

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

F-7

**Journal  
des débats  
(Hansard)**

F-7

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

2<sup>nd</sup> Session  
42<sup>nd</sup> Parliament

Monday 10 January 2022

**Comité permanent  
des finances  
et des affaires économiques**

Consultations prébudgétaires

2<sup>e</sup> session  
42<sup>e</sup> législature

Lundi 10 janvier 2022

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Chair: Ernie Hardeman  
Clerk: Michael Bushara

Président : Ernie Hardeman  
Greffier : Michael Bushara

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS**

Monday 10 January 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**COMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES**

Lundi 10 janvier 2022

*The committee met at 0901 in room 151 and by video conference.*

PRE-BUDGET CONSULTATIONS

**The Chair (Mr. Ernie Hardeman):** I call this meeting to order. We're meeting today to hold public hearings on pre-budget consultations 2022 for the northwest region of Ontario. As a reminder, I ask that everyone speak slowly and clearly. Please wait until I recognize you before starting to speak.

Are there any questions before we begin? MPP Fife.

**Ms. Catherine Fife:** Thank you very much, Chair. I just wanted to get some clarification as to whether or not you did receive correspondence from myself and our House leader as it pertains to the pre-budget consultations and extending the deadline for delegations on a go-forward basis. In the correspondence I sent to you, I indicated that the uptake for the northern Ontario and Ottawa portions of this year's pre-budget consultations is historically low. And in light of the events that we're all facing in our communities, we thought it would be prudent to write to you and to the government House leader to see if the government was amenable to extending the deadline for delegations on a go-forward basis to extend the timeline so that we receive more participation in the budget process. Can you just confirm that you've received that correspondence, and do you have a timeline that we may receive a response back?

**The Chair (Mr. Ernie Hardeman):** Thank you very much. I understand from the Clerk that we did receive the correspondence. We cannot deal with that now as, according to the resolution that was passed by the committee when the parameters for the meetings were set—the section says that with the exception of procedural motions during the public hearings, the committee consider all other motions during the report writing. So without unanimous consent of the committee, we can't have any further discussion on changing the parameters of the meeting.

With that, we will then start with the delegations this morning. Of course, the ruling is to deal with that. The meeting is to hear from the delegations and the time has been set for that. So with that, we'll start with the delegations.

Each presenter will have seven minutes for their presentation, and after we have heard from all of the presenters, there will be 39 minutes for questions from members

of the committee. This time for questions will be divided into two rounds of seven and a half minutes for government members, two rounds of seven and a half minutes for the official opposition members and two rounds of four and a half minutes for the independent members.

THUNDER BAY AND DISTRICT  
INJURED WORKERS SUPPORT GROUP  
ONTARIO PUBLIC SCHOOL BOARDS'  
ASSOCIATION, NORTHERN REGION

**The Chair (Mr. Ernie Hardeman):** The first delegations will be from the Ontario Network of Injured Workers, research action committee, Steve Mantis, chair; and the Ontario Public School Boards' Association, northern region, Sheryl Evans, northern regional chair. We'll turn it over to them, as I said, for seven-minute presentations.

We do ask each one, as you start to speak, to introduce yourself so the Hansard can make sure we have the right name and identification for recording the presentation.

With that, we'll turn the floor over to Steve Mantis, chair of the Ontario Network of Injured Workers research action committee.

**Mr. Steve Mantis:** Thank you, Mr. Chair and members of the committee. My name is Steve Mantis and I am here on behalf of, first, our local group, which is the Thunder Bay and District Injured Workers Support Group, which was founded in 1984 to both help injured workers and their families navigate the workers' compensation system as well as participate in the reform of the system to make it work better for all workers. Our local group is a member of our provincial organization, the Ontario Network of Injured Workers Groups, for which I am the chair of the research action committee.

I have three main messages today. I have quite a lengthy written brief that I've submitted as well, but I don't have time to go through that today. The three main messages I'd like to make today are that we have a growing gap in wealth and income inequality in our society and in our province; the second is that this causes a negative impact on society and on our democracy; and the third is that taxation is an opportunity to address this issue and to address corporate social responsibility.

As the pandemic has taught us, we're all in this together, and if we don't find a good balance in our society and in our economic future, we're all at risk, at considerable cost. I understand that one of the key conservative values

is fiscal responsibility, and that's something that I too support.

I would like to give you a little bit of background about my own experience, if I could, to kind of help you understand where I'm coming from. I grew up in a fairly privileged family. My family was in the restaurant business. I started work when I was 10 years old sorting silverware and moved up to be a dishwasher, and was trained by my parents to take over the business, to be a business person. I ended up going to good schools and I went to Stanford University in Palo Alto, California, where I studied history. That was my major, and that's really guided my path for the rest of my life. I didn't follow up and go into the restaurant business. In fact, I started working in construction after I finished university.

In 1978 when I was 28 years old, while at work, my glove got caught in one of the machines. It got pulled right in. I got pulled right into this machine and my left arm got pulled off right by the shoulder. I've got a couple of inches left up here on my left arm.

While I was lying in the hospital, the nurses asked, "Is this a workers' compensation injury?" I said, "I don't know. I don't know anything about that really." I asked one of my friends who had come to visit, "Could you get me a copy of the Workers' Compensation Act?" which he did. He went down to the local MPP's office and the next day brought me a copy of the act.

While in the hospital, I read the act cover to cover, and I've been studying the system ever since. That's now 43 years. What I've seen is that as the system has developed and changed, there is rarely a holistic view of how one change impacts other parts.

In 1984, we started our Thunder Bay and District Injured Workers Support Group and I continued learning. Right after my injury, I looked around and said, "Who's going to hire a one-armed carpenter?" Well, no one came forward, and I started my own small construction company, which I then ran for the next 10 years. I saw that when I had an important role to play in how the work is managed, I could be a fully productive member of society, even with a severe disability.

**0910**

After about 10 years, I saw really that was pretty darn hard work on my body and my back was about to give out, and I changed careers and went to work for the Ontario March of Dimes here in Thunder Bay, managing their employment services and their training for people with disabilities to move into the workforce.

In 1990, I got appointed to the workers' compensation board of directors—actually in January 1991—where I had an inside view of how the system worked. After a couple of years, I was appointed as the chair of the strategic planning committee for the board of directors and the organization, where we were able to fashion a strategic plan that had the support of both employers, workers, the administration and the union at the organization. So I've seen how when we get together and share, we can find a balance that everyone can support.

As well—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Steve Mantis:** One minute left? Oh my gosh.

In the last 25 years, I've been linking our injured workers' groups to university researchers to try and understand the problems more fully. What we see is that, both for injured workers in the workers' compensation system but also for people with disabilities, poverty costs us all a tremendous amount of money, and we can take corrective steps through our taxation to make sure we have a fair system where everyone contributes, where we actually do believe that we're in this together and we make a better life and a better society for all.

I'm looking forward to our question and answer, where I can capture a little bit more of my presentation—it looks like I'm running out of time. Thank you so much, Mr. Chair.

**The Chair (Mr. Ernie Hardeman):** Thank you. That concludes the time for the presentation.

We will now start with the next presenter, from the Ontario Public School Boards' Association: Sheryl Evans.

**Ms. Sheryl Evans:** Thank you, Chair and committee members. Thank you for the opportunity to speak on behalf of the Ontario Public School Boards' Association, which represents more than 1.3 million students, nearly 70% of Ontario's K-to-12 student population, including all 31 English school boards and 10 school authorities.

My name is Sheryl Evans, and I am the regional chair of the northern region for the Ontario Public School Boards' Association, known as OPSBA, and a trustee with the Algoma District School Board. I am situated on Robinson-Huron Treaty territory, the traditional lands of Batchewana First Nation, Garden River First Nation and the traditional gathering places of Métis peoples. May we all acknowledge and take action to move towards a place of truth and reconciliation with Indigenous peoples.

Education continues to be the second-largest funding line in the Ontario budget. OPSBA appreciates the recent support to accelerate vaccines and booster doses for education and child care staff, recently delivered N95 masks, and the additional rapid antigen tests that school boards are expecting to receive before the end of the month. As a northern representative and a person immersed in community, I encourage continued and equitable support for distribution across northern Ontario, northwestern Ontario and to remote communities, including remote First Nation communities, so all have access to what we need to learn in safe environments.

We are seeking flexible and responsive education funding for the Ontario school boards. There is no one-size-fits-all approach. Every community and school board has its own local context that needs to be considered to maximize student outcomes. Cathy Abraham, OPSBA's president, has also requested to address this committee later this month to share provincial perspectives, and our association will be sharing a copy of our education funding submission that was sent to the Minister of Education in early December.

As OPSBA's regional chair, I want to express northern and rural challenges. Northern Ontario represents approximately 85% of the geography of this province. I have had

the pleasure of presenting to some of the committee members a northern region's education priorities. MPP Mamakwa, MPP Mantha, MPP Monteith-Farrell and MPP Hunter all have been present in some of my presentations to highlight concerns for the northern region.

OPSBA's northern and rural members continue to identify the unique needs and challenges that their communities face, which include difficulty attracting and retaining employees and limited specialized professionals and services as they relate to filling board positions in the areas of mental health and well-being, special education resources, experiential learning and trades support, and language teachers, specifically Indigenous language teachers. We have limited and loss of community employers and our overall geography challenges.

Student transportation continues to be a major issue when considering the availability and shortage of qualified drivers, the length of routes, extreme temperatures and weather conditions, and the cost of ground and air transportation for Indigenous students from remote northern communities who attend public schools in more urban communities.

Northern students also face many additional hardships and inequities in the area of access due to insufficient broadband capabilities and costly Internet services. This continues to impact students and creates an even wider gap in areas such as e-learning access and virtual learning worlds that we're all immersed in currently. The rising cost of capital projects due to the limited access to construction materials in all trades, combined with the lack of tradespeople and the soaring costs of energy resources and fuel in northern and rural and remote areas, continues to place major pressures on our systems.

There is also a mental health crisis in northern communities that boards are attempting to support as point of first contact, and this has only been intensified by COVID-19.

Flexible funding that each individual board can use to address local issues must be considered. Every effort must be made to address these issues to maximize student engagement, improve achievement, promote and support the mental health and well-being of our students, and improve graduation rates in preparation for future endeavours. The Ontario Public School Boards' Association recommends consulting with northern boards and authorities when determining funding packages, implementing board- and authority-specific needs assessments as part of funding decisions, allowing increased flexibility in teaching qualifications for specialized staff in northern regions and a commitment to ongoing dialogue between northern government decision-makers and education leaders.

Our boards need sufficient resources and local flexibility to implement programs that will close learning gaps and provide opportunities to promote student achievement and well-being. The importance of public education has never been so evident. There is a great necessity for the continuation of COVID-19 supports for boards in the north. We all have a role to play, and publicly elected school board trustees across the province are working to

ensure that these important issues remain a priority in our education system and in our communities.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Ms. Sheryl Evans:** Again, I'd like to thank you for this opportunity. I would be happy to answer any questions when it comes time. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentations. We will now start with the questions and comments from the members of the committee. We'll start with the opposition: MPP Mantha.

**Mr. Michael Mantha:** Good morning. I want to thank both Mr. Mantis and Ms. Evans for coming to committee this morning. I know there is a huge void when it comes to northern Ontario, and both of you, whom I've met and also discussed these issues with in the past, are huge advocates for people across this province.

First, I want to go to Mr. Mantis. You seem to have a lot to offer to the committee this morning. I just want to give you a few more minutes to continue with your presentation and talk about some of the concerns that you have for injured workers, and then I would like to go into specifics, an area that has been highlighted to all MPPs that affects injured workers. But I want to turn it over to you for you to finish your presentation.

**0920**

**Mr. Steve Mantis:** Thank you very much for the question. I'd like to make first the point that poverty and disability cost all of us big time. Somewhere between 40% and 50% of people with disabilities, and that includes injured workers who have years and years of work experience, end up in poverty. A researcher who is an economics researcher at the Institute for Work and Health in Toronto recently did a study that was released in November 2021 called the Cost to Canadians of Excluding People with Disabilities from the Labour Market. I quote: "The benefits to Canadian society from full accessibility and inclusion of persons with disabilities amounted to \$337.7 billion, or 17.6 per cent of the GDP." This is huge. This is a huge issue.

When we look at how we address that, we have to look at how our democracy works. Being a good Greek boy, I go back to, really, our history. The Greeks were the fathers of democracy. Plato is quoted as saying that no person should be more than four times wealthier than any others, lest the divide lead to laziness among the rich and stifle opportunity for the poor.

One of the bases of democracy is one person, one vote. This has been really undercut by the distribution of wealth in our society, because wealth may not give you more votes, but it gives you the power to influence others. When we see that 1% of our population controls a major portion of our wealth, we see that decisions are being made that benefit them much more than others in society. How do we address this? Well, the government has the role to level the playing field, and that means a shift in taxation.

If we go back to 1960, when I was just a young fella, we saw that the amount of money that corporations paid equalled those that individuals paid through income tax. Now we see, as individuals, we pay three and a half times

more taxes than corporations do. If we go back to the rates that corporations paid taxes in 1960, we would have another \$100 million into our public revenue, which would address many of the issues that we're facing today.

Certainly, the issues of education that Sheryl points out are, I think, an issue of lack of funds. We continually see that decisions that are made at our top levels, where you guys are, are because we don't have enough money to do the things that need to be done. That's what the focus oftentimes is: There's not enough money, there's not enough money. Well, in fact, there is money available if we would actually tax those that have the funds.

We see the same thing with workers' compensation, where workers have been denied their benefits, and employers and big businesses and corporations are now getting billions of dollars back from—

**The Chair (Mr. Ernie Hardeman):** Mr. Mantha has another question.

**Mr. Michael Mantha:** Mr. Mantis, you are covering issues that are really, hugely important. I really want to zone in on one particular area, which is the poverty. The poverty of injured workers across this province has been increasing. The mental health of these individuals has been increasing. People have lost their family structures, have lost their entire financial backbones, their entire lives. People are making drastic decisions based on what they're seeing as far as injured workers, as the benefits that they're rightfully entitled to are not coming to them.

One of the biggest things that is happening to them is legislation that has implemented the deeming process: deeming an employee that he is capable of doing this shadow, apparently made-up, job. They are reduced as far as benefits go, frustrating them and putting anguish on them, taking them out of being productive individuals to our society. I want you to touch on the benefits of removing deeming and providing injured workers with the benefits that they're rightfully entitled to.

**Mr. Steve Mantis:** Thank you for the question.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Steve Mantis:** You're exactly right. The issue of determining benefits for workers who end up unemployed, facing mental health problems, oftentimes facing other social problems, family breakup, loss of home and oftentimes ending up in homelessness—all of these cost society. What's been happening is that the responsibility of corporations to look after their workers when they are injured and made ill has been shifted onto the back of society, creating larger costs for the provincial budget system. Look at the cost of the Ontario health insurance program, the cost of social assistance and all of the related issues of poverty, which are immense. We've brought this issue forward to the United Nations—

**The Chair (Mr. Ernie Hardeman):** That concludes the time for this round. We will now go to the independent for four and a half minutes. MPP Hunter?

**Ms. Mitzie Hunter:** I want to thank, definitely, our presenters this morning from the northwest region. Northern Ontario is the backbone of Ontario, and we need to ensure that this upcoming budget is reflective of issues

important to those in the north. We need to have one Ontario, an Ontario that respects the unique needs of northern communities. I really want to thank Mr. Mantis from the injured workers for speaking so incredibly about how we can tackle poverty in this province by having a much more fair and inclusive economy. I also want to thank Ms. Evans for speaking on behalf of the students and education system in the north and so well defining what some of those additional needs are so that all students can graduate and go on to be their best.

I do have two rounds, so I'll just divide it with both of you. I wonder if, Mr. Mantis, you can speak about things you see that we need to do in Ontario to make our workplaces as well as society more inclusive to all. I spent a part of my career working at Goodwill, working with people with disabilities, making sure that through the power of work they have access to full employment. I know we worked very well with the March of Dimes in that process as well. If you could just speak to some of the shifts that we need so that everybody of every ability sees themselves as a part of our society and can make a contribution.

**Mr. Steve Mantis:** Thank you so much for the question. In my time working with the March of Dimes in Thunder Bay, we were helping people find employment, but we were also engaging in the local economy. We had six small businesses that operated on a successful basis in the Thunder Bay area. Forty-four per cent of our workforce were people with disabilities. We've shown that in fact it's doable. But oftentimes the costs are not borne by corporations, the people who make those decisions about including people in the workforce. We know that most of the decisions that are made by corporations are based on the bottom line, on finance. So, if they're not paying their fair share, they're able to push off those costs onto the rest of society, like in workers' compensation. If they paid the full cost of injuring those workers, they would then put more money into safety to ensure those injuries didn't happen, and those people who are ending up unemployed, and at a cost to society, would be fully productive members of society.

**0930**

Likewise, the pandemic has shown us very clearly that people can work from home remotely. This has been a huge advantage for many people with disabilities. Where before it was seen as—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Steve Mantis:** —an unreasonable accommodation, now it's a common thing. As we move forward, if we see this moving forward together, we can see a much closer move to full employment for all people with disabilities. Thank you so much.

**Ms. Mitzie Hunter:** I just really want to thank you for the work you do. I have met with the injured workers; they came into my office when we were allowed to do that. It is unfortunate that we are not in person with you in the north, having this meeting today and engaging in the beautiful local community.

So, thank you both for joining us today, and I'll save my second question for you, Ms. Evans.



**The Chair (Mr. Ernie Hardeman):** We will now go to the government for seven and a half minutes. Mr. Bouma.

**Mr. Will Bouma:** Thank you, Chair. Through you, I'd also like to convey my thanks to Mr. Mantis and Ms. Evans for being here with us today. I also will focus my first questions here on just Mr. Mantis—not to leave you out, Ms. Evans, because I appreciated that, but that's just kind of the order of how things have worked today.

I was wondering, Steve—again, thanks so much for being here today—if you could speak just a little bit more, for those of us who come from the south, about some of the unique challenges that an injured worker will face in northern Ontario that those of us from here just wouldn't see.

**Mr. Steve Mantis:** Thank you for the question. As most people know, our economy is based heavily on the resource industry. These are jobs that, oftentimes, workers can get right out of high school. They're oftentimes good-paying jobs, union jobs with benefits and representation, and important components about having a good quality of life. They oftentimes depend upon your physical abilities, and there is a lineup for those jobs.

When workers get injured, they are sometimes seen as a liability and are pushed to the side. We saw in this pandemic that people with disabilities were the first ones laid off and they're the last ones to be hired. Lots of us still haven't been hired back, so making the transition to a different kind of career has been a real challenge. We've seen over and over that once you've got a workplace injury, you're seen as damaged goods by lots of employers.

People have gone to numerous, numerous job applications, putting in their resumé, but when it's clear that they had time lost because of a workplace injury, they're seen as a problem. That's because of how the structure of the compensation system works. Employers are dinged if they have serious injuries, so they don't want to have that possible liability going forward. If they can avoid having that liability, a possible surcharge, an extra bill from the compensation board because they had that injury and they've got this potentially vulnerable worker—well, why choose them? There are lots of able-bodied workers ready to fill the job. So, the way the system is designed means there's a disadvantage for injured workers to get back into the workforce.

**Mr. Will Bouma:** Okay. That's interesting, because I know in speaking to so many northern stakeholders myself previously, it seems very difficult for many of them to find the workforce that they need in order to do that. So, it intrigues me that—if we could activate an idling workforce who have some sort of a disability because of a workplace injury, that seems very, very good.

You had mentioned that when you were playing a role back in the 1990s, that when everyone could come together and work together on finding solutions, that was a very real possibility. I'm not exactly sure what the increase in the corporate tax rate that you're suggesting would be, but I was wondering, do you have that buy-in from corporations that they aren't paying enough in taxes right now

that—in order to bring this out more. Do you have that support from all of your stakeholders on that?

**Mr. Steve Mantis:** Honestly, no one wants to pay more. No one comes forward and says, "I want to pay more taxes." But what are the systems in place where we can have those dialogues? In fact, right now, we don't have those dialogues. We don't have those discussions that can lead us to a common consensus. What we need is structures that support our democratic process. We need to have people with disabilities, with lived experience at the table. Similarly, we need to have Indigenous people at the table. We need to have educators at the table. We need our community there.

What we see is the folks that have the big bucks are at the table. You look at the makeup of the workers' compensation board. It's high-priced executives who are sitting on the board of directors, making those decisions. You don't see regular workers. You might see a couple of union people who happen to be on the inside with whatever government of the day happens to be in power, but you don't see real people there, and that's what we need. We need systems that involve people with lived experience from the community throughout the process so that we can have these discussions.

Once you sit down and talk about the dynamics of our society and you see that there is a fair system in place, people can say, "Yes, I can afford more. I can see that others are suffering and, in fact, I've got extra." But without the opportunity to have those dialogues, which is really part of democracy, then we're at a disadvantage. And once again, those that have the ability to participate, to have lobbyists every day in the House influencing that, influencing the media, influencing society—we're seeing a certain point of view being put forward consistently, and the community point of view is oftentimes left behind.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Will Bouma:** Just one minute. Well, then, I will wrap it up. Mr. Mantis, thank you. Can you point to any jurisdiction that Ontario competes with, that we need to be able to be competitive with in order to have those businesses and those jobs in the province of Ontario, where they take more of an approach that you have—where we actually compete on a level playing field with?

**Mr. Steve Mantis:** It's interesting. Being in the north, we sometimes are lucky because we're so far away from the centre in Toronto. We have been able to develop innovative programs here that meet the needs of our communities, which are different, as Sheryl talked about. We can come together on a small scale and find solutions that may not work for all of society or all of Ontario, but because we're small, we can find some of those answers—

**The Chair (Mr. Ernie Hardeman):** That concludes the time for the first round. We will now start the second round with the official opposition for seven and a half minutes. Yes, Ms. Monteith-Farrell.

**Ms. Judith Monteith-Farrell:** Through you, Chair, thank you, and thank you to our presenters. I enjoy working with both of you because I know you're such passionate advocates for northwestern Ontario. I thank

you for your time and your efforts, not just here but throughout the years.

**0940**

I'm going to ask Sheryl a couple of questions first. One is, Sheryl, with your experience, are you experiencing that northern Ontario school boards and schools are getting their fair share of the equipment that they need to keep children safe in the pandemic?

**Ms. Sheryl Evans:** Thank you so much, MPP Monteith-Farrell, for the question. I think, in my experience, that there are delays in northern Ontario. I think that there are distribution challenges in northern Ontario. I think, being from rural and remote communities, and also communities that face extreme weather challenges, things like, for instance, rapid antigen tests, which were to be distributed to all students before the holidays, got delayed or destroyed on trucks.

I've heard from school boards—like Lakehead District School Board in your area, Ms. Monteith-Farrell—that have had challenges because there was only one distribution central point for rapid antigen tests for folks to access in Thunder Bay and outlying areas. I do believe that we do have challenges.

Now, I know from my board, Algoma District School Board, that at this time, we have had a shipment of N95 masks, which is excellent, and there has been some media for both the Catholic board and the public board, that those have come up. But there are always concerns here about inequities to distribution and inequities to access, vaccine distributions—and the geography poses extreme challenges as well. Families are having to travel long distances; perhaps they're not supported to do that. I know that there have been requests for vaccine clinics to be placed in schools, so educators, education workers, children, students and youth have access to all the vaccines and tools that they need to be safe in the environment.

So, yes, I do believe that there are challenges in northern Ontario that are very unique to the geography and to the distribution issues up here.

**Ms. Judith Monteith-Farrell:** Sheryl, I'd also like for you to comment on—I know we've had some discussions about this—the important role that schools play in reconciliation, in that in northern Ontario we have a larger Indigenous community, and attachments to our communities. You have Garden River in your area, and we're neighbours. But what are the challenges, and what do you see that we need to invest in, so that we can facilitate reconciliation through our school boards?

**Ms. Sheryl Evans:** This is a big question, MPP Monteith-Farrell, and I appreciate it. I think you recognize, because you've been to a few of my presentations, that Indigenous education is one of the core northern Ontario education priorities that are supported by the Ontario Public School Boards' Association. Truth and reconciliation is everything, and if we don't move in intentional ways, we'll continue to stumble on this.

I also sit on the Indigenous trustees' council. Just to centre myself, I am of white settler descent and Métis descent, and my full-time job outside of being a trustee is

working as an education support advocate for the Métis Nation of Ontario, where I support Indigenous kids cross-provincially in our education system.

I think that when we look at some of the issues surrounding Indigenous education, we can look towards really thinking about investing in our communities and keeping communities safe. We know that Indigenous populations of folks who live in remote communities, folks who live on-reserve and, really, even urban Aboriginal folks are considered a vulnerable population and marginalized by society. If we don't make significant investments in keeping these communities safe, I don't know where we're going to find ourselves as a body of people sharing these lands.

I can share that we're talking about folks who are hard hit by the crisis in education, folks who have limited access at times to broadband and, really, education access due to closures and shutdowns across the province.

I think that cultural learning is extremely important. I think northern Ontario does a lot within their boards to bring in cultural spaces and respectful practices. There's a lot of education and then professional development for educators and administration.

I think that when we look at something that we also promote up here in northern Ontario—experiential learning; talking about outdoor education and opportunities and land-based learning—there are opportunities to weave in Indigenous education, Indigenous ways of knowing and doing into all of our education services. I think kids need to be reflected. We have boards in northwestern Ontario and board authorities where 98% of their students are Indigenous and First Nations students and 2% of their employees are Indigenous or are self-identifying as Indigenous. That's problematic. I think that we need to really encourage, support and listen to First Nations, Métis and Inuit peoples across this province and we need to do better. Education is really a catalyst to that, and I think that Indigenous education really needs to be supported—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Sheryl Evans:** I can share as well that at the Ontario Public School Boards' Association, our chair, Elaine Johnston of Serpent River First Nation, who is an Indigenous trustee at Algoma District School Board, is a wonderful resource to reach out to as well.

**Ms. Judith Monteith-Farrell:** Thanks, Sheryl. You've got a couple of seconds left. I really would like you to tell the committee about the need for mental health—just, what do you need?

**Ms. Sheryl Evans:** Sure. I really hope to expand on this, but mental health and well-being is a major concern in northern Ontario. The lack of support that we have up here, the lack of services, lack of accessible services and funding models. We're talking about, in education mental health needs, we get funded—each board gets funded for one. But in northern Ontario, we have massive boards: 700 kilometres or more, hours of travelling for one person to support children across—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time.

We now go to the independent—four and a half minutes. MPP Hunter.

**Ms. Mitzie Hunter:** Ms. Evans, why don't we pick up on those conversations around mental health and well-being? I certainly hope the students at Sault north high school are doing well. I remember attending that opening and just seeing how the whole community comes together and the important role that our schools, at every level, play in the north, in fact.

So I'm just actually wondering about the comment you made around the unique needs to support graduation rates for northern students. Can you respond to that in the context of the mental health and well-being of those students at this time?

**Ms. Sheryl Evans:** Sure, thank you, MPP Hunter. It's always a pleasure to talk with you. As former education minister with the former government, you have a lot of insight. And you're right: Superior Heights collegiate institute here in the Soo is doing very well. Thank you for being there at the opening of it.

Graduation rates have been a real focus for northern Ontario for many years, including one year when you were sitting in that seat in your role as minister, Ms. Hunter. I think that when we continue to look at graduation rates as data, we can see that a lot of places in northern Ontario just aren't meeting that provincial mark. There have been a lot of things put into place, a lot of air in talking about—"air" as in A-I-R, not E-R-R-O-R—a lot of air to this area. I think what is of vital importance is to recognize it from a holistic point of view, and I agree that mental health and well-being is a major part of getting the kids to that graduating place.

I think the implementation of graduation coaches, and Indigenous graduation coaches in particular, have been of great impact and need to be continually supported, and not only that, need to be funded more, because I think it is of vital importance to get kids to that place. I think Indigenous graduation rates in northern Ontario—you can see a disparity between graduation rates and Indigenous graduation rates that are of a continuum and that that needs to be highlighted.

When it comes, also, to mental health and well-being, as it impacts this piece, as I mentioned, schools are a first point of contact for students and for youth out there. When we look at our tiered support systems, we have tier 1, where all can access tier 1 supports; we have tier 2, where we have in-school attendance councillors and Indigenous graduation coaches and the like; and then tier 3, which is a more medical approach that I certainly do not have the expertise to talk about, but that our mental health leads, social workers, mental health workers and our school boards are promoting.

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What I can share is that we have a crisis of human resources in northern Ontario, which is a major point of concern that we all need to really focus on. Some of my boards of authorities I represent in the north can tell you that even though they get the funding for these folks, they cannot fill the positions because we do not have the

workers or services to support them. I think that that needs to be a holistic point of view. Getting training for community members to work in their communities to support mental health and well-being is of vital importance.

**Ms. Mitzie Hunter:** Thank you so much, both of you, for bringing your perspective, your lens and, Mr. Mantis, when you said it is important that we get out of just looking at things through a centralized way and get into responding in a unique way that benefits the people of northern Ontario, specifically the northwest region, the vast, beautiful, robust region that we're talking about this morning. So I do want to thank you both for your incredibly important perspectives. We have noted, as a committee, for this upcoming budget, your ideas and your suggestions. Thank you, merci and meegwetch.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes that time.

We go to the government. MPP Smith.

**Mr. Dave Smith:** My questions are going to focus around Sheryl, if that's okay. Sheryl, prior to getting into politics, I worked for a software company, and 58 of the 72 school boards in Ontario were clients of ours. Most of the clients we had were in northern Ontario; very few of the French language boards actually were our clients, so it was predominantly the English language. I've got a fair bit of life experience working with a number of the boards with a number of different "challenges," I'll put it.

I want to throw out a couple of statistics, because I think that anyone who's watching this, anyone who wants to take a look at it from southern Ontario, probably doesn't truly understand the size and magnitude of the challenges that northern boards face.

I'm going to start with Toronto Catholic. It's the second-largest board in Toronto. They have 165 elementary schools, there are 29 secondary schools, and it's only a shade over 600 square kilometres that they actually cover. By comparison—I know that you're a trustee at the Algoma DSB—you have 39 elementary schools, you have 10 high schools, and it's about 70,000 square kilometres that you cover. You have about 6,500 to 6,800 students; Toronto Catholic has 10 times that or more. Superior-Greenstone, which is one of the northern boards that you deal with, they have 10 elementary schools, they have five secondary schools, less than 2,000 students in total, but it's 45,000 square kilometres that they cover.

You mentioned experiential learning in particular. I was lead developer on Ontario's most-used administrative software for experiential learning in secondary schools, so I've got a great deal of experience with co-op with the Ontario Youth Apprenticeship Program and with the Specialist High Skills Major program. Can you talk to some of the challenges that you have in finding co-op placements and in particular OYAP placements for students, when you have such a large geographic area to cover and such a small base of students?

**Ms. Sheryl Evans:** Thank you so much for the question, MPP Smith. I note that you are MPP for Peterborough-Kawartha. Please know that I went to I.E. Weldon Secondary School in Lindsay, Ontario. I'm not

sure if you cover that area, but you were quite my neighbour, so I'll just share that with you right now. Growing up, I was very familiar with your area as well.

I just want to make a correction. Algoma District School Board recently went over 10,000 students, which is a huge accomplishment for Algoma. In the north, we have faced declining enrolment for many, many years, and that has, for some of the boards, come as an about-turn, and enrolment has started increasing—which, again, leaning to your question around experiential learning, has put some challenges in place to already existing challenges.

I think that northern boards are very creative in partnerships with local businesses and local entrepreneurs, finding co-op placements for students in very small-scale kinds of ways but very important kinds of ways. Without the support of our local communities in some of these small boards, we would have no placements for students at all.

When it comes to OYAP and youth apprenticeship programs, I am an immense supporter of trades, trades learning and apprenticeship as pathways for students. I think it is time. I think we are late to the game for encouraging students to take these pathways to finding great jobs, to finding great work out there, to getting the training they need. I can share that in some boards we struggle, because there are no local electricians to follow. We outsource a lot of our tradespeople to southern Ontario or elsewhere, trying to get folks in to do trades work in our communities up here. I think that we have challenges because of the journeyman-to-apprentice ratios that they have to follow, that they may not be able to have—and excuse me, because I don't know the exact numbers, but I do know that it is a challenge, that you need a certain amount of journeymen to apprentices, and if you don't have the amount of journeymen, you cannot take on a youth apprentice or another apprentice for some of that learning.

Aside from that, transportation is a major factor when it comes to challenges in regard to experiential learning. Getting kids to places where they can go to learn a hands-on experience, I think, is very challenging for employers.

What I can share is, there are some boards that are taking strides, again, in a local context, to support some of these experiential learning opportunities, including my own board, Algoma District School Board, which is taking on a years-long project to build a really great facility for trades learning in one of our high schools, White Pines, in Sault centre. There are just continued challenges in finding places for kids out there in experiential learning, but those are some of the areas that are of concern, MPP Smith.

**Mr. Dave Smith:** Thanks. I want to throw one of my own anecdotal comments in on that too: When I was working with the Rainy River District School Board during the economic downturn in 2009-10, at Atikokan High School, the only location that they were able to place any co-op students was actually at the high school, because everybody else had closed up shop.

One of the other challenges that a lot of people don't take into account when we're talking about northern

schools is the professional development that teachers would engage in. It's fine to have some professional development at the school itself for school staff, but when you're trying to do—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Dave Smith:**—professional development within a specific category—and again, I'll stick with experiential learning. If I look at Rainy River District School Board, there are only three high schools, but they're 250 kilometres and 218 kilometres away from the board office. Can you talk about the challenges, then, that you have for specialized professional development for specific courses for teachers, just because of the distances between the schools?

**Ms. Sheryl Evans:** Sure. What I can talk to very quickly as well is that the access to teachers and trades programs is very limited here in northern Ontario. It's very hard to convince a journeyman to come in and be a teacher. With the current standards of the Ontario College of Teachers, they have to go back and do two years of training in order to become a teacher in the classroom. It poses a lot of challenges.

When it comes to professional development—I mean, gosh, we're in a different world these days. Online is everything, and I think strengthening our broadband and access to the Internet services is really important.

**The Chair (Mr. Ernie Hardeman):** We thank you very much, but that concludes the time for this panel.

We want to remind all the presenters today that the deadline for written submissions is 7 p.m. on Wednesday, January 26, 2022. If you have more that you would like to add or something new comes up, we would be happy to hear from you, but this concludes the time for this panel.

Thank you very much for your presentations this morning.

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THUNDER BAY HEALTH COALITION  
ONTARIO MEDICAL ASSOCIATION,  
DISTRICT 10  
MR. GRANT CHURCH

**The Chair (Mr. Ernie Hardeman):** Our next panel is—we have three presenters. We have two individuals and one from the Ontario Medical Association, district 10, northwest. With that, we will ask them to start. The first to make a presentation is Jules Tupker.

**Mr. Jules Tupker:** Good morning, Mr. Chair. Thank you very much. My name is Jules Tupker, and I am the chair of the Thunder Bay Health Coalition. The Thunder Bay Health Coalition is a public advocacy, non-partisan organization made up of community groups, individuals and unions who are committed to maintaining and enhancing a publicly funded, publicly administered health care system. We work to honour and strengthen the principles of the Canada Health Act and medicare. We are affiliated with the Ontario Health Coalition.

I've decided to read my pre-budget presentation from January 2020 for you today because I have presented to pre-budget hearings on numerous occasions, in 2020, 2019, 2016, 2013 and 2012. On each occasion, just as I will do today, I have raised the same concerns and made recommendations that were very similar, if not the same, as the previous years' recommendations.

Many people have asked me why I keep doing these presentations, and a quote about insanity, attributed to Albert Einstein, has been read out to me a number of times: "Insanity is doing the same thing over and over and expecting different results." Well, I must tell you that perhaps I am a bit insane, but I'm also an eternal optimist and keep hoping that the people who are listening to my presentation are not the same people that heard my presentation the previous time, and hope that you, a new group of legislators, will listen and implement some of the recommendations that I am putting forward today.

I will now read my presentation from 2020. You will notice some similarities to what is happening. And remember, this is January 2020, pre-COVID. I will touch on each section of the presentation and provide some updated information on the situation in each area.

In hospitals: "Our hospital, Thunder Bay Regional Health Sciences Centre, continues to experience gridlock situations—although not as frequently as in previous years, which is a good thing. The reason for this reduction in the gridlock, however, is due to the takeover of 64 long-term-care beds at the Hogarth Riverview Manor, which had been left vacant because the home could not find staff to work in that facility. The filling of long-term-care beds, which we are in dire need of, with hospital patients to ease the overcrowding in our hospital is quite extraordinary....

"The situation in the emergency department has not eased at all. Patients are still left waiting on stretchers in the hallways for hours. A friend of mine who broke both his tibia and fibula just last Sunday was in the emergency department for over eight hours before a room could be found for him. He told me about police officers waiting in the emergency department for hours, waiting for violent, aggressive patients to be treated. Staff continue to be pushed to the limit as they try to deal with the backlog of emergency patients. The escalating drug and opioid crisis here in Thunder Bay has only exacerbated the situation."

Hospital funding per person is the lowest of all the provinces in Canada. Beds per 1,000 is the lowest of all provinces in Canada and the third-lowest in all OECD countries. It's just shameful.

Long-term care: "Reports by staff of frustration at not being able to provide the care necessary to residents continue on a daily basis. Abuse and violent situations have not abated. The acuity of residents has risen dramatically over the years, resulting in staff injuries and burnout from trying to meet the needs of these residents.

"The wages for PSWs in long-term care do not match the work that these workers perform, resulting in more and more PSWs leaving their chosen field, and fewer and fewer students enrolling in college nursing programs. The end result is a shortage of PSWs. As I have noted above,

Hogarth Riverview Manor has not been able to find staff to work the 64-bed unit and has loaned the beds out to the hospital.

"Here in Thunder Bay, as across the province, wait times have not improved. The wait times for a basic room in northwestern Ontario based on the North West LHIN's own figures average approximately 833 days. That's over two and a quarter years, "with the wait times ranging anywhere from 61 days to 1,997 days."

Long-term beds per 1,000 is the second-lowest in Ontario of all the provinces in Canada—again, at the bottom of the list almost.

Home care: "The Liberal government, in their last budget while in power, announced a concerted effort to improve home care, but no significant changes were implemented. The current government has not taken any action on this important initiative, despite knowing that home care is more cost-efficient than hospitals and long-term-care facilities in caring for people. Private home care companies continue to dominate this field and continue to provide less-than-desirable service to patients and lower-than-required pay to workers.

"I received an email from a home care worker yesterday outlining what is happening in one home care workplace. I recommend that you check out the video about Don and Penny ... at [www.stuckinthepast.ca](http://www.stuckinthepast.ca)." It is stunning, and it is "a story that I have heard many, many times in the past from workers and families with other private home care providers here in Thunder Bay.

Mental health: The "drug and opioid crisis in Thunder Bay is well-known across the province, and puts an even greater strain on mental health workers. The opening of a new transitional facility is an important step in improving the situation, but a lot more needs to be done. I am certainly no expert in mental health services, but the people I know working in the field are very fearful of" the "lack of funding the government is providing here in Thunder Bay.

As I said, this report was written and presented in January 2020, before the COVID crisis hit, and I have now updated recommendations that were in the 2020 report. It's just amazing that the situation has gotten worse since January 2020. I hope you noticed this report talked about the situations that were happening in 2020, and they were the same situations that were reported in my 2019 presentation, my 2016 presentation, my 2013 presentation and my 2012 presentation. It never changes.

I'm going to try with the recommendations again today.

For hospitals, we recommend stopping the cuts to hospital funding and, in fact, increasing the funding to hospitals. We had originally recommended a 5.3% annual increase, but now, because of the situation with COVID, I'm not so sure that 5.3% is even enough. We just recommend a massive increase in hospital funding to stop the problems in the hospitals.

In long-term care, we recommend increasing funding to long-term-care homes to ensure a minimum of four hours of direct, hands-on care per resident per day. We also recommend that you enforce the standards in long-term

care through regular surprise inspections, fines, licence suspensions and revocation of licences for non-compliance by long-term-care homes.

Repeal Bill 218, which shielded the long-term-care homes from liability. We know what's happened in long-term care in the last two years, and Bill 218 protected them from liability. That's just ridiculous.

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Jules Tupker:** We also want to stop the reissuing of licences to for-profit homes, because you know what's happening through the COVID process and what the high number of casualties was—over 4,000 in long-term-care homes, the majority of which were in for-profit homes.

In home care, we recommend replacing private, for-profit home care providers with public, not-for-profit providers and providing funding to ensure fair wages for workers.

And in mental health, we also recommend increasing funding to mental health services, because they are in dire need for improvement.

I will end there to leave more time for questions and answers. Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation. The next presenter will be from the Ontario Medical Association: Dr. Sarah Newbery.

**Dr. Sarah Newbery:** Thank you very much. I'll just check and make sure you can hear me.

**The Chair (Mr. Ernie Hardeman):** We can hear you.

**Dr. Sarah Newbery:** Great. My name is Sarah Newbery, and I'm a rural generalist family physician here in Marathon in the traditional territory of Biigtigong First Nation in northwestern Ontario. I'm a member of the Ontario Medical Association and also associate dean of physician work for strategy with the Northern Ontario School of Medicine.

I really appreciate the opportunity to present to the committee today as the government deliberates its budget for 2022. I want to thank the government for all that you are doing, but recognize that there is much more that we need to do in health care.

Health care spending must be prioritized, especially in northern Ontario, where our situation is quite dire. We need to improve access to care and urgently address the shortage of physicians, both family physicians and specialists, across the north. Ontario's physicians are eager to work with all levels of government, community leaders and health care stakeholders to provide the care that patients need.

At last estimate, just under 84% of citizens in northwestern Ontario reported having a primary care provider, and that is well below the Ontario average of 94%. Life expectancy in the north is two and a half to three years less than the Ontario average. We know that northern Ontario as a whole is short 325 physicians: family physicians, internists, pediatricians, psychiatrists, anesthetists and several subspecialists. Three hundred and twenty-five physicians is five entire NOSM classes, but we can't wait five years for those physicians; we need them now. Between December 2020 and June 2021, in that six-month

span, we lost 11 rural generalist physicians from northern Ontario, bringing the total rural physicians that we need to 97.

Northern doctors are working really hard in quite difficult circumstances now, managing complex patients. In addition to the work that we have always done in clinics, hospitals, long-term care and patients' homes, we are also now managing assessment centres, supporting the vaccination effort and leading local health systems to provide safe care during COVID-19.

#### 1010

Prior to COVID, we knew that the north was underserved, but now many patients live with the almost daily threat of emerg department closures, which means no way to access local emergency care. If, for example, the emerg department in Wawa closes, it's two hours to the next-nearest emerg department. If you're in Red Lake, it's three hours to the next-nearest emerg department. That time is a matter of life and death for someone who is having a heart attack or stroke or rapidly deteriorating COVID-19 illness. In my own community of Marathon, over the holidays, in addition to all the other work we did, we resuscitated and placed on life support three people who needed to be transferred by Ornge to Thunder Bay Regional's intensive care unit. Those people would have died on those days had our emerg department been closed.

Without physicians in rural communities in the north, there is no emergency service as we know it. But it's not just the emerg that matters. The north was disproportionately affected by mental health and addiction challenges prior to the pandemic, and that situation has worsened significantly. We need better access to mental health services all across the north. We know from our hospital sector that the north is short 40 psychiatrists. We hear every day from family physicians and pediatricians who were overworked prior to the pandemic that they are now overwhelmed with the demand for mental health services.

Every day for almost two years, the province's 43,000 physicians have seen our health care system stumble under the weight of the COVID-19 pandemic. The negative impact on patients is incalculable, and it will take years to catch up. That's why, last year, the OMA undertook the largest stakeholder and public consultation in its 140-year history to understand how to address the most urgent challenges. That eight-month consultation began here in northern Ontario and it included northern Ontario leaders from many sectors, including extensive input from northern physicians.

The result is Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care. That launched in Sudbury in October. It comes down to five priorities: reducing wait times and the backlog of care; expanding mental health and addictions programs; improving and expanding home and community care; strengthening public health and pandemic preparedness; and giving every patient a team of health care providers that are linked digitally.

To fix the shortage of physicians and health care providers in the north, the OMA also recommends that we focus on a vision of equitable access to care for all patients

in their communities; that we review and update incentives and supports for physicians and other health care professionals in the north; that we increase our focus on education, training, innovation and opportunities for collaborative care in rural and remote communities; that we create more opportunities for specialist and subspecialist trainees to do electives and core rotations in their training here; and that we create more opportunities for medical students and residents to develop the skills they need to confidently choose rural and remote practice here in rural Ontario.

Again, we need 325 physicians; we are short 325 right now. We need to build on NOSM's success and expand NOSM's undergraduate and postgraduate programs to ensure we train the physicians that we need. We also know that one in five postgraduate trainees from other programs who come to the north to do an elective will return to work here, and that's a high return on investment. We need to support the new rural generalist pathway so that more medical students and residents can train to confidently enter practice in rural and remote northern Ontario, and we need to have attractive and meaningful contracts that will encourage new doctors to come and to stay in northern Ontario.

We need to actively work to retain all of our current clinicians, both for clinical care but also to teach our future physicians. As we recover from COVID-19, we need to ensure that we apply our full capacity to address the backlog of care. We need every rural hospital fully functioning and we need every clinician actively engaged.

The pandemic has proven that we cannot have a strong and sustained economy without a robust health care system.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Dr. Sarah Newbery:** One of the first questions that businesses and professionals ask when they're thinking of moving to the north is, "What is the health care like there?" and "Can I get a family physician?" A strong health care system here will help to attract new businesses, residents and investment, bringing opportunities for youth across the north and making it easier for our elderly to age where they have lived. A healthy and vibrant north requires equitable access to a strong and resilient northern health system for all of our citizens.

Thank you for the opportunity to present today.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation.

Our next presenter is Grant Church.

**Mr. Grant Church:** Mr. Chairman, members of the committee, ladies and gentlemen: "They would not listen, they did not know how. / Perhaps they'll listen now." So sang Don McLean in his song Vincent.

On January 24, 2009, three delegates from Wind Concerns Ontario met with then-Minister of Energy George Smitherman. He said to them, "I will listen to you, but I'm not changing my mind." Premier McGuinty said in a London press conference, "NIMBYism will no longer prevail when it comes to putting up wind turbines." The Liberal government, later that year, went on to pass the Green Energy Act, which suspended municipal planning rights when it came to green energy projects.

In the Smitherman meeting, the delegates explained to the minister that wind power was largely out of sync with demand, often producing when not needed and not producing when needed. These two graphs reflect that. These are the graphs that Smitherman saw. These are the graphs that Smitherman rejected. These are the graphs that reflect the reality to this day.

The government went on to contract for over 4,000 megawatts of wind power, until they decided to stop in December 2016. By August 2016, the government was very much listening because of the outcry over skyrocketing power rates. I met with then-Minister of Energy Glenn Thibeault in Sudbury on August 6. I told him, "We spill water at the hydro dams to make way for wind power to give to the Americans. If you would stop contracting out any more wind or solar projects, you could at least levelize the price of power." He said, "I want to get the price of power down." In September, to everyone's surprise, he pulled the plug on any more green energy projects, saving the province \$2.3 billion.

Ontario Power Generation did not used to spill water at their hydro dams, not until the mass deployment of wind turbines. In these numbers, you can see that in 2012, no water was spilled. By 2020, it was 4.3 terawatt hours. That's enough to supply 477,777 homes per month for an entire year. An entire city could live off that.

An IESO policy reducing hydroelectric production, which often results in the spilling of water, is the first measure used by the IESO to manage surplus baseload generation conditions. IESO also allowed more wind power to run than hydroelectric power for 21 hours straight on December 1 to 2, 2021. In a 2016 long-term energy plan meeting, Ministry of Energy officials told me that this kind of thing was unacceptable. We are paying around a billion dollars a year to have gas-fired plants sit idle—plants built to back up wind power.

The global adjustment is set monthly to reflect the difference between the wholesale market price and contracted power prices, amongst other things. The global adjustment has surged as the capacity of wind power increased. The global adjustment is not charged on exports, causing us to lose billions of dollars. When wind power surges and demand is low, the price often drops to zero. Often, all wind power is in the net export category.

In the next numbers, you see how from 2008 to 2020, the hourly energy price plunged and the global adjustment surged. In the next set of data, you can see how from 2008 to 2020, net exports of power increased. So in 2020, there was enough exported to supply almost 1.7 million homes per month for an entire year, and the loss on not charging the global adjustment was nearly \$1.8 billion.

Wind power has first right to the grid. This forces the hand of the IESO to deal with it. They either have to accept it or pay it not to produce. Now we are in a position where, often, wind power is being curtailed and water spilled at the hydro dams at the same time. In 2019, 2.3 terawatt hours of wind power were paid to sit idle. On the 2019 Thanksgiving Day weekend, with huge wind power production, we lost over \$51 million buying, curtailing and

dumping surplus wind power on the export market—power that could have supplied 240,000 homes for a month. Why are we importing power while we're paying generators to sit idle?

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**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Grant Church:** The green energy plan has led to giving us amongst the highest power rates in North America. It has led to the injury and loss of industries, and to energy poverty. It is being artificially covered up by borrowing billions of dollars to subsidize the price of power. For years, we paid the debt retirement charge to reduce the hydro debt, and it worked. Now we are reversing those gains to leave the next generation to pay.

The government has taken some good steps by cancelling many contracts, but more is needed. Quebec and Manitoba make billions exporting power. We can do it too.

Now, I have seven recommendations. I'll try to get through them. Wind power is expensive, intermittent, out of sync with demand. Don't contract any more of it, and demolish them at the end of their contracts. Charge the global adjustment—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time, save and except if you could state your name for the record so that Hansard could make sure we have the right one and not have to depend on my introduction.

**Mr. Grant Church:** Okay. My name is Grant Church.

**The Chair (Mr. Ernie Hardeman):** Thank you very much, Grant, for the presentation. We now will start with the questions and comments. We start with the independent member for four and a half minutes. MPP Hunter.

**Ms. Mitzie Hunter:** I want to thank all of our presenters. It's a very important conversation we're having this morning for the northwest region of Ontario in our pre-budget consultations.

I want to start with Ms. Newbery, if I can. The OMA has been really essential in helping with the pandemic and making sure that we have evidence-based and real-time information on what is happening with our response. I wondered if there was anything you want to share. I know you represent district 10 for northwest Ontario. Is there anything that you want us to know in terms of the unique needs for health and across the whole system? Because it is all connected.

And I'm going to get to Mr. Tupker as well if I can, in my second round. I'm very interested in his comments around home care and community care, because the whole system is connected, and the workers who have done such an amazing job as our front-line responders—all of them.

So I wanted you to just talk about the unique needs from a northern perspective, if you may, today.

**Dr. Sarah Newbery:** Thank you so much for the question. I think one of the things we need to recognize is that so many of our small communities are really highly reliant on family physicians. For example, in places like Marathon, Wawa, Atikokan, Dryden, it's predominantly family physicians who are delivering all of the hospital-based care, all of the primary care in the community,

supporting long-term care, chronic care, and supporting home and community care and palliative care delivery as well, and also providing obstetrical care and now working in assessment centres and supporting the vaccination effort.

I think many of our physicians are really very stretched and really need some support. Some of those supports are, as you've mentioned, the kinds of supports that the OMA has been able to provide, information supports being really important, but some of the other things that physicians would value are things like rapid antigen testing, quick access to PPE, supports for our teammates—to the point that was made about home and community care and the long-term-care sector, the importance of PSWs.

We need our entire team to be functioning well to be able to deliver the kind of care that the whole community needs. The OMA's Prescription for Ontario, the prescription for health care, the five-point plan, includes several other recommendations, and 12 of them are quite specific to northern Ontario. I hope that that will provide you with some additional broader information about where we need to go.

**Ms. Mitzie Hunter:** Yes, it was. I've met with your team on the five-point plan. Of course, I was very focused on Scarborough–Guildwood at the time, because it's my riding, but I do know we have to broaden that when we make policy decisions. I know early on in the pandemic, family physicians were excluded from testing, vaccination and that sort of thing, but how does that affect the north when that's the main source of reliance for health care? So we have to make decisions through a northern lens when it comes to—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Mitzie Hunter:** —health and community care.

This government underspent the health budget, specifically in the family physicians area, by some \$600 million. I wonder how the underspending of that budget during a health crisis has affected the north, because certain activities were excluded from family physicians, who were there as the primary responders for people in the north. It's an example of how we need to have a northern lens when we're making decisions around—well, all decisions, frankly, but specifically to health care. Thank you so much for that.

I really wanted to get into the shortage of experts. I know when I visited Cochrane, that was something that was raised with me as well, around the specialists and how we attract and retain more specialists. Perhaps that's something that you can expand on in a written—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes your time.

We will go to the government. MPP Martin.

**Mrs. Robin Martin:** Thank you to all our presenters. It certainly was really enlightening listening to what you had to say. I want to start by thanking Mr. Church for giving us a recap of the energy mess that shocked us all and left Ontarians reeling and paying ridiculous prices for our energy. Certainly it's not something that is completely resolved yet, but we are definitely working on a lot of the things that you mentioned.



Our plan is to have ideas here for making Ontario the best place to build a career, a family and a future, with a strong fiscal foundation, long-term prosperity and jobs in every corner of our province and, still ongoing, addressing some of the concerns we have, especially in health care. We know that there are a lot of challenges with our system, and we're certainly working very hard to address those.

I listened carefully to what Mr. Tupker had to say from previous consultations and submissions, and I'm really pleased to say that we have addressed so many of those things, including adding 3,100 new medical beds. We've had a lot of action, actually, on home care. After 25 years of no action, we've brought in a new act to integrate home care into our system and to make sure that PSWs can communicate with the entire health team when they're working in home care. That's the Connecting People to Home and Community Care Act.

On long-term care, of course, we're building lots of beds. We've got the four hours of care, which we're implementing, and we've increased the number of inspectors, more than doubling it, so we'll now have 344 inspectors for long-term care. And, of course, over \$5 billion dollars has been added to our health care system during COVID-19. Actually, that's just the hospitals, I think: over \$5 billion, so lots of investments, lots of funds.

But I did read with great interest the Prescription for Ontario that the OMA put out, and the northern Ontario report as well, because everybody knows the challenges in northern Ontario are always even greater. So I really appreciated, Dr. Newbery, what you had to say. We certainly know much more is needed to address some of our challenges, and that some of the challenges in the north are very specific to some of the geography challenges and population dispersal challenges up in the north. We've got to make sure that we have the right care there. A lot of the objectives, I think, are the same that we're trying to work on.

We knew that there was a call for investments to help the number of physicians in the north, and our government has invested \$32 million this year for resident salaries and benefits, medical education training, allied health programs and the remote First Nations family medicine residency program at the northern Ontario medical school, along with our Northern and Rural Recruitment and Retention Initiative, recruiting and retaining over 1,200 physicians in northern and rural communities since 2010.

1030

I wanted to ask you how you feel those investments are working and if you have any specific feedback for us on them.

**Dr. Sarah Newbery:** Certainly, I think that those investments have been really worthwhile. What we know is that many of the learners who come through NOSM choose to stay in the north. What we are keenly aware of, however, is that we do need an additional 326—these are vacant positions actively being recruited for now—and that any additional investment to expand NOSM's post-graduate programs will be a worthy investment. We also need to see investment in elective training opportunities to

bring trainees from other programs to the north. We know that one in five of them will stay and work here, and that's a huge return on investment.

I think the other piece, though, is, to your point about the Northern and Rural Recruitment and Retention Initiative, that that has been a very helpful initiative for physicians in their first four years of practice, but the northern retention incentive has not changed since the year 2000. I think it really is time to look at those incentives, to review them, to update them and to ensure that they are doing what we need them to do, which is to retain every excellent skilled clinician that we have in northern Ontario to be able to continue to provide care and to be able to continue to teach our future learners to serve the needs of the north.

**Mrs. Robin Martin:** Thank you very much for that. Obviously, it's critical that we have the care providers up there in the north, and I think we need to look at all the measures we can take that will actually retain them and recruit them to stay in the north. That's why the northern Ontario medical school has been such a success. But we need to keep working on what we can do to fix some of those problems.

You mentioned the mental health challenges as well in the north. We know harm reduction programs are instrumental in ensuring the well-being of Ontarians, and we need such programs, especially in the north. Because of this, we continue to support eight community-based organizations delivering harm reduction outreach programs and services exclusively in northern Ontario: Thunder Bay, Sudbury, North Bay, Sault Ste. Marie, Timmins, Sioux Lookout and surrounding regions. I wondered if you could comment on how you feel those programs have reduced health, social and economic harms associated with substance abuse and what other feedback you can give us on the programs.

**Dr. Sarah Newbery:** Thank you very much. I think that those investments in harm reduction have been critically important. We know that there is a disproportionate burden of substance use issues for citizens in northern Ontario, and so any investment in those harm reduction programs is really tremendously helpful.

You identified that there are several hub communities that have those programs specifically, and I think it's important for us to recognize that the north is just so vast. Programs in Sudbury, Timmins, North Bay, Thunder Bay, Sault Ste. Marie and Sioux Lookout serve well the populations that are local to those sites, but for my patients in Marathon, it's 300 kilometres to go to Thunder Bay; it's 400 kilometres to go to Sault Ste. Marie.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Dr. Sarah Newbery:** And so those programs need to have a focus on outreach to ensure that all citizens in the north can access harm reduction programs, and we need to look at how we can expand harm reduction programs to a local context, equipping local teams in primary care settings with harm reduction strategies. More counsellors, more addiction supports, more nurses, social workers—those kinds of service providers who can be linked to

primary care in communities all across the north and skilled and educated and equipped to deliver harm reduction I think will ensure that all of our citizens have equal opportunity at good health and substance use recovery. Thank you for the question.

**Mrs. Robin Martin:** Okay. And I'm just wondering, quickly, if you think that the Ontario health team initiative, which is linking professionals in communities of practitioners, is going to help with that kind of—I think you mentioned, as well, linked supports between a team of health care providers for people. Do you think that is going to help?

**The Chair (Mr. Ernie Hardeman):** The answer will have to come in the next round. Thank you very much.

Next, we'll go to the opposition. MPP Fife?

**Ms. Catherine Fife:** Thanks to all the presenters who shared their expertise with us this morning. It's much appreciated.

My question, primarily, is for Jules. Jules, you referenced in your presentation, towards the end, that there really is growing tension between the for-profit and not-for-profit, be it home care or long-term care. We did see massive amounts of death in our long-term-care system in the first and the second waves, and unfortunately, this is continuing as we are in the fifth wave.

The coalition has done a very good job of tracking who is getting long-term-care contracts in Ontario. Extendicare, Arch, Southbridge, Sienna, Jarlette, Revera, Omni and Chartwell are the nine top for-profit homes that have received contracts, regardless of their performance as it relates to the quality of life of residents in those homes.

In total, Ontario saw 4,023 deaths. Three out of four of those deaths happened in for-profit long-term-care homes. Jules, what does it say to you, as someone who's trying to fight for equitable resources in the north, to see the Ford government continue to extend and honour those contracts and dedicate public money to these organizations, where their shareholders did very well through these times of crisis, but their residents, unfortunately, did not? I'd like to hear your thoughts on that. Please go ahead.

**Mr. Jules Tupker:** Thank you for the question. It's devastating. To me personally, it is devastating. I'm a social advocate here in Thunder Bay, and I talk to people in the health care sector. I'm a member of a family council at one of the long-term-care homes here. I talk to the staff in all these long-term-care homes, in the private homes and the not-for-profit homes and the municipal home, and the difference of the conditions that they work in is absolutely amazing. It's stunning that there's so much more care provided in the municipal home here and in the not-for-profit home here, compared to the for-profit homes.

It is scary to realize that these for-profit homes are getting the same funding from the government as the not-for-profit homes and the municipal homes, and yet they are able to provide funding to their shareholders. I'm certainly not an economics major and I'm certainly not a CPA, but it seems odd to me that if there's money going in and money going out—if there's only so much money

going in and there's only so much money available to take care of the residents in a facility, and some of that is carved off to give to the shareholders, then obviously something is missing. There are some services that are being cut and not being provided to the people in these for-profit homes, that are missing. And that is devastating, as far as I'm concerned.

As I said, I'm a family council member, and I've had discussions with family members. The treatment that they get in the private homes, the for-profit homes, is scary. It's not what it should be. It's not what I would like to see. I'm getting on in age, and I certainly wouldn't want to be in a long-term-care home in the situation in the for-profit homes that I see now. It's just not appropriate at all.

**Ms. Catherine Fife:** Thank you very much for that, Jules. I'm going to throw it over to my colleague MPP Monteith-Farrell. Please go ahead.

**Ms. Judith Monteith-Farrell:** Thank you, Catherine. Thank you to the presenters. I am so happy that people are bringing forward the crisis that we have in northern Ontario with regard to health care and equitable access to health care. It's not something that a long-term—it needs urgent addressing, not something that is five years or 10 years down the road.

The doubling of classes at the Northern Ontario School of Medicine, I think, is something that—Dr. Newbery said “doubling.” That's something that I know we've called for from the Northern Ontario School of Medicine, and it's urgent. It's something that can be done. It needs an investment from the government, and this is—we're talking about a budget. So I'm saying that this is something that we need.

**1040**

The incentives, as you say, need to be increased to 20 years up the road and ensuring that people, the physicians and specialists who do come here, are supported. We are losing physicians to burnout, to retirement. Care connect, which is supposed to assist people in getting a physician or any kind of primary care, has actually said to people on the phone, “You have more of a chance of winning the lottery than getting a physician in northern Ontario.” When the people who are supposed to connect you with that are sending that kind of message, I think the urgency is there.

The other thing about the long-term-care investments—and Jules, I'd like to have your comment: Have you seen any significant improvement in the conditions that the people you are talking to, the workers, the families—have you seen any significant improvement? Because [*inaudible*]—

**Mr. Jules Tupker:** No. I find it ironic that the Progressive Conservative MPP today, this morning, just lauded the wonderful moves they have made in long-term care.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Jules Tupker:** I'm sorry, those moves have produced nothing. They said that they're providing numbers of new beds, but providing new beds doesn't mean anything if you don't have the staff. In my presentation, I talked to you about how there were 64 vacant beds in a

long-term-care facility here in Thunder Bay that they couldn't fill because they don't have the staff. The Rainycrest home in Fort Frances has 42 empty beds because they can't find the staff. You can add all the beds you want. If you don't have the staff, then you're not going to be able to fill them with people in long-term care.

They're talking about how there is no more money for staff. They provided funding for long-term-care staff during this COVID and they're going to cut that funding. There is no initiative for staff to go into long-term care. If you don't have the staff, you're not going to get the service. There is no improvement in long-term care that I know of. This whole issue of four hours of hands-on care, that's not coming until 2025. That doesn't do anything—

**The Chair (Mr. Ernie Hardeman):** That concludes the time for the first round. We'll now start the second round with the independent members. MPP Hunter.

**Ms. Mitzie Hunter:** I do want to thank our three presenters today. Thank you, Mr. Church, for your overview of our energy system and also, Mr. Tupker, for talking about the long-term-care system as it intersects with home care as well as hospital and acute care.

I do want to ask, Mr. Tupker, about that. Let's continue to talk about the need for more resources—the human resources, the people resources—so that we can respond to the obvious needs in northern Ontario, which are challenging, given the size of the geography and the needs of the population.

Mr. Tupker? Go ahead.

**Mr. Jules Tupker:** Thank you. The staffing is a huge concern. I know in your previous question, you wanted to talk to me about home care. Home care is a very interesting situation. The funding for the pay for people working in home care is abysmally low. Most people who I know—and I'm in touch with people who work in home care—have two jobs, because they can't get enough hours in home care to provide for their families, so they end up trying to find another job. So what do they do? They apply for a position in long-term care, because long-term care is looking for staff. But they want to do home care, so what they will also do—they apply for a long-term-care position and they get that on a part-time basis. If they don't get enough work in home care, then they will do their job in the long-term-care home.

What we've found is that, quite often, the problem in home care is that if a worker in home care is assigned their duties for the day and then, all of a sudden, they get a call in the morning that there is a job open for the day at the long-term-care home, which is making more, \$3 or \$4 or \$5 an hour more, then they phone in to the home care service and say, "Sorry, I can't make it today; I'm not feeling well," or "I have another job to go to." And what happens is the people who they're supposed to be servicing in home care don't have a visitor. All of a sudden, these people who are expecting a home care visit don't have that home care. It's just unbelievable, the situation that is developing in home care, but this has been happening for many, many years.

The other issue with home care is that the people are paid for the time that they're doing the work; they're not paid for the time in between visits. And in northern Ontario, a lot of the home care workers work in the country, and it's an hour's drive to the next visit, so that's an hour that they're not getting paid for.

The whole system is ruined. It needs to be revamped, it has to be redone and the funding has to be there to entice people to want to work in home care. Again, also in long-term care, the workload is just unbelievably high. It's just not proper. Again, as Ms. Newbery has said, it's the staffing shortage that's a problem with doctors, and it's a problem with the people who support the doctors also.

**Ms. Mitzie Hunter:** Thank you so much. I did meet with the PSWs, in Sudbury I believe—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Mitzie Hunter:** —and they described very well some of the challenges that they're facing. That's why making the \$4-an-hour wage increase permanent would perhaps help provide a little bit more adequacy for this very important part of our health care system.

I just wondered, in my last remaining few seconds, if I could switch again to Ms. Newbery and to talk about how, early in the mandate of the Ford government, they cut telehealth and telemedicine. I was in Sudbury, actually, the day that that was announced. It was really just shocking, given the disproportionate effect on northern Ontario. Could you talk about the importance of investments in those kinds of virtual and remote medicine for northern people?

**Dr. Sarah Newbery:** Absolutely. If we're committed to equitable access to care, then we need to be investing in telemedicine and remote technologies that are going to deliver care, virtual care—

**The Chair (Mr. Ernie Hardeman):** That's the end of the time. Maybe we can complete that in the next question.

The next question will go to the government. MPP Miller.

**Mr. Norman Miller:** Thank you to all of our presenters this morning for your perspectives. Mr. Tupker, I hope it's not like Groundhog Day for you. Certainly on many of the issues you've raised, I see the perspective in my riding of Parry Sound–Muskoka, and particularly with hospital funding. I've been elected 20 years, and for many of those 20 years, particularly on the Muskoka side, for medium-sized hospitals, I would be annually going to whoever the Minister of Health was, looking for funding so that the hospital could balance its budget. I'm happy to say that there were substantial increases in funding, so that for the first time in 20 years, Muskoka Algonquin Healthcare is predicting a balanced budget for the next five years—although I would say COVID is certainly making it challenging, and it's by no means certain that that will continue, with the challenges COVID has put forward.

Of course, on long-term care, I see the numbers of the increased spending to achieve four hours of direct care per client for the specific long-term-care homes in Parry Sound–Muskoka. It varies from half a million dollars per year in year one to over \$2 million or \$3 million per year

in annual funding in year four. But I would agree with you that the staffing and getting more PSWs, registered nurses and RPNs is going to be a huge challenge, to meet that schedule. I know the government is investing in up-skilling, but that is going to be a huge challenge.

Dr. Newbery, I'm in the southernmost part of the area represented by the Northern Ontario School of Medicine, but it has been hugely helpful in this area. I know lots of doctors who have taken part and gotten their education through NOSM. We still need more doctors, for sure. You were talking about 325 short. Can you give me some idea of what that means for the school? You're assistant dean of the school as well, I believe. Can you talk a bit about that, please?

**Dr. Sarah Newbery:** Yes, certainly. Thank you for the invitation to respond to that. I'm associate dean of physician workforce strategy for NOSM. This is a role that is unique in the country for medical schools, in part because the needs of northern Ontario and NOSM's mandate as a government strategy are unique. What we've done is looked out across and gone community by community and asked communities what they're recruiting for, what physicians they need. As of June 2021, the numbers were 325.

1050

We need roughly 135 family physicians across the north; 97 of those need to be rural generalists, people who can work in primary care, in the emerg department, with hospital in-patients, who can staff assessment centres—who can do the breadth of work that we need to have done for rural citizens across the north.

Then we need many specialists. As I mentioned, we need 40 psychiatrists. That's hospital-level data. It's our hospitals saying, "These are the psychiatrists that we need to be able to provide care at an in-patient and consulting level." Specifically, child psychiatry is a significant need in the north.

We need general internists, general surgeons, anesthesiologists, emergency physicians. And then, interestingly, we need physicians who we are not actually capturing in the data because they are not necessarily showing up on what hospitals are recruiting for. I'll use rheumatology as an example. Rheumatologists work with people who have chronic pain because of things like rheumatoid arthritis, osteoarthritis or a variety of other conditions. Hospitals don't need a lot of rheumatologists, but communities do. Across the north, for our 800,000 population, we have five rheumatologists. The Ontario Rheumatology Association recommends one for every 75,000. We should have 12; we only have five. And we know we have a greater burden of chronic rheumatologic conditions compared to the rest of the province.

So, we have significant needs both at the hospital level and at the community level and across all of our communities. We know, too, that the Ontario average—

**Mr. Norman Miller:** Sorry. I know I have limited time. What does that mean in terms of the Northern Ontario School of Medicine? Is it possible for you to fill that need? What would it mean in terms of expansion of programs there?

**Dr. Sarah Newbery:** Thank you, and I apologize if I misunderstood your question. The majority of the specialists we need are general specialists, and we can train those through the programs we have at NOSM, in anesthesia, general surgery, general internal, pediatrics, psychiatry and family medicine, of course. We do need subspecialists as well, and we don't have subspecialty training in northern Ontario. We rely on larger urban centres to provide that training. We can, however, bring subspecialist trainees to northern Ontario on electives and expose them to working here, and we know that one in five will return here to work.

What's critical for us is that we retain every clinician faculty member we have. If we don't retain our clinicians, then we don't have teaching capacity. So as we think about expanding programs, which is necessary, we need to retain our active faculty to teach this next cohort of trainees and our future physicians. It absolutely is possible, but it needs some targeted investment.

**Mr. Norman Miller:** Thank you. I know the last time I visited Chapleau, I think three of the four doctors there—I was amazed at what they were doing there, but three of the four doctors were NOSM graduates.

**Dr. Sarah Newbery:** That's right.

**Mr. Norman Miller:** The fourth was nearing retirement. It just shows how important the school is across the north.

I know I have limited time. Mr. Church, I just wondered about your background. You did a good job of explaining the past government's energy policies. I know at the time it came out, I couldn't figure out how we were going to buy energy for 82 cents a kilowatt hour and sell it for four cents, and that would make sense.

What's your background, and why is it that this is an issue that obviously motivates you to come before committee?

**Mr. Grant Church:** I'm a tool and die maker. I work in manufacturing. I do understand the critical need for reasonably priced power to be successful.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Mr. Grant Church:** Of course, although I live in southern Ontario, in the north, power is everything. If a plant closes down, the community is toast.

One of the recommendations I have here that I didn't get out is, we have this industrial conservation initiative. What we need is a no-strings-attached industrial rate, because with that initiative, you have to cut back on your power consumption in the five peak hours of the year. So to simplify it and to help us be competitive against the Americans, that needs to change, and we need a rate that's competitive with the Americans. We can never have the lowest rate in the States, but at least an average.

**The Chair (Mr. Ernie Hardeman):** That concludes the time. Maybe we can finish it in the next answer, if the next question fits the topic.

We'll go to the official opposition. MPP Mamakwa.

**Mr. Sol Mamakwa:** Good morning, everyone. Good morning, Grant, Jules and Dr. Newbery.

Dr. Newbery, it's good to see you again. I know one of the things that Dr. Newbery spoke about was that health

care must be prioritized. Living and being raised in the north, I know what health care looks like. Sometimes it's very limiting.

I was wondering: When we talk about the physician workforce strategy, but also some of the mainframe agreements that physicians have with the province, how can we improve—from my riding, for example, I don't know if there are any specialists who fly in. So how can we have services closer to home as part of working with the workforce strategy, and also dealing with the mainframe agreements that physicians have with the province?

**Dr. Sarah Newbery:** Thank you so much for that question. I really think that striving for equitable access to care for all of northern Ontario's citizens is really crucial. Part of that, I think, is going to be building on what we know can be effective with virtual care, when virtual care is the right care and a reasonable care to provide. But the other piece is that we can't do everything with virtual care. We do need to have face-to-face contact between patients and family physicians, patients and specialists, and we need to look at how we can bring more specialists to the north.

The pandemic has really impacted the visiting specialists program. When there were travel restrictions, that also impacted physicians who have, for many, many years, come from southern Ontario to northern Ontario to help provide care. That was restricted, and we have not had the kind of face-to-face contact with some of our specialist colleagues that we have had in the past and that we know has benefited many, many patients across the north and been a support to clinicians who work here as we tried to provide the best care we can to our patients.

I think as we continue to look at negotiations between the province and the OMA, looking at what the incentives need to be, what the supports need to be, and how we can contract meaningfully with physicians to provide the kind of care that the north needs will be really important.

**Mr. Sol Mamakwa:** Thank you for that.

Jules, a very quick question: In Kiiwetinoong, in northwestern Ontario, when we talk about long-term-care beds, I think we have 20 beds. But what we do have is a long-term boil-water advisory. I have 14 of them. Having 20 long-term-care beds for 34,000 people, what's the work that needs to be done to be able to increase those beds in northwestern Ontario?

**Mr. Jules Tupker:** The work that has to be done is that it has to be funded. It's as simple as that. There is a huge shortage of beds, but as I've said, we have beds available, but they don't have the staffing. There is no incentive for people to get into long-term care anymore. They're overworked, they're underpaid and they are just not wanting to go back to work. The people who were there are leaving, because they're overworked and they're overstressed, and the new people are just not going. I don't know how they're going to get more and more people interested in going into long-term care when there is just no incentive.

It's funny. I used to be a union rep and I always said I used to be able to negotiate a wage increase. I used to tell the employers that a happy employee is a good employee.

If the workplace is not enjoyable, if it's not one that they want to work in, they will not work there. You can throw as much money as you want at these things; you have to make the workplace available and amicable to the workers. That's how you're going to solve that problem, MPP Mamakwa, because if you don't have the proper accommodations and workplace for these people, they're not going to come. There has to be a lot of work to be done to improve the working conditions in long-term care to get people to go there.

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**Mr. Sol Mamakwa:** Thank you for that, Jules.

Chair, I'm going to pass it on to MPP Judith Monteith-Farrell.

**The Chair (Mr. Ernie Hardeman):** Okay.

**Ms. Judith Monteith-Farrell:** A question for Dr. Newbery. Dr. Newbery, I really appreciated your comment with regard to that we're talking about developing and growing the north and growing our population, but that without the proper health network or facilities people are not going to come here. We're seeing an ever-increasing transient kind of workforce. Rather than having people come and build our communities in northern Ontario, we're seeing people not stay, or work and travel back and forth on our highways.

A question I have is with regard to getting people to specialist care and the Northern Health Travel Grant. I know that, for many, procedures are not covered. There is a problematic reimbursement that is insufficient in some cases, but also a myriad of broken systems. People have a hard time, especially if they're getting recurring treatment. They can't afford to do it because it's so—with your experience in rural medicine, can you maybe educate the committee about the problems with the Northern Health Travel Grant and how we need some investment there?

**Dr. Sarah Newbery:** Certainly. I think the Northern Health Travel Grant serves a really important purpose to ensure that patients who live remotely from the services they need are able to access that—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Dr. Sarah Newbery:** —with some greater degree of financial equity. I think what's really interesting is that we have had opportunities with costs saved in virtual care. We have been able to do more in recent years with virtual care, saving travel for some patients, and I think there are opportunities for the government to look at how we might reinvest some of that money saved in order to be able to support patients better, to access necessary care when that care has to be provided face to face. I think having a look at all of those funding opportunities to support northern patients better is an important opportunity for government to address.

**Ms. Judith Monteith-Farrell:** The other piece of the puzzle, I think, for northern Ontario is culturally appropriate care for individuals. Jules, maybe you can comment about the home care and long-term-care situation. Do you see—

**The Chair (Mr. Ernie Hardeman):** That does conclude the time for this panel. Sorry to cut it off at such an interesting point, but that is the end of the time.

We want to thank all the presenters on this panel for their presentations this morning. As a reminder to all presenters, the deadline for written submission is 7 p.m. on Wednesday, January 26, 2022. So if any of the places where I cut you off from your presentation, if you want to put it into a written comment, we'll get it and get it into the record that way.

Again, thank you all for being here this morning.

POVERTY FREE THUNDER BAY  
CANADIAN MENTAL HEALTH  
ASSOCIATION, KENORA BRANCH  
DRYDEN PUBLIC LIBRARY

**The Chair (Mr. Ernie Hardeman):** Our next panel is three delegations: Poverty Free Thunder Bay; Canadian Mental Health Association, Kenora branch; and the Dryden Public Library. With that, I remind the presenters—the first one will be Poverty Free Thunder Bay. I remind each presenter to state their name for the record, to make sure it gets into the record properly.

With that, we'll start with Sara Williamson from Poverty Free Thunder Bay—seven-minute presentation.

**Ms. Sara Williamson:** Good morning. My name is Sara Williamson, and we have with us Tracey MacKinnon. Our other presenters were having difficulty getting online, so I hope you can let them in if they can link in.

We are members of Poverty Free Thunder Bay's campaign to increase social assistance rates. Poverty Free Thunder Bay is an advocacy coalition working for change at the local, provincial and national levels to eliminate poverty and its impact on the community. Thank you for the opportunity to participate in this pre-budget consultation.

We respectfully acknowledge that we are meeting on the land located on the traditional lands of Indigenous peoples, in particular the traditional lands and waters of the Fort William First Nation, signatory to the Robinson-Superior Treaty of 1850. We're committed to the relationship with First Nations and Métis people based on the United Nations declaration of Indigenous rights and the truth and reconciliation calls to action. We will educate ourselves in this responsibility and seek ways to build our relationship as treaty people.

Tracey, did you want to read the next little piece? *Remarks in Ojibway*. Okay, I'll just do this part and then Tracey will come in.

Realize the First Nations agreed to share the richness of this land, so we're troubled that Thunder Bay Indigenous people made up 66.5% of the homeless individuals enumerated in the Thunder Bay 2020 point-in-time count. This disproportionate percentage has roots in the intergenerational trauma of colonial systems. To deprive Indigenous people of basic income security and supports is a violation. The truth and reconciliation recommendations call for closing the gap in health between Indigenous and non-Indigenous communities. Income is a social determinant

of health. Keeping people so far below the poverty line is despicable. Some 84.1% of Indigenous peoples in Ontario live off-reserve, and the urban Indigenous communities are among the most at-risk groups.

If you, our members of Parliament, fail to act, you are participating in the institutional racism of the archaic colonial system. Fix it. Increase OW and ODSP rates to reflect a real cost of living.

Tracey?

**Ms. Tracey MacKinnon:** In Canada, the poverty line low-income measure is \$24,000 a year for a single person. A single person on OW, welfare, receives \$8,796 a year to live on. We are expecting single people in need to get out of poverty while living 60% below the poverty line. Shame on Ontario.

Life can be very bleak for people living in poverty. Tax credits and Trillium benefits depend on paperwork, another barrier in an unstable situation.

It's only \$733 a month for full benefits on welfare. If you have no fixed address, it will be a lot less: not enough to live on; not enough to keep up with rent, utilities and cheap food; not enough for bus fare and endless appointments; not enough for a cheap cellphone or a cell plan to stay in touch with support services, for job searches and for calls for help, to keep in contact with family and friends, especially now these past few years.

Imagine being a young person moving to Thunder Bay with little or no money. A cheap room for rent, if you can find one, has bedbugs, mould, broken plumbing, poor insulation and a shared bathroom. There's no security or safety, and their clothing and what little money they had, along with their ID, is stolen.

Imagine trying to break a drug addiction when all you can afford is a rundown rented room in a building full of people who use drugs and dealers.

No matter how carefully you cut your little slice of the economic pie, you run out of funds, and then what? When people are economically vulnerable, they turn to food banks, pawn shops, Canadian loan places and for some with an addiction, theft, dealing drugs and prostitution in order to survive.

Imagine a street person who medicates in a hidden nook in a brutally cold winter. In northwestern Ontario, extreme cold alerts occur any time between November to April. Street people have frozen to death here. A mattress in an emergency shelter is a band-aid solution, not a restoration nor a reconciliation.

**Ms. Sara Williamson:** Ontario nutritionists state that the cost to purchase healthy food should not exceed 10% to 15% of income, yet in Thunder Bay, people on Ontario disability program or Ontario Works need 21% to 31% of the monthly income they get for food. One person in Ontario Works would already be \$153 in debt after buying food and paying rent on a bachelor apartment.

**1110**

In 2019, 3,000 individuals were on Ontario Works. It wasn't enough money then, and it will take more than a cost-of-living increase to provide something sustainable. Providing people with the income and support services

they need will result in better health, a more productive workforce and a vibrant local economy. For every dollar invested in increasing incomes, the economic return is \$1.30, which is similar to the impact provided by investing in infrastructure.

Tracey?

**The Chair (Mr. Ernie Hardeman):** That concludes the time. Tracey, if you could, just for the Hansard, state your name to make sure we have it properly.

**Ms. Tracey MacKinnon:** Tracey MacKinnon.

**The Chair (Mr. Ernie Hardeman):** Thank you very much.

Our next presenter is for the Canadian Mental Health Association Kenora branch. We again ask everyone who speaks to introduce themselves for Hansard before they speak.

**Ms. Sara Dias:** Hello, my name is Sara Dias, and I'm the chief executive officer of the Canadian Mental Health Association Kenora branch. We are one of nearly 30 CMHA branches province-wide that serve more than 100,000 Ontarians, making us the largest community mental health and addictions provider in the province.

The biggest issues we're facing are a lack of adequate base funding, Bill 124 and health human resource challenges brought on by the pandemic. Without increased funding in an expert workforce, meeting the increased demand for service across the province continues to be difficult, which is why CMHAs, through our provincial office at CMHA Ontario, are requesting an 8% increase to our collective base budgets, which equals \$24 million. To put it into perspective, \$24 million is about less than 1% of the total health budget. A large proportion of our branches have not received base increases in as many as five years, and the pressures we're facing during these unprecedented times warrant this increase.

Pandemic polling conducted by CMHA Ontario reveals alarming statistics: 57% of Ontarians are lonelier compared to when the pandemic began, and nearly 80% believe we'll have a mental health crisis once the pandemic is over. A third of Ontarians consider their state of mental health as very good or excellent. CMHA Ontario is doing more polling this week, and we expect these stats to get worse. So it's no surprise that demand for CMHA services and programs is at an all-time high.

Here at CMHA Kenora, we have experienced an increase in programs of 40% or more. These increases are in the following programs: In district court diversion programs, we've seen 105 new referrals to date this fiscal year. Our assertive community treatment team: We've had 12 new referrals to date, with 11 new admissions. Supportive housing, which includes 24-hour on-site support for those with mental health and addiction services, which also includes our rent supplement programs: These combined referrals to date, we've had 64 new referrals this fiscal year.

At other CMHAs, we now know that crisis services have jumped 60% and wait-lists for programs are becoming months longer. Wait-lists for housing, which can be years in some major city centres, continue to grow.

Even before the pandemic, CMHA branches were under water. We hadn't received the base increases that other parts of the health system had. What funding we do receive is tied to specific programs. We don't have the luxury of addressing salary inequities, rising expenses and other standard operating costs. We continue to lose talented staff to higher-paying jobs, but now we have more people leaving due to stress and burnout of the pandemic, as well as Bill 124.

Here at CMHA Kenora, we currently have eight full-time vacancies and an ongoing need for casual staff for 24-hour programs. Last year, the agency experienced a turnover rate of 28% of full-time staff, which is the highest ever seen within the agency. Staff have identified when resigning that staff salaries are the reason. Staff also identify extreme burnout, and this is especially noted within our senior leadership team, which have not received any compensation for the ongoing additional work that they have had to take on since the beginning of the pandemic.

As other CMHAs, we've heard that 66% of resignations over the last two years have been because of salary, and that the pay gap for experienced nurses within our health care partners is 33%.

It's difficult to watch employees we've trained and invested in walk out the door. We focus so much on providing a high quality of client care, but we cannot do that without skilled employees. Without base budget increases, it's hard to attract and retain those talented people, and we certainly can't do it with Bill 124 looming as it is. The wage suppression legislation has given our staff yet another reason to consider options outside of the CMHA. We are supportive of repealing this legislation so that we can honour those health care heroes who have worked so diligently during the pandemic.

Locally, here is what more funding and staff retention may mean to the people living in the northwest: For those living with addiction issues, we could provide more sustainable regional withdrawal management services, including rapid access to addiction medicine clinics and detox services. We could implement strategies and programs to attract and retain people who have the required skills and capabilities to meet our client demands. We could establish regional mental health assessment teams to support people in crisis and divert them from the emergency department. We could help these people remain in their home and community and not have to travel to schedule 1 hospitals, of which there are only two in the entire northwest, which are six hours apart from one another. We could start addressing housing needs, including improving stock, referral systems and single-point intake processes to help us connect people to homes. With these system improvements, we could further leverage inter-ministerial partnerships in order to help meet the needs of our Indigenous communities.

In closing, this is a critical time for the community mental health and addictions system. The conditions of the pandemic have created a deep empathy and compassion for mental health and addiction experiences. With increased funding, we have an opportune time to finally

address the mental health and addictions issues that Ontarians struggle with every single day.

As we continue to work through this pandemic, CMHA Ontario and the CMHA branch network are eager partners. We look forward to building on the positive efforts taken to date to support the mental health of Ontarians.

Mr. Chair, that concludes my remarks. I'm happy to take any questions.

**The Chair (Mr. Ernie Hardeman):** Okay. Thank you very much.

Our next presenter is the Dryden Public Library. Again, we remind the chief executive officer to introduce herself before she starts.

**Ms. Caroline Goulding:** Will do. My name is Caroline Goulding and I am the CEO of the Dryden Public Library. Thank you to the Standing Committee on Finance and Economic Affairs for the opportunity to participate in the 2022 pre-budget consultations.

I'm proud to work for a public library and to know that public libraries across the province have an impact on millions of regular people in Ontario, in communities large and small, every day. Public libraries are Ontario's farthest-reaching, most cost-effective public resource and community hub. As we now confront an unprecedented wave in the ongoing pandemic, public libraries, more than ever, are an essential part of Ontario's COVID-19 response and recovery.

During the pandemic, in Dryden, we moved all of our programming remotely. We do children's craft kits that people can come and pick up. These kits are more expensive than our regular programming due to the cost of the supplies involved, and as such, we've had to put a cap on the number of kits that we're able to offer. Because of that, we regularly run out, particularly in times like now, when there are increased restrictions and we're the only programming option for people with small children.

Many who depend on us are still falling through the gaps, and many of these gaps existed prior to the pandemic, but the ongoing health emergency has brought them to a critical point. Approximately 30% of Ontario First Nation reserves have public libraries where the situation is even more challenging, as these libraries do not receive funding from municipal taxes. This has resulted in an unsustainable provincial funding model that has left many public libraries on-reserve closed or with severely reduced access.

By investing in public libraries, Ontario will directly support local communities and families recovering from COVID-19. We are strongly advocating for three critical investments that will stabilize our public libraries and ensure that they can perform their vital role in communities.

First, keep local public libraries across Ontario sustainable by enhancing provincial operating funding for public libraries by \$21 million annually, and ensure that this increased support reaches those libraries where it is most needed. With no increase to annual provincial funding for public libraries in over 20 years, the value of the province's investment in public libraries has fallen by over

60%. This investment will be shared across hundreds of Ontario libraries, with an emphasis on smaller towns and rural communities, and will provide predictable, flexible funding to hundreds of Ontario libraries.

This funding would be especially key in Dryden. Many of our community members rely on us for access to the Internet, through either our WiFi or our public-access computers.

**1120**

As an example, just this past Friday, I helped someone with filling out their online permanent residency application. Because we haven't had the funding to operate our computers in some time, I was helping her fill out this application on a Windows 7 machine—which, if you know anything about computer security, you know Windows 7 is less than ideal, especially for sensitive information.

This kind of funding would also help us respond to any changes in our population or growth due to either local mining developments or the results of the NWMO site selection process, and—equally, if not more importantly—work alongside First Nations public leaders to implement a sustainable funding model for First Nations public libraries, to ensure that these important local hubs are fully funded and viable.

As an immediate first step, the First Nations salary supplement must be increased to ensure that all existing First Nations public library staff are fairly compensated for the work they perform. This modest investment of \$2 million annually would sustainably fund library operations for existing First Nations public libraries and ensure a living income for front-line library staff in these communities.

Finally, provide critical e-learning support and fair access to modern digital resources for all Ontario public libraries by creating an Ontario digital public library. Many Ontario public libraries, particularly in smaller and First Nations communities, struggle to afford and cannot provide the high-quality e-resources and e-books that people in their communities need. These resources are expensive, especially when purchased on a patchwork, library-by-library basis.

Locally, we have access to a limited number of e-resources, and we have to be very careful and strategic about where we invest our money. If it weren't for the consortia purchasing managed through the Ontario Library Service, we wouldn't be able to access them at all, particularly when it comes to e-books. To add some context: You all could go out and buy an e-book for \$10. As a library, I would have to pay \$75, and it would expire after two years or a certain number of checkouts, so it's not really a sustainable purchasing model. By leveraging the province's significant purchasing power to create this provincially funded resource, we can ensure all Ontarians have access to a common set of high-quality e-learning and online resources and more e-books through their public library.

The partnership between the Ontario government and local public libraries is vital. Providing these critical supports is needed for us to continue to work together to



deliver important government services, locally relevant resources and economic development close to home in the communities where people live. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation.

Our first round of questions and comments will start with the government. MPP Roberts?

**Mr. Jeremy Roberts:** To all of our presenters this morning, thank you so much for your deputations and for your presentations—very much appreciated; a lot of good information on a variety of topics. This is my fourth pre-budget consultation as a member of Ontario’s finance committee. It’s definitely too bad that the past two years we haven’t been able to meet in person, but I’m glad that through the magic of Zoom, we can still get together and hear directly from you, because it’s so important to get these perspectives, particularly when it comes to Ontario’s north.

I want to start my questions today with Sara from CMHA. Sara, obviously mental health has been at the forefront throughout the COVID-19 pandemic as a key concern. When we think about our government’s investments, they’re sort of in two pillars that touch on mental health. There has been our “protecting our progress” pillar, which is investments that are going into operating funding to support the delivery of health care services in mental health. I think, for example, of the investment we made last year to help CMHA deliver some support to front-line health care workers under that pillar.

And then, separately, there was also the “building Ontario” pillar, which was really capital dollars that were going in to support capital projects that support the delivery of health care. In Ottawa, for example, we have funding for CHEO’s new 1Door4Care facility, which will be a new 200,000-square-foot facility at CHEO to support kids with mental health challenges.

I’m just wondering, Sara, if you could talk a little bit about these two pillars. Where are there some investments that you see as critically needed in the north on the operating side in mental health? And then I’m equally curious as to whether or not there are some investments that are needed on the capital side in our northwestern region as well. I’ll let you touch on both of those.

**Ms. Sara Williamson:** I think you’ve given voice to the wrong Sara. I’m Poverty Free Thunder Bay.

**Ms. Sara Dias:** There we go. You’ve got the right Sara unmuted. Thank you so much. Thanks so much for your question.

In regard to the operating side, we haven’t seen a significant amount of investments within the north in regard to this. I know that there have been some call-outs just recently around addictions-related funding that have come in two parts, both from new beds and those that are existing beds. But what the community mental health and addictions centre is facing is that the enhancements that have been coming through are not coming with those operating supports. What occurs is that we get the base funding agreements that are based on positions, and we’re not able to do anything else in regard to the operating needs.

So, for example, at CMHA Kenora, we have had numerous enhancements from our rent supplement program that we haven’t been able to actually deliver currently, because of the lack of space and availability of space within our area. Then, when we actually have found space for some of that, to begin the operation, there is no funding to be able to support that existing cost of rent and those one-time start-up costs in order to be able to operate that existing program. So if you walk into our building right now, we actually have a boulevard and walls in spaces to actually create some of those spaces so we can get those things launched, so we don’t end up jeopardizing funding and loss of funding to indicate that we can’t use it, which we can.

From the operating perspective, there is no alignment between operating and capital that we’ve seen. It’s either one or the other, which we cannot do within the north currently to be able to support that. Capital costs, specifically within the north, are not realistic in the allocations that are provided in order to get materials and stuff completed within the north. They are substantially larger in cost, and what is actually being provided to us in order to support those capital investments doesn’t align. We cannot start programs based on those allocations provided, so we take the risk of going into existing budgets over the next fiscal year to try to get those capital supports to be able to support those programs, to be able to develop, but then we’re starting in deficit around operating.

My recommendation is that we need to ensure that these discussions are happening in parallel and that they’re realistic to the north in the costs that we’re facing, because some of these programs are being delivered in extremely remote areas. Trying to get material and other timelines together is just unrealistic in what is being provided to us to complete in those time frames.

**Mr. Jeremy Roberts:** I appreciate that, for sure. As you say, it’s so important that both of those pillars are working in tandem, together, to make sure that the service delivery is getting there. I know you mentioned a little bit about the health human resources challenges as well. I know those are particularly acute when it comes to the north. I think my colleague will probably have a few more questions on that.

But I’m going to pivot over to Caroline, if I can, just to get in a few questions on libraries. Caroline, it’s nice to see you. I’m not sure if we had a chance to meet back in 2019 when we were up in Dryden with the finance committee last time, but a lot of my colleagues on the finance committee know that public libraries have a close place in my heart. When I was younger, I was the Ottawa Public Library’s mascot. I was Bopl the Fire-Reading Dragon. I have always been a strong supporter of libraries. Certainly being able to access virtual audiobooks throughout the pandemic has been a lifesaver for me.

You talked a little bit about some of the ways that you guys have been able to pivot throughout COVID-19 to delivering some more virtual services. I’m wondering if you’ve got some lessons learned on things that you plan to carry forward, even in a post-COVID world, that have

worked really well in terms of allowing you to access some communities that you might not have been able to in the past.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Caroline Goulding:** Yes. Some of the things I think we were surprised at the amount of demand for—a lot of people do like that whole idea of curbside service. I think it's for the same reason people use DoorDash or something like that. When you can have everything purchased and curated and brought over for you, particularly for some of our older residents; they tended to really like that. We have the fortune of being a smaller library, so if Sally Senior calls us up and says, "Hey, I want 10 new books," we kind of know what she likes to read anyway, so we can go and pick those books up for her.

1130

We've also been really surprised at the amount of people who have enjoyed our virtual programming, our craft pickup kits. I think that might be something that we do continue on, even if it's in a hybrid model, just because of the demand. I think a lot of times, the idea, too, is in those summer months, say you're heading out to camp—

**The Chair (Mr. Ernie Hardeman):** That concludes the time. You'll have to save the rest for the next round.

The next is from the official opposition.

**Ms. Judith Monteith-Farrell:** Thank you, Chair.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. I was waiting for the line to come up.

**Ms. Judith Monteith-Farrell:** All right. Thank you to the presenters—three topics that are very, very important.

I'd like to put my first question to Poverty Free Thunder Bay. Thank you for the work you do advocating for the poor. I know that Canadian mental health and libraries support people in poverty tremendously, so it's interesting that you're on the panel together.

I know that you speak daily with people living in poverty. I don't think that people understand the impact of our climate, the difference, you know, the bone-chilling cold—it's minus 31 here today—how that impacts people living in poverty and the kinds of conditions we're forcing people to live in because we aren't increasing the rates and haven't increased the rates significantly in such a long time. The other thing I'd like you to comment on and to inform the committee on is the need for affordable housing, that people do not have places to live. If you could comment on that, please, either Tracey or Sara.

**Ms. Sara Williamson:** Yes, just briefly, and then Tracey might want to add to it, the housing is vital. There are a lot of things that need to be done, but the thing is that a lot of these things, they need to start and they need to keep going. It will take many years to get to where we need to be with the housing and many other things, but raising the rates for social assistance can be done now. It should have been done years ago, and generations are growing up in poverty unnecessarily. That's why we're pushing on that right now.

I don't know. Tracey, did you have something to say on that?

**Ms. Tracey MacKinnon:** I think you said it all, Sara. We need to raise the rates. The rates needed to be raised 10 years ago, 20 years ago, 30 years ago. Hopefully, we're still not in the same position 10, 20, 30 years from now, because that would be a travesty.

**Ms. Judith Monteith-Farrell:** The other thing maybe you can comment on is that when we did have that moderate pilot project for the basic income that was cancelled by the government, where people were given the opportunity to live on \$15,000 a year, which is hardly—like you said, it's not even—but can you share some of the experiences you heard from people who were participating in that program?

**Ms. Sara Williamson:** Tracey, do you want to do that?

**Ms. Tracey MacKinnon:** I was actually a recipient of the Ontario Basic Income Pilot project, so I can speak to this. Previous to being on the Basic Income Pilot, I was on ODSP. Living on ODSP I wouldn't even say is living; it's surviving, the same as someone on OW or welfare. It's not living; it's barely surviving, way below the poverty line.

At least the basic income gave you a little more funds to help close those gaps. I know some people were able to get a better place to live, find something in a better area. I'm in Fort William, which is the older part and not-so-good part of Thunder Bay. I didn't choose to move. I chose to pay my bills ahead of time. I paid my bills for like six months. Then that way, I kind of built up a little bit of savings. But then after it was cancelled, of course, the six months ran out and the bills started to pile up again. I was able to keep ahead of my bills, instead of always being behind and just living in poverty. It was comparable to the CERB, or then the CRB—comparable but not [*inaudible*]. That was more of a livable income or a basic income compared to living way below the poverty line on—I mentioned \$8,796, so \$8,800 a year. That's someone on welfare receiving full benefits. That's not—

**Ms. Judith Monteith-Farrell:** It's not doable.

**Ms. Tracey MacKinnon:** It's not doable at all, especially in a remote city like Thunder Bay, way out here in northwestern Ontario, where it does get so damn cold. I have a son who lives in Dawson Creek. We're getting their temperatures, from northern BC. This is northwestern Ontario, and it's, as you said, minus-30-something today, with the wind chill. It's unbearable. I can't imagine being someone homeless or living precariously, having no place to go as everything closes down. The malls may be still open, where they can get out. The bus shelters are heated. Now we have the Care Bus; at least people can jump on the Care Bus, and go from place to place and be warm and have a cup of soup—

**Ms. Judith Monteith-Farrell:** So rather than spending money on actually making people have the ability to live in dignity, we are now putting money into all these other projects to try to keep people alive in the cold and in the conditions. Thank you for sharing your experience, Tracey.

For the next question, I'd like to talk to Sara from the Canadian Mental Health Association. Thank you for the work that your organization does. It's so vitally important.

I know that you had a freeze for many years, in your base funding for five years, and then now have seen some increases. But I'd like you to expand on your comments with regard to your inability to keep staff to do programming, because—

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Judith Monteith-Farrell:** And there's one minute. I'm sorry, Sara.

**Ms. Sara Dias:** No problem. I'll try to be quick. Actually, our branch—the last time we received a base budget increase was nine years ago. That was the majority of CMHA branches across the province, so we've actually been quite minimal in receiving those base budgets.

Our inability to keep staff: We put in a lot of front-line supports in regard to training and in regard to the expertise. In order to deliver these types of services, you need qualified clinicians with specialized training in cognitive behavioural therapy; dialectical behaviour therapy; eating disorder work, where we're seeing an increase in children; and crisis intervention for mobile. Case management has become extremely complex around system navigation, with the complexity of addictions. All of this takes time in order to train individuals, and what we're seeing is that we're training individuals for two or three years, and then they're moving on to the next level because of salary.

**The Chair (Mr. Ernie Hardeman):** We'll save the rest for the next round. The time is up.

The independent member, MPP Hunter.

**Ms. Mitzie Hunter:** I want to thank all of our presenters today. What an important part of our pre-budget consultations, for the northwest region of Ontario.

I want to start with the Poverty Free Thunder Bay folks. Thank you so much for sharing your experiences and the recommendations to improve the lives of people who are living precariously in our northwest region and the unique challenges they face. I am very disappointed that the 3% increase that was supposed to go to people on income supports in this province was cut in half to 1.5%, and has not since been restored, even in the face of a pandemic, even in the face of rising inflation costs for regular household goods. People are having to face impossible choices of, "Do we heat our homes, do we buy food or do we keep a roof over our heads?" This is not acceptable in Ontario.

What do you see as some of the greatest needs in the face of these challenging circumstances for people who live in your communities and who live in remote and northern communities in Ontario? Go ahead—is it Sara Williamson who will start?

1140

**Ms. Sara Williamson:** Okay, just briefly, I'll repeat what we have been saying: We do feel that by raising the Ontario Works and ODSP monthly allowances to something that's not just with the cost of living—but it's so far behind. It's barely catching up to when it was slashed back in the mid-1990s. So if you get that money out—you can do it. It's so straightforward and simple. You just have a fairer tax system, if necessary, to get the revenue. But meanwhile, whatever slippage—anything—it needs to be in the budget right now.

**Ms. Mitzie Hunter:** Thank you. I was very interested in Ms. MacKinnon, who talked about the basic income. We need to find ways of breaking cycles of poverty and giving people an opportunity to have adequacy while they do other things such as education or training and transitioning, and not having to worry that they're going to lose their supports or their benefits. I don't know if anyone wants to talk about the importance of something like a basic income pilot and bringing that back. That's something that the Ontario Liberals have committed to doing.

**Ms. Tracey MacKinnon:** I can speak to that, because that was part of what I didn't get to read earlier.

**Ms. Mitzie Hunter:** Go ahead.

**Ms. Tracey MacKinnon:** Basic income security must be as a human right and not simply as a development goal or goal for a program. A substantial increase in social assistance rates is needed now. To do this, you can revise present regulations and use year-end slippage in other parts of the provincial budget to cover an increase in the rates.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Tracey MacKinnon:** Then further substantial increases in social assistance need to be in the 2023 budget. A response to the financial needs of people in poverty must be supported by all political parties now at budget time, throughout the election and in the new government.

**Ms. Mitzie Hunter:** What I want to say to you and to the advocacy that you're doing, I want to thank you. I want you to be louder. I want you to be bolder. Make this government listen.

**Ms. Tracey MacKinnon:** Meegwetch.

**Ms. Mitzie Hunter:** Meegwetch.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. You have 29 seconds.

**Ms. Mitzie Hunter:** Well, I do want to say, the importance for an equity lens in this is important. The truth and reconciliation—making sure that we honour Indigenous people and we respond and provide the supports that are needed. I do think that that is important, and as we're talking about the northwest part of Ontario, we can't speak to that without acknowledging the First Peoples of this land and the fact that we need truth and reconciliation to occur—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time.

The second round, we'll start with the government for seven and a half minutes. Who is—

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** MPP Kusendova. I couldn't find it on the picture. You are way in the corner.

**Ms. Natalia Kusendova:** Hi, Chair. Okay, well, I am here and I was listening intently to all of our presenters today. I always really enjoy our pre-budget consultations because it gives us an insight into what is happening on the ground and where we should be prioritizing our resources, so I want to thank all of the presenters for your input today.

As a registered nurse who has been working throughout this pandemic, I'm very, very passionate about mental health and allowing our government to respond better to the needs of Ontarians. Anecdotally, having worked in one of the epicentres of this pandemic at Etobicoke General Hospital in the emergency room, I can attest to the fact that the mental health needs of Ontarians are increasing, because we have seen the devastating impacts of isolation and loneliness on Ontarians—on our youth and our children but also our seniors.

Certainly, the human health resource challenge is something the government is acutely aware of, even prior to the pandemic, but it has certainly been exacerbated by the pandemic. That's why it's so important that we keep working on our human health resources strategy, which we have introduced even prior to this pandemic.

Just briefly on some of the items that the government has put forward to address this human health resource challenge: For example, we have increased nursing student enrolment by 20% in our universities. We have also allowed colleges to have stand-alone nursing baccalaureate programs to allow students to have more choice. We are providing free education to 16,000 more PSWs to be able to insert them into our long-term-care sector and wherever else they are needed. Recently, we have also announced \$100 million in funding to train 2,000 more nurses to enter our long-term-care sector. But clearly, we have to continue these investments as the human health resource challenge is something that we continue to address.

My question today is to Sara from CMHA. I have two questions; one is specific to the north. As I understand, in March of last year, we made additional investments of \$1.5 million specific to the north to allow for the hiring of six more psychiatrists, which was in addition to \$900 million in funding that we had provided previously. These investments were meant to recruit physicians for the child and adolescent multidisciplinary psychiatric services as well as expand services in the child and adolescent psychiatric services—the CAPS—in northwestern Ontario, among others. I was wondering if you could give us a little bit of insight on how that funding has helped to support the needs of mental health in the north, specifically in Thunder Bay and specifically when it comes to our youth.

My question was for Sara.

**Ms. Sara Dias:** Sorry about that; I was working with the mute.

Thank you very much for the question. In regard to the investments and how they have impacted the north, just so everybody is aware, I am in Kenora, which is six hours away from Thunder Bay. The investments in regard to child and adolescent psychiatry have specifically been implemented within the Thunder Bay regional hospital, which is our regional service to the northwest. We continue to have ongoing recruitment challenges outside of that, bringing psychiatrists to the individuals in the north.

Our current schedule 1 facility within Kenora—and I had made those comments during my submissions, that

there are two schedule 1 facilities six hours away from each other. Our current location actually doesn't have an adolescent unit, so any child who is required to go into in-patient has to go six hours away from their family in order to be able to receive psychiatric support, which is absolutely terrible.

I actually have a meeting this afternoon, as an example, to discuss psychiatry support for adults, but we continue to struggle with the delivery of child and adolescent psychiatry due to the ongoing recruitment and retention issues, because we cannot get individuals to come and relocate within this area for a variety of reasons. One is we don't have locations for individuals to actually come to be able to support. There are no facilities. There are no places to rent. Our housing crisis is not only for our vulnerable population but just professionals in general. Even through a branch, in order to be able to have individuals relocate, we are struggling to find those locations, so we need that particular housing.

As well as the complexity of our children and youth within the north, we have different challenges: different challenges based on our cultural circumstances, issues around how trauma has been exposed and how children have been impacted by that, and the remoteness of our delivery of those services, because our focus is not to remove children from those locations. But in order to support them, their families and their communities, in order to have them thrive—we continue to struggle on that. We're very thankful for those investments, but we continue to struggle to provide that from an outside regional context where people are actually located.

**Ms. Natalia Kusendova:** Thank you for highlighting those challenges. I think the geographical challenge was raised by numerous presenters today, and so, certainly, that's something that we will take back.

I wanted to talk briefly about the addiction supports for front-line health care workers, because I know it's a very popular initiative among my colleagues and many of my colleagues have benefited. I know the government has provided \$27 million in emergency funding to mental health agencies such as CMHA. Part of that was the \$12.4 million to expand existing mental health and addictions supports for front-line health care workers, like nurses and others who have been, of course, experiencing burnout and other mental health issues for the last two years. This announcement was made at CMHA Peel with your colleague Dave Smith. If you could please just tell us a little bit how that program is working in the north and how front-line workers are benefiting from the program in the north.

**1150**

**Ms. Sara Dias:** Absolutely. That program has been extremely beneficial to the north because of the fact that it's accessible to all that require that service.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Sara Dias:** We ensure that we're providing that service, that information to our front-line clinicians. Unfortunately, we still have a bit of stigma in regard to front-line workers not wanting to come forward with some

of the areas of concern that they have, specifically around depression and anxiety-related types of symptoms. Our job currently as a branch has been to educate those front-line workers on what those symptoms are, to ensure that they have the resources available to access and to make sure that we're constantly on our social media channels providing that outreach in order to benefit our front-line workers.

I know that we've also started conversations around benefit packages within our sector and what that looks like, specifically around ensuring that those are increased, to support the ongoing increased demand that our front-line workers are experiencing around those mood, anxiety and burnout stress-related symptoms.

**Ms. Natalia Kusendova:** Thank you so much for all the work that you do.

**The Chair (Mr. Ernie Hardeman):** That concludes the time.

We go on to the opposition. MPP Fife?

**Ms. Catherine Fife:** Thanks to all the presenters. Following the mental health conversation, I have a quick question for Sara. Sara, we've heard loud and clear from the health care community, across the entire spectrum, that Bill 124 limits the ability to actually negotiate benefits and support workers who are experiencing many of the issues that you referenced in your delegation: the high turnover, the burnout, the stress. This obviously has impacted our ability to meet the needs of citizens in Ontario. Even prior, in the last delegation, we heard that there's a long-term-care home that actually does have beds open, but they don't have the staff to actually ensure that those beds can actually open.

We need your help, please, to convince this government that Bill 124 needs to be repealed. What they don't seem to understand is that the 1% that they cite as an increase is really, with the inflation, a cut, and that it also is all-encompassing, including mental health supports for workers. Can you please touch on the importance of pulling back this 1% restraint and letting us negotiate fairly with the people who are trying to hold these health care systems together?

**Ms. Sara Dias:** Absolutely. Bill 124 absolutely needs to be repealed. From my presentation, you can see that our ask is 8%. We're already behind as a sector, specifically this branch, 20% from the regular health care sector. In order to retain staff—they haven't received hazardous pay or pandemic pay, whatever we want to call that, since late summer. As I indicated, even managers and senior leadership have not received that allocation, so that is now causing issues within the system as we move forward. As different ministries have taken on different approaches to that hazard pay or pandemic pay, we're seeing a division in the workforce, because they're saying, "Well, why can't we just go work over here, where that program is funded? Because we're going to get that extra \$5," or whatever it may be. So we're not able to negotiate to be able to support staff in moving forward in regard to career development.

And even just cost of living—you've heard today from my colleagues around the costs. You go to the grocery

store, and oil has been marked up by 40% in Kenora, as an example. That is unsustainable. We cannot continue to provide healthy meals and nutrition to our children and our own selves without ensuring that we're supporting our staff on these cost-of-living increases. It's minus 31 today here in Kenora. Heating, those operational costs, things even just to keep our own homes operating, daycare fees etc.: All of that is increased, and yet we're not supporting our workforce to be able to support that.

**Ms. Catherine Fife:** Thank you so much for that, Sara. I think that's really clear.

I'm going to throw it over to MPP Monteith-Farrell, and then MPP Mantha. Thank you.

**Ms. Judith Monteith-Farrell:** Thank you, Sara, for that explanation, because the frustration around not getting Bill 124 repealed is causing us a crisis in our nursing staff. In the graduating class, a very significant number that we graduated are not going into nursing because of the idea that their compensation is not significant, it's not worth the—when they see the conditions and when they see the slow progress in their salaries, they're feeling that this isn't a career that they want to undertake; they want to do some other things. I know that in your industry, definitely, in mental health, that's a crisis.

I'd like to talk to Caroline a little about the importance of libraries in northern Ontario. I don't know—I think in rural Ontario, but in northern Ontario especially, our libraries are such a hub for our communities. Congratulations on the work you do, because I know in Thunder Bay, they are our heart of the community. That investment, like you said, in more digital, and savings that could be realized—we've had that conversation since 2018, and I've been having it with our local libraries. What are the kinds of things that you see that you could grow, that you could sustain in your library if you were given significant investments?

**Ms. Caroline Goulding:** One of the things would be the increased access to electronic resources and e-books. Obviously, demand for those has been increasing significantly, but we don't have the money to increase our spending in that area. We are really tied to what we are currently spending.

Then the other thing, speaking about being community hubs, the way I like to describe libraries in northwestern Ontario is that we're really the only place to loiter in town, especially on really, really cold days like this. We don't have an emergency shelter in Dryden—we are trying to put one in place—so really the only place that you can go to stay warm during the day is the library. We do have homeless people who use us for that purpose. We are their day shelter. Because of the way our staffing and funding works, we're only open six days a week. If we had more stable, ongoing full funding, we could open that seventh day.

And yes, being a warming shelter is not part of the library's mandate, but that's how the community uses us. The way I like to describe libraries is that we're not here to offer just books. That's a really narrow version of what libraries do. Libraries exist in a community to give the

community access to resources they otherwise wouldn't be able to access, and sometimes that's just a warm place to sit and be welcome.

**Ms. Judith Monteith-Farrell:** With the increase of the reliance on digital technology, many people living in poverty cannot afford technology. They can't afford the Internet. Yet they are to access resources through that, and that's where the library also serves an important purpose.

MPP Mantha?

**Mr. Michael Mantha:** Yes, I wouldn't mind going back to staying with—

**The Chair (Mr. Ernie Hardeman):** One minute.

**Mr. Michael Mantha:** Just real quickly, in many of the communities in my area, a lot of people—seniors, even students—go to their library because it's the only reliable place they have for Internet service to do their homework or apply for their cards, health cards, whatever it is. That needs to change. We need to have some improvements, we need to have some continuity, because libraries are growing organisms. They change. They provide those services. I want you to touch on those important facts that are being left out.

**Ms. Caroline Goulding:** The digital divide is definitely growing every day. When you think about seniors and how they access even their health records, everything is online. I once had to sit with an 83-year-old for an hour to figure out how to get her a Gmail so she could look at her diabetes test results, because she had no other way to access them. So you're definitely right. Things are growing and things are changing, and without the stable funding, it's hard to chart that course forward—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time. Thank you.

The next one is the independents. MPP Hunter.

**Ms. Mitzie Hunter:** I want to continue our conversation around libraries. I have had the opportunity of doing a tour at one of our northern libraries. It was in Timmins, so I know it's not the same as what's going on in Dryden, but it was fascinating to see the innovation that is happening there. You are right: I consider libraries to be community hubs. They are vital to our communities.

I would like if you could tell us, Ms. Goulding, around the importance in the northern perspective of the interlibrary sharing and the fact that we need to fund this system adequately so that the limited resources are able to be shared in our northern communities. Please go ahead.

1200

**Ms. Caroline Goulding:** Definitely. I'm so glad you raised that. Interlibrary loan is really essential for us to access a wider range of resources. I'm in a community of less than 8,000. If you've got a niche interest, we've maybe got one book for you, if that. We 100% rely on being able to borrow from other libraries.

To speak to the part of my presentation around First Nations public libraries, interlibrary loan becomes really crucial for them. I know at one First Nations library, she will order book one of a series, and if the person likes that, she uses interlibrary loan to get the rest of the series for them because she just doesn't have the shelf space or the

collection development budget in order to buy an entire set. So you get book one, and if you like it then she orders you everything else.

**Ms. Mitzie Hunter:** Perfect. I wonder if I could squeeze in a question here for the Canadian Mental Health Association. I work very closely with you in my community in Scarborough—Guildwood. You've got so many innovative responses. I'm wondering about the intersection with the needs of people living in poverty and the vulnerability that exists that has been so exacerbated by the pandemic, and how we can better respond.

Someone earlier mentioned the mobile response. I actually have seen that work incredibly well, taking existing funded resources that would have been sitting in a clinic or a hospital but actually putting it into the community where the need is. I'm just wondering if you can speak to the unique needs in our northern communities.

We talked about the clinical issue. We talked about the shortage of staffing issue. We talked about how the system is being unfairly treated right now by the continuation of Bill 124 and the need to repeal that. Can you speak more to the additional needs, please?

**Ms. Sara Dias:** Yes, absolutely. And actually, CMHA Kenora branch is the operator of our shelter system within Kenora. As of August last year, we took over that operation, so we are learning what those unique needs of our vulnerable population are. On top of that, of course, with the COVID-19 pandemic, that has changed things. What we know for certain is that we need an integration of services.

**The Chair (Mr. Ernie Hardeman):** One minute left.

**Ms. Sara Dias:** Sorry, was that time up?

**Ms. Mitzie Hunter:** No, no, you have a minute. Go ahead. Take all the time.

**Ms. Sara Dias:** Sorry. What we know for certain is we need the integration of services of addictions. Rapid addiction medicine needs to be available right within our vulnerable population where we are delivering that. Primary care is huge. We need system navigators. We need case managers. We need holistic care of elders. We have sharing circles currently that we operate within the shelter system, obviously when we can appropriately. All of those are the particular needs that have been identified by our current vulnerable population—and, of course, a warm place to be during the day, which is something that we've done in partnership with grassroots individuals in our community that do that, and do that well.

What we're learning is that if you are able to provide that wraparound service to where people are coming, they are responsive in receiving that level of care, and that we've actually seen. We've actually taken 14 individuals since we took over operation in our shelter system and have transitioned them into long-term housing, which—

**The Chair (Mr. Ernie Hardeman):** That does complete the time for this panel. I thank all the panellists for great presentations and speaking to the questions.

A reminder to all presenters: The deadline for written submissions is 7 p.m. on Wednesday, January 26. So anyone that I cut off and didn't leave you enough time to

fully answer the question, if you want to put it in written form, then the committee can read it so we will get the benefit of that. With that, thank you again for making the presentations today.

Do any members of the committee have any questions or comments on the proceedings as the events have gone this morning? If not, this concludes the business for today. Thank you again to all the presenters who presented today. As a reminder, the deadline for written submissions is 7 p.m. on Wednesday, January 26, 2022.

The committee is now adjourned until 9 a.m. on Tuesday, January 11, 2022, when we will continue the pre-budget consultations 2022 for the northeast region of Ontario.

Again, thank you all for your presentations, and I thank all the committee members for your putting up with me having to cut everybody off all the time. I don't have the clock that I can do it with, like they do in the Legislature, so I have to holler out. My apologies.

Thank you again very much for all the presenters today.  
*The committee adjourned at 1206.*

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