the timely access—a few weeks ago I actually did some interviews in regard to mental health on campuses. It's a little bit different from the PTSD here, but the same thing there: It needs to have timely access. The ability to have someone help you when you reach out looking for help—it's absolutely critical that they have that access immediately. That's why we are pleased that the government has finally decided to introduce legislation to ensure that those who are diagnosed with PTSD get quick access to treatment and other supports through the WSIB.

The public awareness campaign was also boosted by the member from Parkdale—High Park, Cheri DiNovo, whom I want to recognize for pioneering this issue at Queen's Park. For years she pushed for better access and treatment on behalf of first responders suffering from PTSD. We thank her for that.

Former local police sergeant Bill Rusk in my riding, and current executive director for Badge of Life, was the first one who approached me, shortly after I was elected in 2011, to talk about presumptive coverage for PTSD and police personnel. His story: In 1990, while involved in a criminal drug investigation, Bill was a victim of gunshot wounds to the face, neck, shoulder, back and right hand that have left him with lifelong alterations to his physical and mental well-being. In less than five months' time, Bill had returned to work as a front-line police officer, determined to continue with the profession that he loves.

However, in 1993 Bill was diagnosed with severe chronic PTSD while receiving little to no assistance in his journey back into the policing environment. By 1995, Bill's personal life was met with divorce and loss of regular contact with his two children due to geographic restraints. In 1998, Bill remarried his wife, Lynne, and now has two additional children.

Between 2008 and 2014, Bill took on additional responsibilities by serving as a director of the Police Association of Ontario, PAO, where he represented all 33,000 police personnel across the entire province and started to actively advocate for compensation for mental stress. He told me that, currently, a significant number of PTSD claims by police personnel are initially denied by the WSIB but are eventually accepted at appeal. I know that he supports Bill 163 and looks forward to continuing the important work of fighting and eliminating the stigma related to PTSD.

I want to publicly thank Bill for not only making me aware but being a champion and continuing to push on behalf of those members of our society who deserve this

type of care and support in their time of need, Mr. Speaker.

Back to Ms. DiNovo: Her last effort came by way of Bill 2, the Workplace Safety and Insurance Amendment Act (Post-Traumatic Stress Disorder), which she introduced in July 2014. She definitely deserves recognition for increasing awareness around this very real disorder.

A survey that I recently read showed that mental health issues account for the majority of doctor's visits in Canada—including depression, stress, and anxiety disorders. In fact, 63% of physicians surveyed reported that depression was now a top reason for visits. Mr. Speaker, this is a significant finding—not shocking to those men and women who are suffering from PTSD, but certainly, I think, from our perspective as legislators and the general public, to be aware of just how significant this is and how it has become that top trend. It's significant because we know that this government is not responding to these needs as expediently as it should. That's why we're pushing for this legislation to be enacted as quickly as possible.

For example, consider these statistics on access to mental health services in Ontario: More students than ever are arriving on campus already having experienced mental health problems, yet the average wait time to access mental health services on campus in Ontario is three months. As I shared with you, when I had those discussions with the students, what we all understand and know—although fortunately I've never had any of those severe challenges—is that when someone actually has the conviction to step up and ask for help, the last thing they want to hear is, "We'll get back to you in three months." Three months is a long time if you have those types of challenges, if you have that stress and that anxiety, to even know that someone is going to assess you in three months—not necessarily help you, but just even do the initial assessment.

One of the things that was compelling to me was knowing how to access those services and how there are a number and variety of services across our province—but a better coordination so that when people are reaching out, they can do that. I encourage everyone here listening in the House and at home today: If you even have a sense of someone struggling with any kind of mental health challenge, reach your hand out across and show them that you're caring and you will do what you can to help them.

This Liberal government needs to do more to help create healthy campuses and healthy communities. Just last November, I reached out to the government for help when I found that a youth treatment centre in my riding was facing closure. Seven Bridges Treatment Centre was the only residential program in Grey-Bruce that served youth with addictions and mental health problems, but because of lack of funding, it was forced to close. This is shameful because this government knows that our region needs better mental health services. We need concrete action to address the growing needs of our people who are grappling with mental health issues.

We know, across the spectrum of mental health, the impacts that it has on our community: People not being able to work puts more stress on the family members; those family members then have more stressful situations, which, typically, end up with someone ending up at our hospitals in our emergency departments, which is our most costly form of health care, as you're well aware, Mr. Speaker. They have to take time off work, so now that company or that service that they're providing becomes less efficient and less able to generate income that, again, provides the jobs in our communities. So there's that ripple effect across.

I believe that our former member Christine Elliott and Sylvia Jones were on the committee that really went to bat and wanted to ensure that we had those types of coverage and brought mental health truly up in stature in regard to the significance of the challenges that we're facing, so that we are actually now addressing this. I believe that played a critical role in making sure that people were aware of just how much the need was, how much the challenge was.

1510

I think in my own community, it's one of those things we've always heard lots about: mental health. We've always heard that it's a challenge. We've always heard it's a concern across our province, across our country, across our society, but I think it's time that we put the resources there to actually start addressing it.

This legislation will be a step in that direction, I believe, giving timely access to people who need it, particularly our first responders, obviously because of the type of work they do. I can't fathom, although I've spoken to a number, both professional—in our case, in rural Ontario, we have a lot of volunteer firefighters. Whether you're being paid do it or you're a volunteer, when you come across that type of situation, whether it be a small child or someone you know, that stark trauma—we have no idea unless you're that person who's there to understand just what type of an impact that will have.

For some of us, we might be able to deal with that without any resources and help, but many have to know that there are services there. It might not be immediate. It may be a little further after the time that that may come back to actually impact your life. We need to know that when people are picking those careers, they do it with a lot of thought and a lot of challenge. They do it because they're passionate. They want to make a difference that way in their lives. But I think they need to understand and be aware that there is that type of coverage available for them.

Again in Meaford, we have a military base. I hear from a lot of the officers there of similar things, particularly those who have gone into action overseas and have seen first-hand those concerns.

Just the other day, we lost a long-time war veteran, Mel Bartley. He was a friend of our family. I went to school with his daughter and know all of his children quite well. He was 96 years old. I forgot his exact title,

but he rode the motorcycles in advance to make sure the messages were getting to the front line. They would go out in the dark, and it was kind of interesting when they did his eulogy that they were sharing that they actually turned the light off so that they would not be able to be recognized as quickly. So if you think about going out in the dark of night, knowing there could be snipers out there and risking your life to be able to get that message out there—and then to see some of the casualties, some of the other people he worked with who actually weren't as fortunate as him. His bike was hit a couple of times. Fortunately, he sustained minor injuries, but, again, that whole mental—just the anguish.

I was sitting there as I listened to the memorial of his life and the people sharing—think of getting on that motorcycle and going out into the darkness, knowing the enemy is out there and doesn't want you to get to your destination. You do it, you get back, and tomorrow night you're going to go out and do that all over again. I believe it was 90 missions that he did back and forth over his two or three years of service just on that one mission alone.

I sat there really in awe. I never knew all this when he was alive. This just came out after, sadly. I'm sure his family knew it, but the story was shared with all of us in attendance. I sat there thinking, "Wow. Could I have got on that motorcycle?" Then, of course, the little bit of humour that came out of it was: So you turn the light off, but I'm not certain how you wouldn't hear a motorcycle, if you think about it, back in the Second World War and how loud they were.

He was one of those people who came home and served his community very well. Obviously, I don't think it impacted him to the point that many of our first responders are. That's the significance of this bill: making sure that there is timely access for those people who need it after suffering some kind of a traumatic situation.

In November of last year, we had an Occupational Stress and PTSD Symposium in Port Elgin, in my colleague Lisa Thompson's riding of Huron-Bruce, where Dr. Lori Gray and Debbie Bodkin spoke. While I could not attend because of my commitment here at Queen's Park, I did hear from the first responders in our area about the importance of the awareness that we are raising.

Dr. Gray is a clinical, forensic and rehabilitation psychologist who has extensive experience in working with first responders and EMS in Canada. Ms. Bodkin served as a sergeant with the Waterloo Regional Police Service for 24 years. She herself suffered with PTSD and said that because of the stigma related to mental health injuries, she kept her condition secret and suffered in silence for many years.

Again, I hear that not just with PTSD but all across the mental health spectrum, that people are concerned. They don't want other people to know. That stigma is there, and I think the good news is that by us talking about it, by creating legislation, we're raising the awareness and

less and less is it a stigma. People are willing now to reach out, make people aware and to actually ask for help.

They also heard from Corey Walsh, a Durham Regional Police officer who was involved in the set-up of a mental health unit within the service and who has worked on a support and steering committee; and Dean Wilkinson, who started his career in emergency medical services over 40 years ago, including 18 years with the Owen Sound emergency services. He recently retired from his position as deputy chief of Essex-Windsor EMS.

There is no doubt that first responders deal with harsh realities every day, and they need Bill 163 so that they can get the help they need to deal with PTSD.

I would also like to recognize a first responder in my riding who has just announced his retirement after 17 years with the Crime Stoppers program in Grey-Bruce. Crime Stoppers certainly is—and I trust it is in all communities—that service where you can call in anonymously, and give tips about crime so that you can help others, even though you may not want to be directly involved. OPP constable Dean Rutherford, who has been the driving force behind Crime Stoppers of Grey-Bruce, will retire this Friday. Dean, I want to thank you for your dedication and successes over the years. In fact, last year was the best year on record for Crime Stoppers of Grey-Bruce with regard to the amount of tips coming in—again, a great community service. Who knows, Mr. Speaker, what may have been prevented as a result of those people? So a shout-out to Dean, and a shout-out to all people so that, again, if you view something that is a crime in your community, pick up the phone and call Crime Stoppers and do your part to make our society the best that it can be.

I would also like to take a moment and remind the members that it was exactly two years ago that our former member Frank Klees introduced the First Responders Day Act. His bill was passed unanimously, receiving second and third reading unanimously on December 10, and royal assent on December 12, to declare May 1 of every year as First Responders Day.

Today, with Bill 163, we continue to recognize the important work of the men and women who work on the front lines as first responders. We are forever indebted to you for the safety and security that we enjoy in our communities because of the work you do.

Mr. Speaker, I'm just going to cover a few key messages as my wrap-up to this, because I think it's important, after 20 minutes, to reinforce and reiterate that PTSD is a serious and debilitating condition. We support Ontario's first responders, and we believe we have a responsibility to ensure that they have access to the support that they need.

Our leader, Patrick Brown, and our PC caucus want to see this bill move forward without undue delay. Second reading debate will allow MPPs to express their support for first responders, and will ensure that the bill is properly drafted to achieve the objectives we all support for our first responders. Referring the bill to a standing

committee for clause-by-clause consideration will do nothing but strengthen the bill.

This legislation will provide faster access to resources and treatment for first responders. As I've said earlier, that timely access is the key. That person who actually encounters a situation where they need the help—it's absolutely critical that we don't give them that old "Well, we'll call you in three months." That's the worst thing I think we can do. They deserve our respect to get that timely access, and I think this bill is going to help us to get there.

We've been fortunate with our new leader, who I believe has a good relationship with first responders. It has certainly been because of his leadership—because of that positive and constructive relationship—that we stand here, very proud to be able to support this and to make sure that it gets to committee and that we do a clause-by-clause, so that it is effective legislation and that we're actually listening to the stakeholders. The people who are going to require this are who we need to be hearing from—the clinical experts, but more importantly, the first responders, who actually are in that situation and can tell us exactly what they believe is the best result for them to be able to get the timely care that they need.

Mr. Speaker, our first responders—and I don't want to forget any of them—our police officers, our firefighters, our paramedics, our workers in correctional institutions and youth facilities; the dispatchers of first responders, who are on the phone talking to them—they may not actually view it, but I can't accept that they are not impacted significantly when they are dealing with it on a communications basis—and, of course, our First Nations emergency response teams: We thank you for your service. We believe that you need the respect to have that timely service when you need it.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Miss Monique Taylor: I'm pleased to be able to respond to some of the comments made by the member from Bruce-Grey-Owen Sound.

I would like to start by first having the opportunity to congratulate my colleague the member from Parkdale-High Park on the hard work that she and New Democrats have done, making sure that we push the government at every opportunity that we were given, to ensure that first responders were given the respect that they needed in the workplace.

1520

Acknowledging PTSD is an absolute necessity—and respect, really, for the job that they do. While we're all running out, they're the ones who are running in, and we need to make sure that we're taking care of them when they're doing so. This bill is important. It's necessary. I hope it's a first step to where PTSD diagnosis and presumptive legislation is going to be happening.

We know that there are many workers in this province who are maybe not the first responders, but they're front-line workers—as the child and youth critic, I can say children's aid workers and youth in care workers, making

sure that they have the legislation when it's needed. This is something that could be needed for any employee or worker in this province—ensuring that they get the fast pass also when they're suffering from PTSD. It's an awful disease, which we've seen hurt many individuals, regardless of where they work or what they've done in their lifetime. We need to ensure that the legislation is looked at each and every year to make sure that we are capturing everybody within the pool.

Again, congratulations to the member. And thank you to the member for Bruce-Grey-Owen Sound for his comments.

The Acting Speaker (Mr. Ted Arnott): Questions and comments? The member for Etobicoke North.

Mr. Shafiq Qaadri: Thank you, Speaker. As you will know, not only do I serve as the parliamentary assistant to our leader, the Premier of Ontario, Kathleen Wynne, but also as a physician. In that capacity, I continue to see, diagnose and manage individuals not only with general anxiety disorders, mood disorders, mental disorders, but also with regard to PTSD. If I might, Speaker, with your permission, share some of the symptoms so that people might recognize it.

People will have difficulty with sleep, either falling asleep, staying asleep or having a restful sleep. They may awake with nightmares. They will lose interest in what previously used to engage their minds. They will have this kind of unremitting sense of guilt that if they had only done this or only done that, things might have been better. They might lose their energy, almost like a chronic fatigue-type syndrome. They tend to become very agitated and have a very short fuse. They feel like punching holes in walls or on nearby loved ones, if the case may be. They may even lose concentration. For example, people may drop out of any kind of program or school or upgrade with regard to their skill set. They lose their appetite very often. And they, unfortunately, as has been mentioned in this chamber, often think of meeting their creator.

All of these things are elements of major mood disorders. As a doctor, I know we tend to call them in that realm generalized anxiety disorders or, as it's labelled here, post-traumatic stress disorder. This deserves our attention, our support, talk therapy, occasionally drug therapy, if necessary. Sometimes we refer patients to group settings and in that they're able to share their stories and sometimes there seems to be a distribution of the burden of depression, and that seems to have a kind of salutary effect.

All of these are very important, and as we bring this bill forward, I hope the PTSD community will benefit.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mrs. Julia Munro: I'm pleased to offer a couple of comments from listening to the member from Bruce-Grey-Owen Sound and his support for this bill.

I think that there are a couple of things that just need to be remembered. Certainly, as a political party, we've always been very sympathetic to the issues of mental

illness, being a part of the select committee that met and provided a map for the government in this area.

With post-traumatic stress disorder, one of the problems is always the degree to which one event may impact someone quite differently than others. That makes the whole process of identification difficult and challenging in some cases—I think most of us have seen, if not with first responders then with others who have witnessed events that have been a crucial watershed for them and their mental health.

I have a friend who is taking some professional support on post-traumatic stress from having been lucky enough to live, but very severely damaged, in a motorcycle accident, which really wasn't an accident. It was a drunk driver who killed her friend on a motorcycle and left her with permanent damage. It's very hard to feel very charitable because while she is undergoing professional therapy for this, this individual is out on the street. That seems to be another issue for another day, but it shows you the extent to which this kind of stress can take someone. It's beyond the first responders.

I think back years ago to a friend—

The Acting Speaker (Mr. Ted Arnott): Thank you very much. Questions and comments?

Ms. Jennifer K. French: I'm pleased to be able to stand and add my two cents and two minutes to this conversation on Bill 163, An Act to amend the Workplace Safety and Insurance Act, 1997 and the Ministry of Labour Act with respect to posttraumatic stress disorder.

I've been very busy over the intersession. I spent the intersession touring 15 jails and many of our probation and parole offices, as the critic for community safety and correctional services. As you can imagine, I learned a lot. I certainly appreciate that in this piece of legislation, we see that our first responders include all those, or many of whom should be included in this piece of legislation.

My very first tour was to the Central East Correctional Centre in Lindsay. It happened to be on a day that there was a memorial for an officer who, sadly, had died by suicide. That really did set the tone for my understanding of just how dire the situation is and just how great the need is to support our first responders and our front-line workers, who are working across our communities in increasingly violent circumstances. Whether we're talking about our police, our fire, our paramedics, our correctional workers, whether we look at our children's aid workers, our Ministry of Labour inspectors, our nurses—workers across the province are faced with increasingly stressful and violent situations. I think, as we've heard from the Minister of Labour today, that we're learning more and more about PTSD and that there is going to be a need to incorporate research and all of that.

I think that we need to take that a step further and ensure that that informs which group can be brought into either this piece of legislation or the next piece, because there are so many who deserve and require that support, and I would challenge the government to provide it.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. The member for Bruce-Grey-Owen Sound can respond.

Mr. Bill Walker: Thank you to my colleagues from Hamilton Mountain, Etobicoke North, York-Simcoe and Oshawa.

I think what we heard is there was a resounding collective of people that acknowledge that we need to respect our first responders, we need to provide that timely access and we need to expedite coverage to those most in need. I think that one of the questions that has come out in some of the discussions is, are there other occupations than what we've mentioned today? There definitely would be and could be, but I think the key was to focus on our first responders, who, every day, are in that line of concern and care, and put their lives out in an area where they could see something traumatic that's going to impact them. I think that's absolutely critical.

I think one of the other things that came out that I didn't cover in my notes earlier—the 2012 provincial Ombudsman's report and the 2015 Toronto Ombudsman's report on Toronto Paramedic Services also certainly requested and reported back that this was an area that we need to be taking action on, sooner than later.

One of the discussions that I had with people, those first responders, as we were looking at this bill was, again, that with physical impact, you can see that. You can see if someone loses an arm—there is some kind of a visual. You just accept it, that they've been hurt on the job and they're there. But something like a mental health disorder is not visible typically. Now, we did hear of some of the symptoms, and certainly you can see those at some point, I trust, or the physician would certainly be able to see that, but I think it's one of those challenges that when it's a mental disorder, or a mood disorder, it isn't something you can see. So, again, I think we have to look at and acknowledge that just because you can't see it, it doesn't mean it's not there. We hear the stories every day.

1530

I think it's absolutely critical that we do this, that we rewrite the legislation, say, in the clause-by-clause, to ensure that it truly is responding in a timely manner and providing the service they need. I'll certainly be supporting this as we go forward, Mr. Speaker, and encourage the government to enact it as quickly as possible.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Ms. Cheri DiNovo: It's always an honour to rise, and particularly about this bill. It has been a long, long road. Seven years ago—actually, eight years ago is when it all started, when the first bill was tabled that I tabled. Then, as the member from Timmins-James Bay has said, four more bills came after that, including one second reading.

Mr. Gilles Bisson: Want the list?

Ms. Cheri DiNovo: It's okay—one second reading, and here we are. So, it has been a long time, and, sadly, a large number of deaths, too. In fact, in this year alone, there have been 10 suicides of first responders since January 1. Last year, there were over 30. This is an ongoing problem, and we're here collectively to talk about a potential solution.

I want to acknowledge a couple of people who have been sitting here very patiently: Bruce Chapman, who is the president of the PAO, and Chris Hoffman, who's the vice-president of the Ontario Provincial Police Association. I think they deserve a round of applause. They and their associations have been here, really, since the very beginning. The very first iteration of this bill was for all workers. That didn't get a lot of traction from across the aisle, so we tightened it up and we talked about those workers who are most affected—first responders—because, as you've heard the labour minister say, they experience post-traumatic stress disorder twice as often as other workers. That's why we started there. It doesn't mean we should end there, and I'm going to speak a little bit later about some of the amendments that we would like to see put forward. But for now, let's talk about the bill before us, Bill 163.

When I think about this bill, there are so many images that come to mind, but I'll start with the first one. The first image is of a young woman. Her name: Shannon Bertrand. Shannon was here on Thursday when the government announced its intention to finally act on this situation. Shannon came into our constituency office and was met by our constituency staff first before they brought her situation to my attention.

I know that many members here see a lot of people in their constituencies. In Great Britain, your constituency hours are called "surgeries," and I think we can ring with that because often a lot of those meetings can be pretty painful. There's not a lot we can do for a lot of folk, especially when we're not in government. We do our best. We fight for them, but often we have to let them go, saying, "That's life. There's not a lot of justice in the justice system," or, "Good luck with the Ministry of Health," or, "Good luck with the Ministry of Labour, trying to get something done."

This case was different. This case was different because it was so compelling. Shannon is a young paramedic. She's back at the job now, and that's a good thing. Her claim with the WSIB has gone on—is still going on, Mr. Speaker—for 10 years. She is proof positive that post-traumatic stress disorder does not need to be terminal. You can get treatment. You can get over it, even fighting against all the odds. Even without WSIB's assistance, you can get back to work. You can survive it, but what an ordeal.

When she came in, we thought, simply, what anybody would think: "This is wrong." There is something absolutely unethical and immoral and wrong about asking our first responders to run into danger, day after day after day, and when they come down with post-traumatic stress disorder, which is, after all, a disorder—it's mental but is like any other—we don't protect them. We don't treat them with dignity. We don't give them the coverage that they should get by right, because PTSD is a workplace injury. I'm going to repeat that often, because that's the simple truth that we're speaking about today. Post-traumatic stress disorder is a workplace injury. It comes about as a result of your work.

In the very same way, the very template for this bill was with firefighters. Remember back. Again, it was a bill we first introduced, from the New Democratic Party, that certain kinds of cancer should be covered for firefighters. A lot of firefighters can run into a Plastimetal fire, into a chemical fire, and not all of them are going to run out with a cancer, but some of them are. To try to prove that you contracted cancer from one Plastimetal fire or another is virtually impossible to do.

Now, just imagine, with post-traumatic stress disorder, you're already suffering from trauma, and then you're going to go before panels of bureaucrats to try to convince them that you got that post-traumatic stress disorder from one incident of trauma at one point, and not any of the other trauma that you've experienced in your life. Trust me: By the time you get to that point, there has been a lot of trauma if you're a first responder.

I've got the time to do it, and they deserve it, so I'm going to read the stories of our first responders who have sent them to us. We have stacks of such stories, I'm sad to say, from first responders all across this province, who reiterate time and time again how they tried to suck it up, how they tried to get on with the job, how they tried to just go back out there, and they just couldn't do it.

How does that manifest itself? Well, yes, it's a DSM category disorder. Yes, you need a psychiatrist or a psychologist finally to diagnose it. But it might manifest itself in any number of ways initially. A standard way is drinking too much.

My husband spent some time between high school and university working for the Waterloo Regional Police. They hired him because he could speak Portuguese—he's Portuguese—and he wanted to ride his motorcycle. It was a perfect job for after high school. He thought he wanted to be a cop. He thought he wanted to go through and become a detective, actually.

He went out there and, in his very brief time on the force, decided he wanted to go to university, because you had to, to be a detective. Then he got waylaid at university and ended up becoming an academic, God forbid. Anyway, he's now an academic. But for that year that he was on the force—and this is Waterloo Regional. This isn't 11 division, 14 division, 55 division in downtown Toronto. It's Waterloo Regional. He was on a bike. He wasn't a detective. He wasn't dealing with murders. He was dealing with traffic tickets. He said that in his department, there was about a 50% divorce rate, and there was a high rate of alcoholism. Now, think about it. I'm going to tell you about what some of our, yes, just traffic cops put up with, in a little while.

But there's an insight. I can tell you that although I'm a proud New Democrat and proudly on the left, you'll never, ever hear anything out of our household but esteem for our first responders—for our police, our paramedics, our firefighters, our dispatchers, and our corrections officers and parole and probation officers as well—because we know, in our household, what they do. I'll be telling you stories in a minute. Maybe I'll start with one of them.

Let's start with a situation that goes back many, many years. I was 12 years old. I had a nightmare, actually, leading up to this, because children are very sensitive and they pick up on things in adults. I picked up on something about my stepfather. He had served in the Second World War. He had actually been in one of the liberating forces for Auschwitz, so you can imagine what that was like. I remember the pictures that he had, the photographs. They were of nightmares that he encountered when he actually walked into Auschwitz.

At any rate, clearly, this was a man who had never dealt with post-traumatic stress disorder. There wasn't even a word for it back then, quite frankly. It was called shell shock, if it was called anything at all.

Anyway, I had a nightmare about his bedroom, where he slept. In my dream, I would walk up the stairs, I would get to the door, but I wouldn't go in. One morning, he didn't appear at breakfast. He was very military. He always was at breakfast at a certain hour. As a young girl, I remembered the dream. I walked up the stairs, I opened the door and discovered that he had shot himself through the head.

1540

I can tell you that then, having probably post-traumatic stress disorder myself as a teenager, I had a very tumultuous teenage period. Again: undiagnosed—not a word for it. We didn't have the diagnosis back then.

Let me tell you what happened after that. My cousin was an RCMP officer, and my cousin was called to the scene. He came in and dealt with it. Remember, this is somebody he knows, somebody in his family. He dealt with my mother and all the other relatives and the trauma and the hysteria and the upset and the suffering. My cousin did that. He was very young at the time; he was in his early 20s. I think back on him right now. Teddy Patrick, living in Georgetown, a shout-out to you. He's now retired. But he was the one who came.

I think of another traumatic period, in 1992. My husband at the time was coming home late from work. He worked in advertising. He was coming home on his bike, driving too fast. He hit the brakes too hard, and at about 3 o'clock in the morning, a young traffic officer came to my door. I was living in the Beach back then. Of course, you always know there's something wrong when the doorbell rings at 3 in the morning. She told me that my husband had died in a bike accident down there on Lake Shore.

Let me tell you about that traffic officer. That young woman held my family's hand, sat with us during the night, took me the next day to identify the body and was there throughout the entire process. I at that point was a clergyperson myself, in United Church ministry, and I can tell you that no clergyperson who crossed my path through that whole ordeal did as much for our family as that young traffic officer.

I think about her life. I think about what she does and did on a regular basis: to go to homes like mine, to knock on the door, to tell people that kind of news with small children in the house, over and over and over again—not

to mention what she's seeing on the road, what she's experiencing.

Tales of trauma—here are some others. They're not my words; they're this woman's:

"This story is about my friend Dave. He is kind, generous, and would go to the moon and back to help others. and yes he is also the quintessential advanced care paramedic. Or at least he was.

"In 2012, he received the Governor General's Emergency Medical Services Exemplary Service Medal. You can get a feel for the kind of remarkable human Dave is through this media announcement....

"Move ahead to 2014. Another assault on the job at a call, resulted in Dave attempting suicide, twice. Fortunately Dave is much better at saving the lives of others than taking his own. Outpatient mental health support followed by a two-month in-patient program, and then more out-patient therapy, Dave tried to return to the front line in 2015. It did not last long, and another incident at work sent Dave on leave again. His employer didn't help to support Dave through this process; Dave did all the work himself with lots of help from friends and family. In December of 2015 his employer terminated his employment.

"How does one go from receiving a Governor General service medal to terminated employment in a period of three years? Dave's WSIB claim for PTSD was denied ... his attempt to return to another in-patient mental health program was denied, as his benefits did not cover the next program that was recommended for him, and with diminished income while he was still employed receiving long-term disability, this program was out of his financial reach. This has all left Dave with a great deal of uncertainty, a lost career and denied rights that he is desperately fighting for. Is this," she says, "the way we treat those among us who choose a calling that comes with such personal risk, people who put their own well-being below the desire to help others and to save lives?"

One of the things that I hear about quite often from folk is, "Why did it take so long? What was the push-back? This was such a no-brainer. Why didn't the government do this? Why didn't we get action on this sooner?"

When travelling the province, when talking to people, first responders and others, who were supportive of the bill, the only explanations that I could hear talked to—first of all, the stigma; that people didn't really believe that a mental health disorder was really a disorder like any others. Then the second one, which was much more sketchy, it seems to me—if there can be such a thing—was people who thought that first responders might fake it if they had this presumptive diagnosis, if they got to claim this was a workplace injury, and that then would cost the system more money.

Mr. Speaker, people don't often verbalize that, but that's, in essence, what people were saying to me. That's why I'm reading these stories. That's why I'm telling you these stories: because I think we can enter into a little bit of the life of a first responder and forever put the lie to that kind of response.

In terms of money—because, sadly, it always comes down to money—Alberta, which has had this legislation on the books since 2012, is a perfect case in progress of a place that has presumptive legislation, that has declared this a workplace injury and it hasn't cost any more. In fact, if anything, because PTSD is a treatable disease—hey, I'm standing here, aren't I; and others, too—you can get back to work. If you're treated with dignity and given the help you need and if the money is there and the coverage is there, you can get back to work. You can get over it.

By the way, you're going to pay for it anyway, because if you don't get WSIB coverage, guess what happens? You end up—like the man in the story—on the Ontario Disability Support Program. So the government is going to pay for it, the people are going to pay for this one way or the other; the only question is whether with dignity or not.

Here's another one. This is in his own words:

"For 7,300 days, I responded to hundreds of 911 emergencies: delivering babies, rescuing victims of vehicle collisions, responding to factory and farming accidents, resuscitating vital-signs-absent patients from cardiac arrests, chokings and drownings.

"There were bloody traumas from bullets, blades, bludgeoning, bottles and bias; too many suicides and soiled, stained lives from drugs, alcohol, prostitution.

"In 1998, I faced a deranged soul with a 12-inch butcher knife. I should have died that day.

"I cared for a human angel, a double lung recipient, whose tiny adolescent body rejected her gifts of life. She refused her second chance of life because her friends at SickKids were waiting for their first chance. She died soon after, not because she gave up, but because she wanted another child to experience hope and the fresh air of a new day. Her final wish was not for herself, but for the kids she left behind: video games and controllers for those still strong enough to play life's game.

"The media spread the word and her wish was fulfilled. SickKids was inundated with electronics, the ward was furnished and her last wish granted daydreams to her friends that she left behind. I tried several times to pay my respects the day of her funeral, but each time my radio blared another 911 call and I never got to say goodbye.

"I cared for a young woman trapped in a burning car, her residual effects of horror from a head-on with a DUI pickup truck, all but her face, her big blue eyes and blond hair was left untouched; the rest of her youthful life was burned beyond recognition, turned charcoal and twisted sinew and visible porcelain white: hips, femur, tibia and foot now skeletal bone.

1550

"We talked about her life, her love for a man soon to be wed and she told me of her pregnancy that was now a hollowed, gaping wound, and finally, before we placed a breathing tube gently beyond her vocal cords and into her lungs, she shared with me a phone number to a wayward, neglectful mother. I called her last request and found out

why this woman was absent most of the young woman's life. Vile tone and talk greeted my ears as we sped with her dying daughter. This estranged mother would soon see her warped body, and this woman would wonder, with shocked eyes and gaping mouth, what unheard message from daughter to mother was left unsaid. 'She just wanted to say goodbye to you,' I whispered, and screamed within my brain.

"That night, the trauma tables in ER were full of broken bodies from the DUI, and each life we attempted to save that horrific night died, one by one, all except the DUI. And then one night, something broke." No kidding.

Another story I was thinking of when I came in today was an ancient Greek myth about Achilles. We all sort of know it. His mother was a goddess, Thetis, and she wanted her son to be immortal. She didn't want Achilles to ever die. She took Achilles and held him by his heel and dipped him into the river Styx, to give him immortal life. When she pulled him out, there he was: Achilles, the hero that we've all heard of in Greek myth. And he was a hero. He led troops in to fight Greece. He was universally acclaimed, thinking he was immortal. But he forgot one thing: She held him by his heel. There was a flaw. Guess where the arrow landed on Achilles that took him down? His heel.

It made me think of the Tema Conter trust and all those good people. Heroes are human too. There isn't a hero without a human flaw. There isn't a hero out there who is so strong that they can withstand everything and anything without being hurt in some way. That person does not exist. It is our duty as legislators, and it is our duty as those people who pass laws, to make sure that they are all taken care of when that flaw, whether it be physical or mental, whether it be cancer or post-traumatic stress disorder or a broken leg or a broken back, happens. That's our responsibility.

Okay, another one: It's a firefighter this time. This was sent to us, by the way, by MPP Michael Harris.

"Andy Cunningham still recalls every detail of the day 20 years ago when he came across an infant who drowned in his parents' tub: the Toronto address, the time of day, the little boy's name.

"Decades later, the veteran firefighter is still haunted by the ghosts of his work.

"As my depression grew worse, I started to have nightmares, flashbacks. I call them my ghosts. It was all the bad calls that I had run that I had never thought about for years and years. I'd never given them a second thought, and here they were, intruding into my life," Cunningham said.

"Cunningham was diagnosed with post-traumatic stress disorder during the last few months of 2012, after years of struggling to focus or even make it in to work on time.

"But the symptoms of PTSD, which can range"—as we've heard—"from depression to flashbacks, may not appear right away or be caused by a single incident. In Cunningham's case, it was almost 20 years before he sought treatment.

"His symptoms included flashbacks to a specific moment of a call, or endlessly second-guessing decisions he made on the job.

"Eventually, his supervisor noticed and asked if he needed help. Cunningham reluctantly accepted.

"'I was scared,' he says, 'of what people would think. I was scared of appearing weak. I know that mental illness is not a sign of weakness, but there is still an old prejudice from when I was brought up that, you know, people who are crazy get locked up.'"

He spent two months in Homewood Health Centre, a treatment facility in Guelph that specializes in mental illness and substance abuse treatment. He says, "During my time in treatment, I met a lot of first responders and military people and even people from all walks of life who are being treated for PTSD, and they all said the same thing: that asking for help is the hardest part."

That's a telling story because the minister was talking about prevention and all that we need to do, and it's true. But one of the pieces of the bill that needs some amendment is that 24-month provision, because I really think that what we have to look at here is a longer time frame so that people—right now, people we know, cases in my office, who were denied by WSIB but certainly need that coverage, need to be able to go back in, need to be able to table the requests. They need help too. We need to look at that 24-month period, and I think we need to look at it seriously when we go through the chapter and verse of this law. Mr. Cunningham's story really brings that home.

Here's story of another firefighter, as well:

"My husband, Tony, has been a Hamilton firefighter for 30 years. It was a job he loved and one he was cut out to do. He had many 'close calls': having all his hair burned off, caught in flashovers and electrocuted.... But in February 2002, something happened that would change our lives forever. His station was called to an apartment building at 181 Jackson St. in Hamilton. While Tony was on the main floor, the two-inch concrete ceiling collapsed on him and he was buried. After some time, he was found by his brave co-workers. I got a call in the middle of the night, telling me there had been an accident and I was to go to the hospital. It seemed like a nightmare. At the hospital, Tony had visible physical injuries. Little did we know other injuries, not visible, were soon to follow. Over the next couple of days, I did notice a change in Tony. His moods, drinking ... things just out of character. He noticed this himself and called our family doctor, Laura Blew. She immediately knew Tony suffered from PTSD. She referred him to a local mental health clinic." She "notified the city, as well as WSIB, that Tony had PTSD. WSIB acknowledged his claim for PTSD, but no help was offered. So Tony faithfully went to see the therapist at the clinic even though they are not specially trained to handle PTSD victims. He returned to work.

"The next couple of years were years of taking different drugs to try to help with the disorder. Some worked. Some did not. Our children in this time were in

their early teens. Tony's mood swings, mainly because of the different drugs, disrupted our family and certainly affected our kids. Two years ago, Tony's PTSD had seemed to become worse and we separated. During his period from home, he was almost out of control. Speaking to our doctor, this type of behaviour is typical of PTSD. What did not help was the fact Tony was involved in a car accident where he was trapped and [this] further aggravated his disorder. We have since got back together and the kids and I support Tony 100%"—one of the lucky ones in that regard. "We can only guess how hard it is to have this awful disorder. Tony was taken off of work by the doctors, but his claim was not accepted by WSIB for almost two years." So, another story.

A couple more, but before I go into them, I want to say some thanks because thanks are in order. I want to say some thanks and I'm going to read off the organizations. It's amazing. When you have an hour, you think you have lots of time, and I'm running out of it. So I want to make sure that these names get into the record.

You've already heard that the Ontario Provincial Police Association is here. The Ontario Professional Fire Fighters Association, Police Association of Ontario, Ontario Paramedic Association, Tema Conter Memorial Trust, OPSEU, Unifor, CUPE, Civic Institute of Professional Personnel, and ATU—all have been very seminal in terms of supporting all the iterations of this bill, and finally, this bill itself.

1600

Let's talk about Bruce Kruger. He was an OPP officer. By the way, these were all the stories sent where they said, "Please use our real names. Please tell our real stories." We've got boxes of stories where they're not comfortable sharing their real names and their real stories—boxes. So when you talk about the numbers and when you see the suicides—which, of course, is just the tip of that ugly iceberg of what happens to those who suffer from post-traumatic stress disorder for first responders—you know you're speaking, when you're speaking about this bill, to thousands out there.

Bruce Kruger—he was here, by the way, for second reading, so a shout-out to him; he was also here on Thursday when the government brought in this bill—"insists on having the perfect seat.

"He's fled airplanes, cried in restaurants and rearranged furniture at friends' homes—all for the perfect seat.

"That seat is backed against a wall.

"So no one can attack him from behind.

"Most of the time, the retired OPP officer appears to be enjoying an idyllic retirement.

"He has four grown children and 11 grandchildren with Lynn, his wife of 43 years. He has a charming home/bed and breakfast on the banks of the Muskoka River.

He also "runs two joint Swiss Chalet-Harvey's franchises, one in Bracebridge and Huntsville. He's the official town crier of Bracebridge.

"He seems successful and 'normal' in most every way.

"But 'it's a mask,' says Kruger ... who calls himself 'the great pretender.'

"Kruger has been diagnosed with post-traumatic stress disorder connected with his 29-year OPP career. He suffers from anxiety, depression, guilt and periods of rage."

He traces back his PTSD to the violence he experienced, which includes shooting and killing a prison escapee who was pointing a shotgun at his partner in 1977; finding slain OPP officer Rick Verdecchia frozen solid in a snowbank with three bullet holes hole between his eyes in 1978—Kruger, by the way, stayed with that body for several hours to protect the scene; and coming upon the bodies of a father and his six-year-old son who had drowned in 1978 and having to row the bodies back to the shore of Healey Lake.

"Before retiring in 1999, at the age of 51, he had witnessed countless other horrors ... gruesome accidents, sexual assaults and suicides, some involving children.

"He's now on two medications, an antidepressant and a blood pressure drug that stops the vivid nightmares that used to leave him screaming and panting.

"The nightmares were mostly fictitious gunfights," Kruger says, "and I'd be right in the middle of it."

"Occasionally he has appointments with a Toronto psychiatrist.

"Because he can freeze up in certain situations, Kruger carries a card in his wallet notifying people that he suffers from PTSD and might 'need a moment to settle.'

"In police work," says Dr. Randall Boddam, "these are guys who are exposed to life-threatening stressors as part of their job." This doctor was a senior psychiatrist for the Canadian Armed Forces from 1996 to 2010, and now he works with police officers as well as veterans.

"I've heard police say, "When I pull a car over, I don't know what I'm going to be getting into." That's anxiety-provoking in itself."

Anna Baranowsky, a clinical psychologist who works with police officers in private practice, says that police officers make up 10% to 15% of her client base. She says the key is to catch the disorder early. We've heard about that.

So that's Kruger. Suffice it to say that he's well enough to have shown up here to see what all his hard work has come to and what all his honesty has come to. Imagine having to live with that and having to speak about it all the time.

I didn't mention this, of course, and this is seminal: The reason that Officer Kruger has to sit with his back against a wall is that his fellow OPP officer Tom Coffin was murdered in 1997. "The killer came from behind and shot Coffin in the head at close range while Coffin was off-duty at the Commodore Hotel in Penetanguishene. The shooter had been charged with impaired driving by Coffin in April 1996." That's why Officer Kruger, now retired, has to sit with his back against a wall.

I'm going to go back actually to one that I didn't read, because they're not all like that. I'll look for it in a minute.

Tomorrow afternoon, I'm meeting with the widow of Darius Garda, the Toronto police officer who recently took his own life. I think we are all aware of the front page of the Toronto Star that told his story. It's a particularly awful one because he's so young: 29 years old. Again, he didn't get the treatment he needed.

As people would describe him, he was the ultimate good guy:

"He was very kind, very soft-spoken," recalled Catarina Martins, who was a fitness instructor with the police service during the early years of Garda's career. "Physical fitness-wise, he was one of the strongest," she added. "A hard worker."

"In April 2010, Garda was involved in an incident that seems to have left a profound mark on him. He was among a group of officers who pursued an erratic driver down to the Port Lands—near where Garda's body was found in the water Thursday—and cornered him. After the driver clipped an officer with his car, police opened fire and shot 32 rounds....

"The driver, a 50-year-old father of two ... was killed. It was later revealed that he had been on medication for schizophrenia.

"Garda testified at the inquest into Duda's death." That was the victim.

"I never saw, in my career, a police officer cry on the stand. But he did cry, and it was genuine'....

"He really felt something wrong had happened, that a man lost his life.... This police officer, he was looking at things through the perspective of a human being. The whole courtroom stopped for a bit.... We stopped and said, "Wow.'" That was the defence lawyer speaking.

"A wonderful son, brother, uncle and friend," who took his own life.

Here's a happy story: "On December 3, 2006 a woman had thrown her two-year-old"—happy in context—"off the Morningside bridge at the 401. Shortly after throwing her two-year-old off the bridge, this woman, after fighting with bystanders, had successfully thrown herself over the Morningside bridge onto the 401.

"I was the very first paramedic to the two-year-old. I was the second first responder to this child, as the first first responder was a fireman who I found kneeling beside the child as he hung onto life, slowly dying. I never found out what happened to that fireman.

"I did not have to fight with WSIB in having my claim accepted, as part of PTSD. My supervisor immediately filed a WSIB report, and I was allowed, by WSIB to have a leave from work, I was allowed to be off on stress leave. I sought," and received, "psychological counselling thanks to WSIB, and with a couple of weeks of therapy, from both professionals, family and friends, I successfully returned to work."

That's how it should work, and that's what this bill and all of those years of trying will result in, we all hope here: that kind of story, that kind of treatment, with presumptive legislation.

I have a few minutes where I want to talk—and I'm sorry that the labour minister isn't in the room, but I

know he'll hear about it—about workers' rights generally in the province of Ontario. Because this is part of that, and first responders, at the end of the day, are part of the general workforce of this province.

1610

In a sense, they're the lucky ones, because they have associations. They have unions that fight for them, that come here and lobby for them, that have their best interests at heart. But, you know, about two out of every three workers in this province don't have an association or a union that goes to bat for them. One of the things that we're really charged with in terms of looking after workplace safety and workers' health—this is a piece of it; it's a big piece of it, and I'm glad—is to look after the other two thirds of the workers who don't have someone to fight for them, to help them get that body to fight for them.

What am I talking about? I'm talking about the kinds of things that we as New Democrats have fought for for so long: anti-scab legislation, card check certification. We know that wherever there are high rates of unionization, there are higher rates of safety on the job. We need to be always looking beyond those workers who have the ability to come and lobby us to all those other workers.

I can tell you the situation right now in Ontario is grim. About 50% of the workers in this province are precarious, temporary, contract. Those wonderful articles that the Star has been putting out on a drumbeat basis about precarious work and about temporary work and about contract work point out how dangerous that work is and how little coverage they have even to be able to collect their wages. Those are the other stories we also hear in our constituency office. We hear stories from them, particularly from racialized communities, new immigrants, where they don't know their rights and where they are not being paid to work. People are working for free, or they are called contractors and then they're not paid.

The reason I mention this: I have the opportunity to do so; this is a Ministry of Labour bill. But there was a landmark decision just recently for a couple who worked as "contractors" and who sued and won. So the courts are weighing in where this government fears to tread in looking after workers' rights generally across the province of Ontario. It's really important to highlight that as well.

Let's go back to the bill and talk about amendments, because there are some that I think need to be made.

It's interesting—and our paramedics pointed this out. I want to assure them that, even though in the bill—we had a technical briefing this morning; I want to thank the ministry staff for doing that—it's not spelled out that part-time paramedics are covered, they are. It's spelled out that part-time firefighters are covered in this bill. Part-time paramedics are also covered. It's very important to note that because, again, with precarious employment, a lot of our paramedics in Ontario are working for several different employers and are working on a part-time basis. So I wanted to let them know we checked into that and that's covered.

But auxiliary police members, special constables—I was thinking about our own Sergeant-at-Arms here. I think he is ex-RCMP, but he's no longer RCMP. We think about the brave Sergeant-at-Arms on Parliament Hill who performs such a great duty for this country. He is a special constable. He may not be covered by the letter of this law. So I would appeal to the government when they're looking at amendments to look at special constables, special forces, and auxiliary forces as well. We need to make sure that those folks are covered too, particularly our own Dennis. After all, he puts up with us, so we want to help him. That was another thing.

Also, I've already mentioned the fact that this 24-month period is not nearly long enough. We really need to look at post-traumatic stress disorder. Because of the stigma that has been in place, it takes people a long time sometimes to come forward. Sometimes it's after they have left the force because they cannot work any longer. This would not necessarily cover all of them. I think, in light of some of the stories I've read out today, that is particularly tragic, because these really have been the gladiators who have fought for this bill. These are the ones who have brought their stories to my office, and I'm sure also to the Minister of Labour's office. We need to make sure that all of those claims are covered, that there is some grandparent clause here to some of those. I get that you can't cover everybody and you can't go back forever, but this bears some examination, and this bears some closer look. Again, that's an amendment that I would certainly want to look at.

You heard others speak in our own caucus about other front-line workers. One group of front-line workers that is covered by the bill—that didn't get a lot of mention today, by the way—are dispatchers. They are covered by the bill, just so they know. But 911 communications operators should also be covered. Sometimes the job title itself might exclude someone from the presumptive legislation. Again, I'm just putting it out there so that the government can look at this, so that we make sure nobody's left out, so that even if their job title is something slightly different, if they're doing the same nature of the work, they should be covered. That's really important.

Another group not in here are probation and parole officers. We were absolutely pleased that corrections officers were included. They have been lobbying us, as well as the government, for many years on this bill. I've always said to them, "Only the government can make this law." Now that the government is making it law, let's make sure that we include everyone that needs to be included.

I think it's important to look at, for example, some of our nursing staff that work on the front lines of their jobs too. The Manitoba legislation covers all workers. As I said, my original iteration did too. We're not even suggesting that. We're just suggesting that for first responders, wherever they work, whatever line they're in, if their job title excludes them, there is room for expansion on this bill.

Again, if the concern is cost—which is always the concern, when it's not spoken out loud—one can say

again, can reiterate again, that you're going to pay for those who suffer from post-traumatic stress disorder, one way or the other. You can either do it with dignity, or you can treat them badly and re-traumatize them, which is what has happened in the past. You're going to cover them. Whether it's on social assistance or whether it's through WSIB, they're going to cost you money. There is no question about that.

What haven't I done? I also want to thank—I really want to thank—the media on this. They have kept this issue alive on the front pages. For example, Constable Garda was on the front page. Their constant pressure has made this happen.

I do want to thank the Minister of Labour. I know he has gone to bat for this. I want to thank the leader of the Progressive Conservatives. I think his first question in the House was on this bill.

I want to thank especially, of course, our own leader, Andrea Horwath, who has been there since the beginning seven years ago, when I first tabled the bill, and has always been supportive of this.

I want to thank some people in my own community. I want to thank—he's now gone on to teach at the police college—Peter Lennox, who was the superintendent of 11 Division, who said to me, completely out of the blue, off the cuff, “You know, I would like the day to come when we recognize those who have fallen in the line of duty, and those who have also taken their own lives but who have been heroes.” That really stuck with me; that really stayed with me. It's a powerful message. I think that for firefighter, for paramedics, for police, for dispatchers, for corrections workers and others, we really need to keep that in mind. As Tema would say, heroes are human too, and there is no such thing as a hero without a flaw.

The Select Committee on Mental Health and Addictions was mentioned, and I want to mention it too, because they did fantastic work on that committee. They travelled around the province, and they made, I think, some 23 recommendations out of that committee. Mr. Speaker, I'm sorry to say that only three have been acted upon—only three.

That's the broader scope of mental health and addictions. That's certainly the broader scope, but it's an important one, because unless we deal with the stigma of mental illness for everyone; unless we actually deal with this the way it is and not the way we pretend it should be; unless we get rid of the wait-lists for services—and trust me, all those folk who come here looking for services for their children who are suicidal, their children who have addiction issues, those folk shouldn't have to mortgage their homes to send them to private care, and that is the case for many of them right now in the province of Ontario. So there is a bigger picture here.

1620

The mental health and addictions committee did that hard work. Let's not let their report gather dust on a shelf; let's make sure the government acts on all those recommendations. That was many years ago. Again, I

want to thank everybody who was on that committee. I know our own member from Nickel Belt, France Gélinas, was. She, in particular, has been an advocate for that. Again, let's make sure that happens.

Of course, it goes without saying that all of the stakeholders who have been active and all of the other jurisdictions, Alberta and Manitoba—and by the way, some good news: Others are also looking at it. New Brunswick is looking at it; Nova Scotia is looking at it. I'm hoping that, because of the media around this in Ontario, all of the other provinces come on board with similar legislation.

This is a workplace injury, no matter where you perform that work. I think I've only trended on Twitter in Canada twice in my life and this was once, when this announcement was made. It was right cross Canada. Right across Canada we need action on this, not just in Ontario. Hopefully, others who are listening to this debate in other provinces will step up and act on this too.

What else to say? Finally, let me end with a story that happened actually within the last month. This time, I won't tell you the name for obvious reasons. I'm here at Queen's Park. The House isn't sitting. We're just in to have some meetings with some stakeholders and constituents. My executive assistant comes running in. She said, “We have”—let's call him John—“John on the line.”

I knew who he was immediately. He was an officer who suffered with PTSD, and he said he's going to kill himself. He said that he has had enough. He's waited long enough for action from the government. He can't get WSIB to listen. Nobody's listening. He's lost his wife; he's lost his family; he's lost his job; and he's about to lose his house. There's no point in going on.

I don't know how many of us in this assembly have received calls of potential suicides in their offices. I can tell you, as a United Church minister, I used to get them, but this was the first time in my 10 years here that I received something like that.

So what did I do, Mr. Speaker? Here's the irony: I phoned 911. I phoned 911 to get first responders to respond to the call of a first responder who was about to take his own life. I can tell you, I'll bet there was some rivalry between police, paramedics and fire about who would get there first. I'm not going to weigh in on that one. I'm not going to weigh in on the role the dispatchers played either—because I know they did, behind the scenes.

He was saved because of the actions of those who run into danger when we run out. But this was for one of their own. How sad must that day be? Potentially, how traumatic must that moment be when you are called in to a call for someone you may have worked with at some point and you've seen what their life has become because of this disorder? Here you are, having to save them. And think of what he went through to make the call, because his training was all about helping others, not asking for help himself—certainly not like that.

The last thing a first responder would ever want to do would be to make that call. In fact, he said specifically,

"Do not call 911." Specifically, he said, "There is no help for me. Do not call them." Quite frankly, you can get the psychology here. You can understand why he would say that: because he was the one who used to make those calls. He didn't want to put his fellow officers or anybody else through that call. He didn't want to be that person. But he was that person, and the only legal, reasonable thing to do, for us, was to make the call.

So this is the conundrum, and hopefully—need I say it again?—after almost eight years from the time that Shannon Bertrand walked into my constituency office, the first tabling, the second tabling, the third tabling, the fourth tabling, the fifth tabling, when, joyously, it passed second reading and these seats were filled with first responders, to last Thursday—there wasn't a dry eye in that room when we finally heard from the labour minister and finally heard from the House leader what we had been working for so those many years: that finally a very simple act would take place, an act that I can tell you will save lives, and that is simply to declare that post-traumatic stress disorder is a workplace injury.

For all the prevention in the world—and there should be—and for all the programs that employers should bring in—and they should bring them in—and for all the new science about how our brains work and our bodies work and what happens, I'm telling you, just like in the military, our first responders still have to be protected from this, because there will be that person who comes down with PTSD no matter what we do, because of the nature of what we ask them to do. Heroes for sure; humans for sure. I like to think of that Achilles image: immortal but for the heel; immortal but for the fact that—guess what—he was human too.

So to all the first responders out there—particularly I'd like to dedicate this afternoon, really, and all of this debate to the families of those who didn't win the battle with post-traumatic stress disorder. To all of those families who lost someone in the line of duty to this dreaded disease—and it is a disease—I say that finally, finally, we're getting action. This is a glorious day. Revel in it, rejoice, and know that that death was not in vain, as no first responder's death is. We thank them, and we thank you for all that you do for us. Finally, we're doing something for you.

Thank you.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Hon. David Zimmer: I'm glad that I have an opportunity to respond for a couple of minutes. First let me compliment the member for Parkdale–High Park for her one-hour speech and actually getting through that one-hour speech. It was packed with graphic and practical and realistic detail.

I've heard much about post-traumatic stress disorder, but I've always heard about it in a theoretical sense, from a distance, from something that I read in the paper that occurred to someone else. I have never been as moved as I have been by your personal stories and the stories of other Ontarians that you've related so graphically. I think

when we—all the members of this chamber, be they Conservative, NDP or Liberal—heard that speech, it reinforced the need for this legislation, the purpose of this legislation, and in its own way serves as a tribute and as a mark of respect for our first responders. It's not surprising that this has deep and unanimous all-party support.

I had an experience many, many years ago with a suicide. That was one event when I was in my twenties, and it still bothers me from time to time. I cannot imagine what it must be like to be a first responder who has had a 20-, 25- or 30-year career and deals with that type of thing on a daily or weekly basis. The cumulative effect in mid-career or at the end of the career that that must have on the mind is something we should respect.

1630

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Mr. Randy Pettapiece: I also want to compliment the member from Parkdale–High Park for her passionate speech and her passionate advocacy for this bill on PTSD.

She told many stories of first responders. I have two sons who are first responders. One is a police officer and one is a captain of our local fire department. A number of years ago—in fact, it was in 2010—we lost two firefighters from a roof collapse. It happened on St. Patrick's Day in Listowel.

You can imagine, when the rumours started floating around that there might have been somebody killed, his mother and I were quite frantic to see if he was at the fire. He was on duty, but he wasn't in the building when it collapsed, thank goodness. But I certainly feel for the two firefighters who were lost that day, and their families.

I also know a friend of mine whose son came back from Afghanistan. He did one tour there and came back totally—I don't know what the right term is, but he was in bad shape when he came back. He spent a lot of time with psychiatrists. The army did look after him. However, he still has issues with this disorder.

I think this bill, as our party has stated, must go through. It has been a long time coming. Hopefully, we can get it through committee with the appropriate amendments when it gets there, and we can get it through committee fast and it won't die again on the order paper, because I think there are too many people who are depending on the quick and effective passage of this bill. Thank you, Speaker.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Ms. Catherine Fife: Rarely have we an opportunity in this House to be transfixed and have the full attention of every member on an issue like this. I do want to thank the member from Parkdale–High Park for her resiliency in returning each year for a number of years to introduce private member's bills.

Each time we did learn more. I think of her comments on the 24-month period being not long enough, and

addressing the stigma that still exists around post-traumatic stress disorder.

She did mention the fact the legislation includes some part-time employees. I think that's really important; and her statement around correctional officers as well. I myself had the opportunity to tour two jails over the so-called break with our critic from Oshawa, and I have to say what I saw in those correctional facilities will stay with me a long time. I think that those are places of work where there is trauma each and every single day, because you're also dealing with inmates who have serious issues, both from sometimes a medical perspective but definitely a mental health perspective. So I was encouraged to see the mention of correctional officers in the legislation as well.

I want to leave with you the strongest point that I think the member made on this issue: It's that we will pay one way or another. We can address the issue of post-traumatic stress disorder for first responders with dignity and with grace and with compassion and with resources, or we can re-traumatize and dehumanize them going forward.

It is time for this legislation. Let's make it the strongest piece of legislation so we get it right first and foremost. Thank you very much, Mr. Speaker.

The Deputy Speaker (Mr. Bas Balkissoon): Questions and comments?

Mr. Yvan Baker: I'd also like to echo the words of my colleagues and congratulate the member for Parkdale–High Park. I've known Cheri DiNovo for a number of years, long before I got elected to this chamber. She has been a passionate advocate on a number of issues. This is just one of those issues, and I congratulate her for her work on this issue.

I'd also like to congratulate our minister and our Premier for their wonderful work on this important bill.

Just a week or two ago I had the opportunity to attend the graduation ceremony at the police services academy for the city of Toronto, which is located in Etobicoke. I had a chance to witness the graduation of a number of young cadets who are now constables in the Toronto Police Service. The emcee of the event was talking about what a difficult job they have. "They have our backs," he said at one point; I think what this bill is about, this issue is about, is making sure that we have theirs. I think that making sure we recognize the trauma, making sure we recognize what they go through, the scars they take on as a result of their work—it's important that we not just pay tribute to it but that we act on it, and that's what I mean by having their back.

I'd love to share a quick anecdote in my remaining time. Every year I host something called the community recognition awards, where I give awards to people who are making a difference in our community. Last year, when I held these awards, I gave awards to people who are doing a range of things: volunteering at seniors' homes, volunteering with kids with special needs, donating money to important causes, you name it. I had awarded about 30 awards throughout the day, throughout

this presentation, throughout this ceremony. At the end, there was a gentleman who I wanted to recognize. His name is Anthony Colabufalo. He received the highest award for courage as a firefighter here at Queen's Park. I presented him. I told his story, how he and his colleagues ran into a burning building to rescue his colleagues. He received a standing ovation. I think, today—

The Deputy Speaker (Mr. Bas Balkissoon): Thank you. I'm sorry; I've got to cut you off.

To the member for Parkdale–High Park, you have two minutes for your response.

Ms. Cheri DiNovo: I think I've said just about everything, but to conclude, it's been a long journey: Eight years, five tablings, one second reading and finally we are here. Again, thanks to the organizations that have been there all the time; in particular, those who sat through all of the debate this afternoon, from the Ontario Provincial Police Association—that shows stamina—and also of course to these incredible organizations out there like Tema Conter Memorial Trust. I can't emphasize their work enough in this. They have really kept this issue alive across Canada, particularly here; they've been great supporters, as always. Also to all those other folk out there: to OPSEU, Unifor, CUPE, to those people who have kept this issue alive as well, and of course to the first responders—already, I've mentioned paramedics, firefighters, police, dispatchers, corrections officers. And don't worry, probation and parole officers and front-line nursing: We are still fighting for you and others. The fight goes on. But also to those individuals: to Shannon Bertrand, who first walked into my office—that took such incredible courage and still does; Bruce Kruger, for coming back again and again; for others, the families of Constable Garda, Norm Traversy. They all know who they are. There are many, many of them out there who constantly remind us, if not on a weekly basis, on a monthly basis, "What's happening with the bill? Where is it at? When are they going to act? Please keep the pressure up." Mr. Speaker, I'm happy to say that we have kept the pressure up, all of us.

Thank you again to those who rush in to us when we are running out of buildings. Thank you for those who come and do the work we don't want to do. Thank you. It's your time now. Celebrate.

The Deputy Speaker (Mr. Bas Balkissoon): Further debate?

Mrs. Kathryn McGarry: I'll be sharing my time today with the member for Sudbury.

It's again a privilege to rise in the House on behalf of my constituents in Cambridge, and I want to pay special tribute to those who are home today watching on TV: John and Gwendolyn. Bev, I know, is watching.

I was very proud to be present for the introduction of Bill 163 last week, which proposes a comprehensive approach, including both preventive and legislative measures, to our first responders in the Supporting Ontario's First Responders Act. I recognize that this is a very important legislative measure for many first responders across Ontario and including those that I've

worked closely with, those that live and work in Cambridge and Waterloo region.

1640

Due to my work as a critical-care nurse, I knew many paramedics, many of the firefighters, correctional officers as well as the firefighters. I'm very proud to add some of my comments today on today's debates.

I've had a lot of comments and a lot of inquiries in the last few months: "When's this legislation coming? When are you speaking to it?" There has been a lot of great interest in it. Listening to the comments throughout the House, I know that there's a lot of support on all sides of the House.

In looking back as a long-time nurse, there has been an awareness of PTSD, but without the name, for many, many years. It's only been recently that PTSD has had the awareness that it has. During the minister's comments earlier today, he referenced the term "shell shock." It took me back to a time when I had a teacher in high school—this is decades ago—and he had been in the war. I didn't, but some of my colleagues used to tease him because when we heard a plane coming overheard, he would find an excuse to go into the supply cupboard in the classroom to retrieve chalk or paper and that kind of stuff.

My high school was near Toronto airport and so, on a flight runway day, it might happen many times and it was very disruptive. Some of the kids teased him about that. I think back to that. We didn't have an awareness of what shell shock meant and the injuries that these individuals have. I'm sorry that that teacher had to endure that.

Over the decades, there's finally starting to be some momentum behind looking at mental illness, post-traumatic stress disorder, and trying to break down the stigma that still surrounds mental illness and those suffering from PTSD. One of the important things that we can do right now is to break that stigma for those who are suffering from this very real and serious illness. Our attitudes and our culture need to shift away from stigmatizing these individuals and make sure that they can get the care that they need.

In my role as a nurse, I used to encourage my patients who were suffering from mental illness to step forward and actually look after themselves, do what the doctor was suggesting and take their medication. Very often, they didn't want to do that, so I would try to present the example that if they had pneumonia and they needed medication, I as a nurse would try and encourage them to take it to get over that. The same thing happens with mental illness. Some resisted even so. Even as a caregiver, it took an effort to try and get those individuals to really care for themselves.

I'm very glad we're recognizing that PTSD is a significant risk to the health and well-being of those who are employed in certain high-risk occupations, who often witness and experience a lot of traumatic events. The fact is that evidence shows us that first responders are twice as likely to suffer from PTSD compared to the general population.

When I worked in the emergency room, when I first started there, my friends and family would often say, "How can you work in the emergency department? I couldn't face the blood and the injuries that you'd see there. I couldn't do it." Even then, my response was always about the first responders. I'd talk about the fact that trauma victims who are brought in by ambulance had had their initial first treatment provided. I know that the MPP from Eglinton–Lawrence addressed, in his remarks, some of the horror and the trauma that was out there in those situations, but we didn't quite see that in the emergency department. It was the first responders in situations who had to deal with patients and individuals who didn't make it to the hospitals, in a chaotic scene, very often with shocked bystanders or environmental hazards that sometimes endangered the crew, such as dark, cold, rain, sleet, emotionally and physically traumatized people and situations endangering their own physical health.

They see things in the calls that they rush to that they cannot find words to describe to the general community or their families. They often keep these things to themselves, increasing their risk of PTSD.

There can be an accumulative effect that increases the risk of developing PTSD symptoms. In this case, first responders sometimes can't even identify the one situation that caused the symptoms to begin. They often describe it as the straw that broke the camel's back.

The proposed legislation will create a presumption that PTSD that is diagnosed in first responders is a result of the worker's employment. This is huge for this population. I need to reiterate that evidence shows that first responders are twice as likely to suffer from PTSD compared to the general population, due to the risk of frequent exposure to traumatic stress.

This morning, when I was able to ask a question of the Minister of Labour in question period, I referenced a particular situation that happened in my emergency department a few years ago, where a child came in with first responders, who was vital signs absent from a car crash. Speaker, I had to look after his mother at another end of that emergency room, and it was a very traumatizing day.

The car crash happened because of snowy weather. After the first responders handed that child over for us to try and resuscitate—and sadly, the child didn't make it. While we were dealing with all the emotional trauma and the physical trauma of those victims in the emergency room, our first responders had to go back out to the other calls and look after other people who were having car crashes throughout the day.

At the end of our 12-hour shift that day, our manager had already addressed the idea that we needed a critical incident debriefing. I didn't even know what that meant at that time. What they did was they brought in a social worker and helped to look after us, the nurses who had been in that situation that day, and we were able to get that care. Yet our first responders were out still, saving other people's lives. These are the realities of why they have that accumulative stress out in the community.

I'm very proud of our government for bringing forward Bill 163. It's a comprehensive bill that deals with both prevention as well as legislative measures. I think it's very, very important that we look at the whole prevention piece of it as well. Preventing people from getting PTSD in the first place is really a key measure that we're addressing in this legislation.

It covers a wider range of first responders than perhaps one of the first bills in private members' bills that came forward. I think that is due in part because of the increased awareness and recognition, which we have here in the Legislature and society has in general, that these mental health injuries are just as serious—if not more serious, sometimes—than physical injuries.

Our bill is one element of a comprehensive strategy that also includes a radio and digital awareness campaign to help reduce the stigma attached to PTSD and to direct employers and workers to available resources.

It's requesting an annual leadership summit to monitor progress in dealing with PTSD and how we're doing, and also a free online tool kit with the resources on PTSD that's tailored to meet the needs of employers. It also looks at grants for research that help support the prevention of PTSD. Our proposed legislation also incents employers of first responders covered by the presumption to develop workplace prevention plans to help prevent it in the first place.

Speaker, the Supporting Ontario's First Responders Act, if passed, will provide a sense of security to Ontario's first responders. It will create a presumption that PTSD diagnosed in first responders is a result of the worker's employment, and this can't come a minute too soon. It also ensures that first responders will not have to go through the process of proving their PTSD, which we all know can lead to further stress and delay.

We, as a government, and all sides of the House want to make sure that those who need the help get it, and get it as soon as they can. Expedited adjudication or faster processing will enable faster access to compensation and proper treatment, ultimately supporting recovery outcomes.

In closing, I'm very, very proud to be part of a government that would introduce this piece of legislation as part of a comprehensive plan. I thank all members who have spoken to this important legislation today.

The Deputy Speaker (Mr. Bas Balkissoon): I now recognize the member for Sudbury.

Mr. Glenn Thibeault: First off, I want to thank my colleague from Cambridge for her great presentation on this bill.

I'm very pleased to be able to rise and speak to Bill 163, the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder). Mr. Speaker, this is a very important bill. It truly is a thorough piece of legislation that handles both how the government can support first responders who develop PTSD, as well as allows the Ministry of Labour to collect data, so that we can better understand PTSD and how we can prevent it.

1650

Speaker, this is a bill that I'm very proud to support. Whether they're police officers, firefighters, paramedics, 911 operators, correctional service workers or other first responders listed in this bill, first responders have an incredibly difficult job. They go from crisis to crisis, and we expect them to come in, fix the situation and then move on to the next one. Given that we ask them to come into people's lives at some of the worst possible moments and make them better as best they can, I think it's incumbent upon us as a society to provide them with support when they're faced with their worst and do what we can to help them out.

I'm proud our government is taking this step forward in providing first responders with the help they need if they develop PTSD on the job. By including PTSD under the Workplace Safety and Insurance Act, those who suffer from PTSD will be able to get the benefits they need to support themselves while getting the help they need.

As great as that is—and it is fantastic—I'm also very happy that this bill amends the Ministry of Labour Act to allow the ministry to collect and publish data on PTSD. As great as it is that this bill and previous similar bills have provided access to WSIB benefits to those who suffer from PTSD as a result of their time as a first responder, coping with PTSD is a significant challenge and recovery is often a very long ordeal.

The more people we can prevent from getting PTSD, the better. I'm very optimistic that with access to data, we'll be able to take future actions to limit the number of cases of people suffering from PTSD. That being said, though, being a first responder will remain a challenging job. That's why I'm also glad that this bill is just part of the wider strategy the Minister of Labour and the Minister of Community Safety and Correctional Services are implementing together, which includes ads to increase awareness about PTSD, providing a tool kit to employers with resources on PTSD, and grants for research that supports the prevention of PTSD.

Our first responders—police, fire and paramedics—do a very difficult job, day in and day out. It has been a tradition since my time in political life to hold a barbecue every year to thank emergency service workers in our community and say thanks for their hard work. This barbecue, this opportunity for my community of Sudbury to come together and say thank you, stems from a personal experience.

Back in 2009, I lost my mother. She was 85 years old and had some health complications. The one thing that, unfortunately, many of us who have elderly parents experience is that you end up calling 911 often. The last time that we had to call 911 and bring my mother to the hospital, the service, the quality of care that she received from the paramedics, was astounding: their bedside manner, the way they were able to help my mother, bring her to the hospital and get her settled.

We, as the family, then get there, rush in and make sure that everything is okay with your loved one—that

time it was my mother. I wanted to run out and say thank you to the paramedics. It was about 15 or maybe 20 minutes after they had brought my mother in. By the time I got out there—as I said, 10, 15 or 20 minutes later—the paramedics were already gone. They were already gone doing another job.

That's when I thought to myself, and I know we've heard it many times throughout the debates this afternoon, that while we're running out, they're running in. While, yes, many will say that they're just doing their job, it is such a difficult thing. I thought that it would be great if we could do something as a community where we could come together and say thanks. So we've had this barbecue now in my community for seven years. We get anywhere between 800 and 1,000 people who come out every year and sign this great big banner that says, "Thank you." These police officers, paramedics and firefighters have these banners up in their stations, and they get to see every day a thank you from little Johnny and little Suzy and from adults, just saying thank you, and that thank you goes a long way.

At one of those barbecues, there wasn't a dry eye in the place. If you'll indulge me, Mr. Speaker, I'll also talk about this story a little bit. We had a young woman, maybe 14 or 15 years old, show up to the barbecue and she had a little bit of a limp. She came up and said hello to me, and told me her story. Back in the winter, she was involved in a very serious car accident. She didn't think she was going to make it, but she said the firefighters arrived on the scene very, very quickly, assessed the situation and made sure she was okay. The jaws of life had to be used. She was extracted from the vehicle. She was then put in an ambulance.

The paramedics were there and made sure they took care of her. The police were there making sure traffic was okay, and the police also helped escort the ambulance to get from the highway to the hospital so that this young woman could get to the hospital and receive the life-saving treatment that she needed. The coming together of all three of those services—we can also talk about the 911 dispatchers, but it was the firefighters, the paramedics and police in this instance.

When she came to the barbecue, I introduced her to some of the paramedics who were just nearby, and a paramedic said, "Oh, well, I remember that event. The individuals who were the ones who took you to the hospital are actually on duty today." So they called them, and the paramedics came over to say hello. The paramedics also said, "The firefighters who were out that day are going to be coming by in a little bit." The firefighters then knew who the police officers were on that scene, and they all came together. This young woman actually got to look at every single person who was involved in saving her life to say thank you.

As I said at the beginning of that story, there wasn't a dry eye anywhere at that barbecue, because she was telling these individuals what she was going to do with her life.

Applause.

Mr. Glenn Thibeault: Yes. And I think the important thing to recognize from all of this is that all of the emergency personnel, all of the first responders, almost seemed embarrassed from the thanks that they were getting from this young woman. They were saying, "We were just doing our job."

But it's these types of instances that they're doing each and every day that are changing the lives of all of our citizens. Making sure that we can come out today and say that when you've hit that point, if you hit a breaking point as one of those first responders doing great work in our community, we will be there for you: That's why I know that we are all happy to hear that we're all coming together to talk about this bill, to get this bill passed quickly, to make sure that we support our first responders. As we all say, they are the ones who are running in when we are running out, and we all applaud the work that they do every day and say thank you for that.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Jack MacLaren: It is a privilege to speak to this bill. Of course, we support the Supporting Ontario's First Responders Act completely in this party on this side of the House.

I listened to the members from Cambridge and Sudbury, and I would say to the member from Cambridge especially that, as a nurse, she has had the experience of seeing death and experiencing some terrible things. My wife is also a registered nurse, and my three daughters are registered nurses. I've had the experience of hearing them come home and tell me what happened at work, where they work in hospitals; not all days are good days, and not all days do people survive.

Some of the deaths are particularly tragic, and they can only have a terrible impact on a person. It takes very strong people to be able to continue to work in that environment.

1700

I have a world of respect for nurses, firemen, policemen, paramedics. Being the first responders, they see the very terrible, gory scenes that they are exposed to from time to time, and they suffer PTSD. As a society, it's good that we are talking here today and we have this bill, which I'm sure will pass, because nobody in this House would not support it. These people take care of us when we have shocking needs—accidents, suicides, things of that nature.

I did a statement earlier today about Bernard Cameron, who died tragically. I didn't expand upon that, and I think I will right at this moment. He was shot in the door of his house by his daughter's ex-boyfriend. We hear of these kinds of stories; usually it's far away. Bernard was a councillor in his community, an upstanding member of society. His daughter and the boyfriend broke up. The boyfriend's response—and he would have been in a state of mental illness, I'm sure—was to come to the door at 7 o'clock in the morning with a gun to shoot the daughter. He stepped bravely in front of his daughter and received the bullet, and he died. The second bullet hit the daughter in the arm. With the third bullet, the boy killed himself.

Now, you can imagine the impact on the family, of course, but imagine the first responders who would come and see bodies on the ground, a shattered family with no point or purpose. How would they go home and feel anything good about how they did that day? It was just a bad day for everybody involved, including first responders.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Paul Miller: I'd like to thank all the speakers who have talked today about this situation, post-traumatic stress disorder. The member from Sudbury shared some of his personal issues, which was good to hear.

Every once in a while, Speaker, this Legislature gets things right. It takes time sometimes to get to where we all have to get to, but we did. It's happened on more than one occasion since I've been here for nine years, and it's a good time in the House when things like that happen.

In reference to post-traumatic stress, I myself have experienced it through my own family. My own family were World War II veterans. Most of them saw action. We were one of the lucky families. They all came back from World War II, some with a couple of wounds, but they came back.

My one uncle, particularly, was a pilot. He had been shot down a couple of times, one time as a gunner in what they called a Swordfish. It was an old type of plane that used to drop torpedoes; the Swordfish are the ones that got the Bismarck. His gunner was dead. His co-pilot was wounded. My uncle had two wounds, and he got the Distinguished Flying Cross for that one when he landed the plane with 80 holes in the fuselage. To get him to talk about that was a rare moment. After a couple of beers you might get something out of him, but he didn't like to talk about it. When he did talk about it, you'd see tears forming in his eyes.

My other uncle was in the Canadian Navy, and he was sunk a couple of times on North Atlantic convoy duty. He was on a frigate. He also had trouble talking about things. He was a stoker in the engine room, and chief at one point. He was the last guy up the ladder, and a lot of his fellow sailors didn't make it up the ladder when they were torpedoed. That was tough, and it has an effect on all the families as well. The people who survive after individuals face these types of traumatic situations; the family also suffer, because they don't know how to react to it.

This service that is put out to the people and the families is overdue for many, many decades, and I'm very excited that finally these people are going to get the help they need.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Arthur Potts: I'm delighted to have this opportunity to give comment to members on this side of the House, the member from Cambridge and the member from Sudbury, on their very articulate discussion of arguments in favour of supporting Bill 163, Ontario's first responders' act.

I was particularly interested in the comments from a public health nurse because, as you know, this bill doesn't go to providing that kind of PTSD automatic support to nurses in the health care system who deal with trauma on a daily basis. In correctional services, of course, it does, but not in the public health system, and I know that the member from Cambridge many, many times experienced great trauma—great trauma.

It reminded me of a paper that I wrote in university where I went and interviewed nurses in a hospice in Toronto at Bloor and Church. It was a Salvation Army hospice. My focus was around On Death and Dying, the great treatise by Kübler-Ross, where she goes through the stages of death and dying, but I was interested in the way that public health nurses in a hospice were able to deal with the fact that their careers were about providing end-of-life care for people with whom they would develop very personal relationships over a period of time, sometimes short but sometimes many years, only to see these people falter, fail and ultimately die.

The consuming conclusion that came out was that, within that hospice sector, within that workplace, there was recognition of the stress and the concerns that the nurses would have. There was ongoing counselling and there was an expectation that they were going to be going through this kind of stress, and they were very clear about providing those kinds of emotional supports to nurses in that environment. I thought that was really important.

It makes me think that maybe part of the response, with our first responders, needs to be providing the support, providing the training and the emotional training prior to experiencing traumatic events so that they know to come forward to get the kinds of help that they need because that's part of the culture that needs to be changed in order to have a positive impact for first responders in Ontario.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Bill Walker: As I alluded to in my earlier comments—a lot of the same refrain as the member from Cambridge and the member from Sudbury. I think we're all on the same page on this one. I think we came to the realization that first responders truly do need to have that timely service, and I think that's the key part of this.

As I said in my earlier comments, I believe we need to get to committee to do clause-by-clause. It's a way to ensure that everyone has their say. It's a way to make sure we do legislation that's going to be effective and we're going to actually listen to the first responders and ensure—they are the people at the front line. They are the people that are walking into those situations to see the trauma, and they best know what they believe, along with, obviously, the medical community.

I think one of the things I heard from some of the municipalities was just that assessment piece, of how they can be assured that that's going to be there. It needs to be assessed as quickly as possible so that it doesn't drag on and create even more problems down the road. I

think we all can respect and appreciate that with something like mental health across the spectrum, not just PTSD, the longer you leave it, the more ingrained it becomes and the more challenges that come out of that. It's challenging for the person, for their family and certainly for our systems, Mr. Speaker. Then you have the problems of even accessing those programs.

I'm pleased to see that this is on the table, that the government has brought it forward again. Ms. DiNovo from Parkdale–High Park, I believe it is, brought it forward. Frank Klees from our party, a number of years ago, brought it forward. It's good that it's here and that we're all going to be on the same page. We're going to debate it. We're going to ensure that it's well written and it's going to, most importantly, provide that timely response, service, support and programs for those people who, every day of their lives, are out—as Randy Pettapiece said with his two sons that are first responders, they're out seeing that. They're the people that are going to walk into these situations. I think they need to be assured that they have support when they need it, after those traumatic problems.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. The member for Cambridge can respond.

Mrs. Kathryn McGarry: Thank you, Speaker. I really want to thank all the members that have spoken in the last little while: the members from Sudbury, Carleton–Mississippi Mills, Hamilton East–Stoney Creek, Beaches–East York and Bruce–Grey–Owen Sound.

I'd have to say that all the stories that we've been hearing today can't help but really touch you, really get the message across of why Bill 163 is so important and really needs to pass quickly. It's heartening to hear support from all sides of the House.

Especially when I listened to the member from Carleton–Mississippi Mills, who talked about what it must have been like for those first responders to get to that front porch and see what they must have seen—those kinds of mental images never leave those first responders. They're the ones that we're trying to protect with this legislation and trying to get rid of the stigma that they've had to suffer from their own colleagues: "Tough it up; that's what you signed up for," or, "You don't need this kind of thing." But decreasing that stigma, so that those first responders who see some of those very, very traumatic circumstances can get care sooner.

1710

I referenced the incident that I dealt with in the emergency department; we had someone to talk to by the end of that shift. Those are the kinds of pieces that we want to see coming forward for all first responders, without the stigma or the issues that they've had amongst their own colleagues saying that they don't really need these pieces.

I'm very proud of this government and I think it's timely right now, as there's increased awareness from the general public about mental illness injuries and PTSD. So I'm very proud to stand today in support of Bill 163, Supporting Ontario's First Responders Act.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Randy Hillier: It's a pleasure to speak to Bill 163. First off, I have to commend and applaud the government for introducing this bill, while at the same time recognizing the long-standing work by the member from the third party, the member for Parkdale–High Park, in her advocacy in championing presumptive legislation for people suffering from PTSD.

Debate is important on all bills. Debate allows us to look at the bill, ensure that it's the best bill possible and offer up our comments and our questions so that we not only can make the bill better, but also that we can understand it better, comprehend it and ensure that there's clarification on what the bill will do and how it will do it, and if we can make it better in any possible way.

I think it is important just to understand that the other really important part of this legislation that may not be seen by many is just the awareness and the understanding that will be generated and created, a better understanding for many people in the public of just what PTSD is. Because PTSD is not one disease or one illness; it has a very broad spectrum of how it impacts people.

As we've heard today—and I'm sure there's nobody in this House who doesn't know somebody directly who has suffered or is suffering from some form of PTSD to some degree, whether it's a debilitating PTSD that prevents that person from getting out of their house and going to work, or whether it's a more minor form. It comes in a great many shapes and sizes.

That was very clear to me back in January of this year—it goes back a little bit before that. In October of last year I started working with a physician in my riding. Her name is Dr. Manuela Joannou and she owns a facility in Perth called Tay River Reflections. She is attempting and trying to bring forward—and I have no doubt she will to bring forward—a new PTSD treatment here in Canada called SPARTA.

SPARTA is an acronym for suicide prevention and resilience training anonymous. We had a very well-attended SPARTA conference in Perth in January. It was attended and participated in by many people from our military who are suffering PTSD, but also paramedics and police officers, former police officers of the Ottawa police and the OPP, many who are suffering from PTSD and who have been suffering for a long time.

I think that's one of the things that I'd like to bring to the government's attention when I read this bill. They have gone out of their way—they've used the word "comprehensive." They want this to be a comprehensive approach, a comprehensive bill for people who are suffering from PTSD. I think, in large part, they've done a very, very good job. But I do see that they've got prevention included in the bill, they've got the presumptive elements in the bill, but it doesn't talk much about treatments, and from my engagement with people suffering from PTSD, that's where I see a significant failing: our treatments. Our treatments at the present time are very expensive. The success rate is less than stellar, I

think by any measure, and I think we need to do more to understand and improve our treatments for people suffering from PTSD.

As the member from Parkdale–High Park mentioned in her comments, since January of this year we've already had 10 first responders commit suicide in Ontario. I can't remember if it was in Ontario or in Canada. She also mentioned that last year there were 30 first responders who committed suicide. These are staggering numbers, Speaker. I believe it's slightly over 50 combat vets in the Canadian military who saw service in Afghanistan who have committed suicide. That is a very tragic and unfortunate part about PTSD, the level of suicide that is a result of that debilitating disorder. That's one of the reasons why I was so engaged and wanted to be engaged with the SPARTA program.

Statistics in Canada are not quite as easy to come across as stats in the States, but typically the median time frame for PTSD treatment is about three years. That's median. The treatments generally range up to about \$10,000 each. In the States, they've estimated that the cost for PTSD is \$42.3 billion a year—staggering amounts of money, and staggering tragedy and loss of life with PTSD.

So it's very significant that we're moving forward, that this Legislature is recognizing that something needs to be done and is moving in the right direction.

I read through the bill and, listening to the member from Parkdale in her comments, I have some questions that I hope can be addressed during the debate or by correspondence from the minister or the parliamentary assistant, if they're listening. The first one is, in the bill it recognizes and defines PTSD using the DSM-5 criteria. However, there is a section in the bill that, for pending cases or cases that are under appeal with the WSIB—and this is in section 15 under the heading "Transition, prior diagnosis." It says, "For the purposes of pending claims and appeals, and of new claims made under this section within six months after the day section 2 ... comes into force, posttraumatic stress disorder includes posttraumatic stress disorder, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition," so that's DSM-IV.

1720

I would like to get some clarification on how that is going to work, that for pending claims the DSM-IV will be used, but for future claims DSM-5 will be used. I'm not—and I don't think there are many people in here who are clinical psychiatrists and understand all the nuances of DSM-IV and DSM-5, but I know there are differences. I would like to know what that nuance is there for in the bill.

I also have a question that I would like to see, again, either the minister or the parliamentary assistant address, and that is under the volunteer firefighter section of this bill. This bill covers full-time, part-time and volunteer firefighters, among others. As we know, in my riding I only have one municipality that has a full-time firefighter force. All other municipalities have volunteer fire-

fighters. So all of them have other jobs; all those volunteer firefighters have other jobs. They could be an electrician, could be a plumber, could be whatever. I don't understand, and it's not clear within the legislation that's proposed, how this works.

If, for example, I'm an electrician and I also am a volunteer firefighter, and I am suffering from PTSD as a result of my volunteer firefighter's activities, what claim does that person get? Do we know? A volunteer firefighter gets an honorarium of \$1,500 or \$2,000 a year. If his WSIB claim is based on the volunteer honorarium, it is not going to be of much use. If it's based on their employment income, how does that work? Is the municipality then going to pay those WSIB claims on income derived from another trade or occupation? I don't know, but it is a question that I would like to understand, how the government is proposing that that mechanism work. I'm hopeful. I'm sure it's not basing it on the very small honorarium that volunteer firefighters receive.

That's one thing. Also—and again, I'll go back to the member from Parkdale–High Park, because she had an exhaustive commentary on the legislation. She mentioned that it ought to be longer than two years, or 24 months, if somebody has had their claim denied—the word she used—so that they can appeal. But, in my reading of the legislation, if you have a pending claim or a claim that's under appeal, it can last for up to two years. But if you have a present claim that has been denied, this legislation will not help you.

Ms. Cindy Forster: That's correct.

Mr. Randy Hillier: So it's not presumptive in any fashion for those who have had their claims denied, for which, under this bill, they would be approved. So there are some contradictions within the language of the bill and how it purports to assist this transition or these people who are suffering from PTSD and who have claims in process right now or whether those claims have been denied. There are a couple of questions that I would hope and expect that somebody from the government side will take a look at, examine and, throughout debate, report back on what their views are on that.

I want to wrap up and go back to what I think is the most important element of PTSD, and that is finding effective treatments. We can see that the government wants to be a leader in the legislative field on PTSD. The government wants to be a leader in the prevention of PTSD. I would also ask the government to become a leader in the treatment of PTSD. That would make this bill really comprehensive. For somebody who is suffering from PTSD, having a disability income is not a solution. It's not a cure. It helps; it minimizes the suffering of not being able to work; but it doesn't cure the problems. It doesn't solve the problem. That's really what I think we need to look at with acuity, with sharpness: What else can we do to treat people suffering from PTSD and have them back, fully engaged, sociable, productive, and living life to the fullest?

I'll tell you, when I was at the SPARTA conference, I spoke with an Ottawa police officer who has not worked

since 1987, when he shot an unarmed individual. He thought the individual was armed; he thought the individual posed a significant danger. He hasn't worked since. A disability income is not enough—not in my books.

I'm going to say that we need to explore and understand PTSD in far greater depths and understanding.

I can tell you that one day, I was on the train coming back from Toronto. My son, who had just returned from Kurdistan and who had also seen action in Afghanistan—he and I were in the train, sitting together, and we started talking. We were in one of those four-seater compartments on the VIA train. The person across from us in that compartment started talking, and it ended up that he was a Canadian citizen who served in the second Iraq war. They started talking about combat and talking about how they dealt with combat and their return. As those two were discussing, the person across the aisle from us came over and started talking as well. It ended up that he was another Canadian citizen, and he served in the first Iraq war with the US Marines. So here it was: three Canadians who didn't know each other, who had all served in the military overseas, and volunteered and saw combat.

I'll tell you, it was the most enlightening three-and-a-half-hour train ride I've ever experienced, listening to these young men talk about their experiences, and talk about the very significant substance abuse that all of them had experienced in dealing with what they saw and did in combat.

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But the important part of that train ride was seeing the therapeutic element of these young men chatting with one another, and seeing how their shared experiences and their discussions were actually a powerful, powerful therapy and benefit to them.

I think that we can do much, much more on PTSD treatment. I'm going to continue to work with people like the Tay River spa to bring the SPARTA program—Suicide Prevention and Resilience Training Anonymous—here to Canada. It's been very successful in the States and, from what I understand, nobody who has taken the SPARTA program has committed suicide. That may sound like a terrible measure, but we see: Often, the tragic result of PTSD is suicide. If we can stop it, that's all the better.

Hon. Michael Coteau: A point of order, Mr. Speaker.

The Acting Speaker (Mr. Ted Arnott): I'm going to recognize the Minister of Tourism, Culture and Sport on a point of order.

Hon. Michael Coteau: It is my pleasure to welcome some of the most outstanding young women in Ontario, Girls on the Rise, joining us here at the Legislature today. Please give them a big round of applause.

Applause.

The Acting Speaker (Mr. Ted Arnott): We are very pleased to welcome you to the Ontario Legislature today.

Questions and comments?

Ms. Teresa J. Armstrong: This is a very profound bill because PTSD is something that workers on the front lines, first responders, have been fighting really hard to

make this government acknowledge is a workplace injury, and that it's life-changing when someone experiences post-traumatic stress disorder. It's something that you can't just get over yourself. You're going to need some help. You may need that time off work. I'm extremely happy to see that, finally, this government has paid attention to the call for this bill and the work that the member from Parkdale—High Park has been doing around this issue.

The member from the Conservative Party talked about effective treatment. That is really important because there are things that people need. I was reading about this on the Internet, what treatment looks like. It's counselling; it's medication; it's support groups. The one thing, though, that people maybe are forgetting is that post-traumatic stress disorder also affects the family of that person who's experiencing that illness, and they need support as well. It's an injury that goes far beyond just the individual. Your family and friends feel the side effects of what you're experiencing.

It's about mental health, and I always want to take the opportunity to talk about mental health when I can in this House because it's extremely important. We need to do better under the mental health portfolio in the Ministry of Health and make sure that when people have post-traumatic stress disorder, mental health services are working for the patients. That needs to be fixed.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mrs. Marie-France Lalonde: It gives me, actually, great pleasure to rise today and bring my voice to this debate for many reasons.

I was a social worker for many years before entering other aspects of my career. When I'm seeing this wonderful bill coming to this Legislature, it's a reassurance and also a reaffirming for me that we're going to be looking after people who are really being impacted by situations that are beyond their control and affect them.

One thing I wanted to say, though, just for the member opposite, in terms of—there was some reference to who will benefit from this bill, and there was a comment regarding volunteer firefighters. I took the bill; I just wanted to make sure we are covering them. Actually, it does: "the following workers." So volunteer firefighters will be beneficiaries as part of this wonderful bill.

Actually, when I think about it, I do believe, according to the numbers that I've read, that we're looking to have an impact on over 73,000 people in our province who will benefit from this bill coming forward, if it's passed. Certainly for me, it is an important piece of legislation. I want to just make sure that the member opposite had the same opportunity to see on page 4 that we're actually covering 12 first responder career opportunities.

When I think about the opportunity and the mental health that we heard in this House, having the right to be diagnosed and the acknowledgment that you have PTSD—I think it's also a very good support system for that person who is going to see their doctor in seeking treatment.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Toby Barrett: I wanted to follow up on the comments of the member from Lanark–Frontenac–Lennox and Addington on the issue of post-traumatic stress in the military.

He made mention specifically of Afghanistan. I have a book; it's titled 911. Many of us received a copy of this. It was written by Vali Stone. She tells a story here specifically with respect to military medics.

A fellow named Corporal Shaun Kaye, a military medical technician, talks about an incident in Kandahar. Kandahar is a hellhole at the best of times. I say that because I spent time in Kandahar, but it was not nearly as hot as when your son was in that part of the world or when Corporal Kaye was there. As a military medic, an armoured vehicle exploded; they don't really explain why. The commander who was on the route was severely injured. There were all kinds of problems getting him down, trying to get other vehicles to run. Another vehicle caught on fire.

It's just that it paints a picture. I won't get into the details of the horrendous things one would see in the field.

They did get him back. I'll just quote in part. This is a little bit later. The corporal himself who saved this fellow was taken to another treatment bay and treated. All he could think about was how he could have done things differently. It played over and over again in his mind. As he said, "It was so traumatic, I was intimidated when I had to get back into another Bison." That's an armoured vehicle.

It just lets you know that the casualties go beyond those who are rescued.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Catherine Fife: Thanks to the member from Lanark–Frontenac–Lennox and Addington for raising some questions about this legislation. It would be a shame, really, for it to take so long to get to this place, where we all agree it needs to be, and be missing some components.

While the voluntary firefighters are in here, there is no mention of nurses in this piece of legislation. Nurses, of course, are those front-line workers in the emergency rooms, hospitals and communities, and their voices have not been reflected in this legislation. There's room for improvement, and I hope that that listening continues as we move through.

There are nurses listed under correctional facilities, which I was actually quite happy to see. As I mentioned in a previous two minutes, I did a tour of the Vanier correctional facility just past Milton. I've often wondered what it's like there, and I don't have to wonder anymore. It's not a positive place, Mr. Speaker. In fact, what those nurses see in that place are extreme mental health issues. They see extreme self-harm, mutilation, people struggling with addiction issues.

All of those people in that place, 60% of them, are in remand. You may go into that place an innocent person,

waiting for a court date, but I can tell you that not too many people come out as an innocent person.

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It was particularly heartbreaking to see women who are so segregated, in isolation for 23 of 24 hours. It's unnatural for us to be in that state. The impact of those conditions for the inmates is on the working conditions of those correctional officers and nurses in those facilities, and it takes a toll on them. They told me. This is not a positive place. It can be so much better; it should be so much better. The help that these workers need, I'm happy to see, is reflected in this legislation.

Thank you.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. I return to the member for Lanark–Frontenac–Lennox and Addington for his reply.

Mr. Randy Hillier: Thanks to all the members who responded.

I do want to just take a moment for the member from Ottawa–Orléans. It's not that I was wondering if volunteer firefighters are covered. I read the legislation, and that is clear. My question was, how was their WSIB claim going to be handled with different employers? It will take far more than two minutes for me to explain to the member from Ottawa–Orléans how the WSIB program works. But I do say that it would be beneficial if you take a look and find out how volunteer firefighters will be covered under this legislation. Who is going to pay? How is it going to happen?

I wanted to wrap up just on one more thought about PTSD. We often look at PTSD as a mental disorder. It shows up in DSM-IV and DSM-5, and is seen as a mental disorder. There's therapy; there are medications; there are different treatment regimens for people with PTSD.

But I think what is important, and what I learned in my discussions, in my conversations, is that PTSD is also a moral injury for many people who suffer from it. They have seen or been party to or witnessed something that has caused a grave moral injury to themselves. It is an injury of the soul and the conscience, and a motive in that injury as much or more so, for many, than a mental disorder.

I think it is important that everybody in this House gains a greater understanding of PTSD as we move forward and help people who are suffering from PTSD.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Ms. Cindy Forster: It's always an honour to rise in the Legislature to speak to important bills and, today, to speak to Bill 163.

I want to start out by thanking the member from Parkdale–High Park. She got a lot of kudos today for her tireless effort in tabling this bill five times in this Legislature, the last time being July 2014. It took eight long years for the government to seize this important bill and bring it forward as a government bill.

In the last bill that the member from Parkdale–High Park tabled, she was looking to have covered at that point

in time, under this presumptive legislation, emergency response workers, firefighters, paramedics and police officers. I believe she limited it to those very clear first responders because it was a private member's bill, and she was trying to make some inroads into trying to get the government to buy into a piece of legislation.

As some of the members have spoken to today, I want to spend my time zoning in on who is not covered. I want to thank the government for bring forward that piece of legislation, but we know that there are many more people that should be covered.

I want to briefly read a letter from the Ontario Nurses' Association's president that went to the minister on February 3, talking about their disappointment with excluding front-line registered nurses and other health care workers from your new strategy on PTSD, ignoring the growing experience of nurses with extremely violent incidents in their workplace. We talked about this a few months ago: 700 reports of violence by nurses in the health care sector over the last few years, and I think only 24 or 30 actual charges being laid out of those 700 violent incidents. So this is ever-growing, a 7% increase in violence just last year.

ONA went on to say that in previous submissions to the Liberal government, particularly on violence against women and the Select Committee on Sexual Violence and Harassment, ONA asked why legislation similar to other provinces is not being considered in Ontario for female-dominated occupations in health care, rather than solely just for first responders. Again, we ask why the government is excluding nurses, given that health care occupations are a leader in accepted physical claims for violence-related injuries under the current WSIB legislation. In a culture of acceptance, the incidents of violence and harassment, including sexual harassment, will not end soon.

I can tell you a little story at this juncture. I was at a retiree nurses' function back when Bill Cosby and Jian Ghomeshi were actually both charged over a couple of weeks with Criminal Code sexual violations. The talk at the table—there were about 140 or 150 retired nurses at this event, and it was the talk of the luncheon. They said, as nurses, each and every one of them had experienced in their workplace—and these were mostly hospital nurses—sexual harassment in some form, some once, some multiple times over the years. These were retired nurses, ranging in age from 55 to 90, at this event. They all were telling stories about their harassment in the workplace.

It's amazing to me that in a female-dominated workplace—we are not including nurses on this issue of post-traumatic stress disorder.

I want to thank the first responders, of course: our police, our firefighters, our paramedics, our correctional officers and our health care workers. I want to thank all of those people for the work that they do each and every day. As many of you know, I was a nurse for many years and I actually represented nurses probably for 20 years before being elected here to the Legislature. So I've got a

lot of experience and a lot of stories to talk to you about today with respect to that.

I also had an opportunity to reach out to our firefighters in Port Colborne. They shared with me the importance of this piece of legislation and how things have changed over the years. Ten years ago, they said that there could be a traumatic incident that a firefighter experienced and they would hold a meeting for all the firefighters and maybe one or two firefighters would show up. But because of discussion about PTSD with bills such as the member from Parkdale—High Park's, now when they have a traumatic incident, they might have 50% of the fire department actually show up and participate in that discussion.

PTSD isn't always just one incident. In fact, it can be very insidious. There can be traumatic events that happen on a daily basis or regularly in a workplace. For some, it may take a number of years for it to show itself. Having represented nurses and having done LTD appeals and WSIB appeals for nurses in the workplace, I can tell you—and two came to mind when I knew I was going to be talking about this. These weren't necessarily workplace incidents, but they were incidents from their childhood. Nurses present with alcohol and substance abuse problems, for example. When they finally get the treatment that is required, often they have dual or triple diagnoses. They suffer from chronic depression related to some traumatic incident in their childhood or in their teenage years. Just like a workplace traumatic event, that may not just be one event; it may be a series of events over the years that cause PTSD.

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Some stories that I'm going to tell you about briefly would be—imagine, as a front-line nurse, you are working in the intensive care unit and there is a code: somebody has a cardiac arrest in the emergency department. In that particular hospital, a nurse from the intensive care unit goes to emergency to assist with the resuscitation. Imagine you're the person actually administering that CPR, whether it be the respirations or the compressions. At the end of that process, that person does not survive, and you find out that it's your father or your father-in-law you were working on and you didn't know it—and the guilt that you experience from that one incident because you weren't able to save your family member's life.

That happens a lot in small communities. You might not see it as much in big communities like Toronto, where you have a lot of people who don't necessarily live in Toronto, but in smaller communities you know a lot of the people you're looking after in hospitals. Just an incident like that can lead to post-traumatic stress disorder.

There have been numerous incidents across the province in mental health units where nurses have been taken hostage. At our own greater Niagara site of the Niagara Health System, 20 years ago or so, a violent patient was out of control, with the nurses barricaded in the nurses' station and the door locked to the unit. I know that at least two of those nurses never came back to work.

They came back and tried to get back to work, but the situation was so bad that they weren't able to return.

We have situations like the Lori Dupont case, which I'm sure you discussed here a few years ago, where a registered nurse was murdered by a physician she had been dating, and broke off that relationship. The nurse who witnessed that murder suffered PTSD, and she was denied benefits by WSIB. Imagine witnessing one of your colleagues being murdered and not being able to get benefits from WSIB for that.

There are many issues that happen. There was one recent case that ONA won: a nurse who was harassed by a physician, female to female, for years. The employer refused to intervene. The nurse suffered PTSD. WSIAT struck down the legislative restrictions on benefits for mental stress as unconstitutional. But in light of this, we wonder how day-to-day circumstances of nurses continue to be ignored and why they're actually excluded—and not only registered nurses: registered practical nurses, personal support workers, and mental health workers who are out in the community and going out by themselves to a home where there may well be a violent patient, a patient who hasn't been taking their meds, hasn't been compliant. So I really can't understand why the government isn't including some of these.

Probation and parole: We had the situation in Renfrew, I believe, where three women were murdered last year. Imagine how the probation officer or the parole officer who had responsibility for that person who was released from prison—to find out that he had murdered three women. If that doesn't lead to post-traumatic stress for someone, I don't know what will. But the government didn't see fit to include probation and parole officers, who are part of the corrections system, in this bill.

You can go on—children's aid workers who, every day, deal with battered children, day in and day out. I think the government should have a look and move to the model that Manitoba is using, which basically would give every worker the right to a PTSD claim through WSIB.

Ms. DiNovo, the member from Parkdale-High Park, talked about the cost. There are going to be costs regardless of whether people are approved by WSIB. If they're not approved by WSIB and they have an LTD plan in their workplace, then they're going to go to LTD to get that, and then we're going to see the premiums go up for employers—most of whom are government employers, in this case. So the cost will either be borne by WSIB or they'll be borne by an increase in LTD costs.

The costs of not doing anything are those health care costs. I think the member from London-Fanshawe spoke about those extended costs. The costs are not just to the person who has suffered that traumatic illness or injury; the costs are also to his family, his children and his friends, who may have to seek medical treatment as well. So those costs can actually increase.

A number of reports showed that the five stressors that lead to PTSD are: the death of a child, particularly due to abuse; violence at work; treating patients who resemble family or friends; the death of a patient or injury to a patient after undertaking extraordinary efforts to save a

life; and heavy patient loads. Those are all part of a study, but the government has failed to even consider that nurses should be part of this bill.

A report out of BC showed that firefighters, doctors and nurses have the highest incidence of PTSD of any other occupation—another reason why we should look at it.

The other piece that is problematic is that employers don't know how to deal with victims of PTSD. They often try to bring them back to work too soon. They don't generally provide any supports in the workplace. I've represented nurses over the years who actually quit their jobs at the end of the day because they didn't get any support.

There was one case in particular where a nurse was trying to save a patient who was jumping out the window of a mental health unit. The patient died in that situation. She was very traumatized. She wasn't given support. In fact, she was harassed because she wasn't functioning well on her unit after the incident. The employer was trying to make a case to actually terminate her employment. Eventually, we were able to get her a settlement. She resigned and she went off to a better workplace, where she felt she had some support.

I can tell you myself, as a nurse back in the mid-1980s, I was working in the Port Colborne hospital on a surgical unit on the night shift when there was a fire in the city of Port Colborne. Seven people died in that fire. The emergency department was locked that night, so people had to ring a bell to get access to it. Having to go down to the emergency department and see three little children's and four adults' bodies lined up on gurneys, waiting for the medical examiner to come and do the pronouncement, and then having to get those bodies ready to take to the morgue for the funeral home to pick them up the next day—if that isn't a traumatic incident, I don't know what is. Once again, that's the reason for wanting to include health care workers in this situation.

The University Health Network incidents of assault report in 2014: a nurse punched in the face by a patient; another kicked in the breast; patients sending racial slurs; throwing urine at nurses; a sexual assault; and spitting in the nurses' faces.

McMaster general hospital: A woman who tried to save a patient's life developed PTSD and was forced to quit. And the list, unfortunately, goes on and on.

At the University Health Network, which includes Toronto General Hospital and Toronto Western Hospital, there has been a consistent increase in reports of assaults in the past three years. The number of violent incidents doubled in two years, jumping from 166 to 331, year over year, and 11 workers who were injured were unable to return to work for their shift following the assault. Thirty-four per cent of nurses surveyed report being physically assaulted by a patient in the previous year, and 47% reported experiencing emotional abuse. Seventy per cent of nurses who work in mental health have reported experiencing physical or emotional abuse. And yet this sector is completely left out of the PTSD legislation, though there is ample evidence showing that they are just

as likely, if not more likely, to actually experience a trauma in the workplace.

There is a need for some amendments, for sure, and the member from Parkdale–High Park addressed some of those today.

There is the issue about auxiliary police officers: Full-time police officers are included but auxiliary police are not included, and they should be.

The retroactivity piece, as I talked about—that needs to be extended, because two years just isn't long enough. Some people don't develop PTSD for many years, as I said. Sometimes it's an accumulation of many small incidents that actually lead to their having this illness, and so that needs to be addressed in the legislation.

The inclusion of special constables: Although the legislation speaks to First Nation constables, it does not include special constables that are in the system.

They did clarify that part-time paramedics are included, and that's good because many of our paramedics work two and three jobs to try and piece together a full-time one.

We need to look at including probation and parole officers under corrections in the bill, and we also need to define dispatchers versus communications officers. Because it's a two-way communication: It's those people taking the calls, but it's also those people dealing with the—the dispatcher is actually putting the calls out. So we want to make sure that that's clarified so that all of those dispatchers are actually covered by the legislation.

Second reading debate deemed adjourned.

The Acting Speaker (Mr. Ted Arnott): Thank you very much. It being 6 of the clock, this House stands adjourned until tomorrow at 9 a.m.

The House adjourned at 1803.

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Milczyn, Peter Z. (LIB)	Etobicoke–Lakeshore	
Miller, Norm (PC)	Parry Sound–Muskoka	
Miller, Paul (NDP)	Hamilton East–Stoney Creek / Hamilton-Est–Stoney Creek	Third Deputy Chair of the Committee of the Whole House / Troisième vice-président du comité plénier de l'Assemblée législative
Moridi, Hon. / L'hon. Reza (LIB)	Richmond Hill	Minister of Research and Innovation / Ministre de la Recherche et de l'Innovation Minister of Training, Colleges and Universities / Ministre de la Formation et des Collèges et Universités
Munro, Julia (PC)	York–Simcoe	
Murray, Hon. / L'hon. Glen R. (LIB)	Toronto Centre / Toronto-Centre	Minister of the Environment and Climate Change / Ministre de l'Environnement et de l'Action en matière de changement climatique
Naidoo-Harris, Indira (LIB)	Halton	
Naqvi, Hon. / L'hon. Yasir (LIB)	Ottawa Centre / Ottawa-Centre	Minister of Community Safety and Correctional Services / Ministre de la Sécurité communautaire et des Services correctionnels Government House Leader / Leader parlementaire du gouvernement
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (PC)	Chatham-Kent–Essex	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Orazietti, Hon. / L'hon. David (LIB)	Sault Ste. Marie	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Pettapiece, Randy (PC)	Perth–Wellington	
Potts, Arthur (LIB)	Beaches–East York	
Qaadri, Shafiq (LIB)	Etobicoke North / Etobicoke-Nord	
Rinaldi, Lou (LIB)	Northumberland–Quinte West	
Sandals, Hon. / L'hon. Liz (LIB)	Guelph	Minister of Education / Ministre de l'Éducation
Sattler, Peggy (NDP)	London West / London-Ouest	
Scott, Laurie (PC)	Haliburton–Kawartha Lakes–Brock	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Sergio, Hon. / L'hon. Mario (LIB)	York West / York-Ouest	Minister Responsible for Seniors Affairs Minister Without Portfolio / Ministre sans portefeuille Deputy Leader, Recognized Party / Chef adjoint du gouvernement
Singh, Jagmeet (NDP)	Bramalea–Gore–Malton	
Smith, Todd (PC)	Prince Edward–Hastings	
Sousa, Hon. / L'hon. Charles (LIB)	Mississauga South / Mississauga-Sud	Minister of Finance / Ministre des Finances
Tabuns, Peter (NDP)	Toronto–Danforth	
Takhar, Harinder S. (LIB)	Mississauga–Erindale	
Taylor, Monique (NDP)	Hamilton Mountain	
Thibeault, Glenn (LIB)	Sudbury	
Thompson, Lisa M. (PC)	Huron–Bruce	
Vanthof, John (NDP)	Timiskaming–Cochrane	
Vernile, Daiene (LIB)	Kitchener Centre / Kitchener-Centre	
Walker, Bill (PC)	Bruce–Grey–Owen Sound	
Wilson, Jim (PC)	Simcoe–Grey	Opposition House Leader / Leader parlementaire de l'opposition officielle
Wong, Soo (LIB)	Scarborough–Agincourt	
Wynne, Hon. / L'hon. Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Première ministre Leader, Liberal Party of Ontario / Chef du Parti libéral de l'Ontario
Yakabuski, John (PC)	Renfrew–Nipissing–Pembroke	
Yurek, Jeff (PC)	Elgin–Middlesex–London	
Zimmer, Hon. / L'hon. David (LIB)	Willowdale	Minister of Aboriginal Affairs / Ministre des Affaires autochtones

STANDING COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS DE L'ASSEMBLÉE LÉGISLATIVE

Standing Committee on Estimates / Comité permanent des budgets des dépenses

Chair / Présidente: Cheri DiNovo
Vice-Chair / Vice-présidente: Monique Taylor
Bas Balkissoon, Chris Ballard
Grant Crack, Cheri DiNovo
Han Dong, Michael Harris
Sophie Kiwala, Todd Smith
Monique Taylor
Committee Clerk / Greffier: Christopher Tyrell

Standing Committee on Finance and Economic Affairs / Comité permanent des finances et des affaires économiques

Chair / Présidente: Soo Wong
Vice-Chair / Vice-président: Peter Z. Milczyn
Laura Albanese, Yvan Baker
Toby Barrett, Victor Fedeli
Catherine Fife, Ann Hoggarth
Peter Z. Milczyn, Daiene Vernile
Soo Wong
Committee Clerk / Greffier: Katch Koch

Standing Committee on General Government / Comité permanent des affaires gouvernementales

Chair / Président: Grant Crack
Vice-Chair / Vice-président: Joe Dickson
Mike Colle, Grant Crack
Joe Dickson, Lisa Gretzky
Ann Hoggarth, Sophie Kiwala
Jim McDonell, Eleanor McMahon
Lisa M. Thompson
Committee Clerk / Greffière: Sylwia Przezdziecki

Standing Committee on Government Agencies / Comité permanent des organismes gouvernementaux

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Vice-Chair / Vice-présidente: Cristina Martins
Robert Bailey, Vic Dhillon
John Fraser, Wayne Gates
Marie-France Lalonde, Harinder Malhi
Cristina Martins, Randy Pettapiece
Lou Rinaldi
Committee Clerk / Greffière: Sylwia Przezdziecki

Standing Committee on Justice Policy / Comité permanent de la justice

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Vice-Chair / Vice-président: Lorenzo Berardinetti
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Randy Hillier, Michael Mantha
Cristina Martins, Indira Naidoo-Harris
Arthur Potts, Shafiq Qaadri
Laurie Scott
Committee Clerk / Greffière: Tonia Grannum

Standing Committee on the Legislative Assembly / Comité permanent de l'Assemblée législative

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Vice-Chair / Vice-président: Jack MacLaren
Granville Anderson, Bas Balkissoon
Chris Ballard, Steve Clark
Jack MacLaren, Michael Mantha
Eleanor McMahon, Monte McNaughton
Soo Wong
Committee Clerk / Greffier: Trevor Day

Standing Committee on Public Accounts / Comité permanent des comptes publics

Chair / Président: Ernie Hardeman
Vice-Chair / Vice-présidente: Lisa MacLeod
Han Dong, John Fraser
Ernie Hardeman, Percy Hatfield
Lisa MacLeod, Harinder Malhi
Julia Munro, Arthur Potts
Lou Rinaldi
Committee Clerk / Greffière: Valerie Quioc Lim

Standing Committee on Regulations and Private Bills / Comité permanent des règlements et des projets de loi d'intérêt privé

Chair / Présidente: Indira Naidoo-Harris
Vice-Chair / Vice-présidente: Kathryn McGarry
Lorenzo Berardinetti, Jennifer K. French
Monte Kwitter, Amrit Mangat
Kathryn McGarry, Indira Naidoo-Harris
Daiene Vernile, Bill Walker
Jeff Yurek
Committee Clerk / Greffier: Christopher Tyrell

Standing Committee on Social Policy / Comité permanent de la politique sociale

Chair / Président: Peter Tabuns
Vice-Chair / Vice-président: Jagmeet Singh
Granville Anderson, Vic Dhillon
Amrit Mangat, Gila Martow
Kathryn McGarry, Norm Miller
Jagmeet Singh, Peter Tabuns
Glenn Thibeault
Committee Clerk / Greffière: Valerie Quioc Lim

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