

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

F-14

**Journal  
des débats  
(Hansard)**

F-14

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

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

Wednesday 26 January 2022

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

Consultations prébudgétaires

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

Mercredi 26 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**

Wednesday 26 January 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mercredi 26 janvier 2022

*The committee met at 0900 in room 151 and by video conference.*

PRE-BUDGET CONSULTATIONS

**The Chair (Mr. Ernie Hardeman):** Good morning. I call the Standing Committee on Finance and Economic Affairs to order. We're meeting today to continue public hearings on pre-budget consultations 2022 for the central region of Ontario.

The Clerk of the Committee has distributed committee documents, including written submissions, virtually via SharePoint.

To make sure that everyone understands what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. As always, all comments should go through the Chair. Are there any questions?

Seeing none, each presenter will have seven minutes for their presentation. After we've heard from all of the presenters, there will be 39 minutes of questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members and the opposition members, and two rounds of four and a half minutes for the independent members.

HOME CARE ONTARIO  
ONTARIO MEDICAL ASSOCIATION  
ONTARIO HOME BUILDERS'  
ASSOCIATION

**The Chair (Mr. Ernie Hardeman):** With that, we will start the presentations. I believe we have the first ones in. I just ask that the presenters, before they speak, state their name to make sure their name is properly recorded in Hansard. If more than one person is going to speak during the presentation, they should also introduce themselves as they start to speak. If people who have not spoken in the presentations want to speak in the questions period to answer a question, they should also start their first answer with an introduction and putting their name on the record.

With that, the first presenters are Home Care Ontario, if you want to come forward. You heard the rules of the game. So, stick on the ice, let's get started.

**Ms. Sue VanderBent:** Thank you so much, Chair. Good morning, everyone. Thank you for the opportunity to present to you today. My name is Sue VanderBent and I'm the CEO of Home Care Ontario. With me is Chris Wilson, chair of the board of Home Care Ontario.

As we gather today, our health care system is under massive strain. Tens of thousands of surgeries have been put on hold. ICUs are beyond capacity. We have staffing shortages in hospitals, home care and long-term care. Clearly, we're in the midst of the most challenging period for health care in Ontario in living history. But I believe that with the heroic efforts of those on the front lines and the support of governments and entire communities, we will reach the other side of this tragic health crisis.

But what happens then? How do we rebuild a system that has bent almost to the point of breaking? How do we invest in a health care system that finds better ways of caring for more people as our population ages? How do we make sure we build the system so that it is not so easily strained? That's where we want to focus our remarks today, on the road forward.

Just before the pandemic, Ontario had begun a health system transformation that would set the stage for a home-first lens. That is taking the care that is delivered in hospitals or institutional settings and moving that care to people's homes and in the community. This would be effective and efficient. This makes sense from the patient's perspective. Home is where the vast majority of Ontarians prefer to receive their care, and according to our research, 96% of seniors want to live at home as long as possible. In fact, they want to live at home, receive care at home and end their days at home. That is their wish.

Home care also makes sense from a cost perspective. The cost of home care is pennies on the dollar compared to providing the same level of care in a long-term-care home or hospital. For this reason, leading public health care systems around the world have pivoted to a home-first lens in which anything that can be done in the home is done in the home before any other health care settings are considered. These jurisdictions have discovered that home-first means less crowding in hospitals and lower surgical wait times. A home-first approach lowers wait-lists for long-term care, drastically reducing the cost and the wait-list and the need for new beds, and it leaves the beds open for those who truly need them. And a home-first approach gives families peace of mind that their loved

ones are getting the care they need in the safety and comfort of their own homes.

Ontario can still deliver on this transformation, but it will take real commitment and proper investments. Our problem is that home care in Ontario has been devastated by this pandemic. We're not starting from where we were two years ago. Government decided to invest huge resources in hospitals and long-term care, and that has decimated our sector. We have lost almost 4,000 nurses, thousands of personal support workers and hundreds of therapists. Many of these staff have been lured away by higher salaries offered in hospitals, long-term care and public health, where the government pays significantly more for people to work than it does in home care. As a result, seniors and many Ontarians of all ages and stages of life are waiting at home today, wondering, "Will my home care worker arrive?" And we know that there are over 500 people sitting in hospitals unnecessarily. Ontario is continuing to overinvest in an outdated institutional model of care.

In this year's pre-budget submission, we provide a road map to stabilize the home care system, and we ask for an immediate investment of \$460 million to help us stabilize and address wage inequalities. This investment will ensure more seniors receive the care they require in the setting they prefer.

Step 1 is to begin moving away from the institutional mindset and model of care. Through funding and policy choices, home care must become the de facto care setting.

Step 2 is to recover from the health human resources challenges of the pandemic, which we understand; however, we must restabilize. The \$460 million will allow us to increase wages so we can be more competitive with other parts of the system that we also know are important.

Step 3 is to support those who choose family-funded care and to make the dream of living at home a reality. Right now, 150,000 families family-fund their own care for their loved ones every year. These people deserve the support of government, which is why we are calling on this government for a 15% tax credit for family-funded home care, up to a maximum of \$10,000 worth of service. This would follow the approach of many other jurisdictions, like Quebec. Our research shows there's huge demand for this, with 91% of Ontario seniors supporting a new health care tax credit.

The final step is to continue to invest in a home-first lens and reap the benefits: lower wait times; less hospital crowding; lower demand for long-term care; healthier, happier seniors; and less upward pressure on health system costs than if we were to stick to the institutional model of care from half a century ago.

As we emerge from this pandemic and look to the future, Ontario's seniors and people of all ages and stages of life who receive home care expect the health care system to do everything in its power to keep them healthy and happy at home. We must start building this system today by addressing fundamentally the crisis in home care.

Thank you so much for taking the time to listen to my remarks. We would be happy to answer questions.

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

Our next presenter is the Ontario Medical Association.

I think in my original remarks I forgot to mention at the end that as you're giving your seven-minute presentation, I will let you know when there's one minute left, and then I will say when it's over; it will end suddenly.

With that, we'll hear from the Ontario Medical Association.

**Dr. Adam Kassam:** Good morning, everyone. Thank you to the committee for the opportunity to address you today. My name is Dr. Adam Kassam. I'm president of the Ontario Medical Association. I am joined by OMA CEO Mr. Allan O'Dette and Dr. James Wright, chief of OMA's economics, policy and research department.

Ontario's return this month to modified step 2 pandemic restrictions reinforces the risk to the well-being of Ontario's patients and the economic impact that results from a weakened health care system. Each day, for almost two years, the OMA and our province's 43,000 doctors have seen the deficiencies in our health care system magnified under the weight of COVID-19. The impact on patient care is incalculable and it will take years to catch up.

**0910**

As the government formulates its 2022 budget, Ontario's doctors urge the prioritization of investments in health care, to ensure not only our continued well-being, but also because health care and the economy are inextricably linked. Ontario can't have a strong and sustained economy without a robust, resilient and reliable health care system that reduces the need for lockdowns and other measures in a public health emergency. We must also future-proof our health care system—and, by extension, our economy—so we don't repeat the same mistakes and make the same sacrifices when the next public health emergency strikes. A strong health care system must therefore be the priority.

Ontario's doctors took the lead to address these system challenges, and in late October released Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care, a road map of 87 realistic and achievable recommendations to fix the gaps in our health care system over the next four years. The eight-month consultation for Prescription for Ontario was the largest in the OMA's 140-year history. We listened to over 1,600 physicians representing every specialty and region; associations representing other health care professionals; health charities and patient advocacy groups; the health sciences, municipal and business sectors; labour unions; social service agencies; and non-profit organizations. We also heard from 8,000 Ontarians through our survey at [betterhealthcare.ca](http://betterhealthcare.ca).

The alignment among stakeholders and the public was very clear. To improve the delivery of health care in Ontario, it all comes down to five key priorities: (1) reducing wait times and the backlog of services; (2) expanding mental health and addiction services in the community; (3) improving and expanding home care and other community-based care; (4) strengthening public

health and pandemic preparedness; and (5) giving every patient a team of health care providers and linking them digitally.

And look, Ontarians agree. According to an Ipsos survey conducted by the OMA in December 2021, 96% of respondents support Prescription for Ontario's five pillars. This kind of alignment is rare and tells us that our plan is on the right track. When asked to identify the issues that were most important to them, 40% of Ontarians surveyed chose COVID-19, unsurprisingly, followed by almost 30% who said either wait times or the backlogs in health care services were important.

The pandemic has created a backlog of 20 million delayed health care services, more than one for every Ontarian. It will take years to resolve this pandemic backlog, on top of pre-existing wait times. Before the recent pause on non-emergent surgeries, it would have taken 30 months to catch up on knee replacements, 25 months for cataract surgeries, 19 months for hip replacements, 14 months for heart bypass surgery and 11 months for delayed MRIs.

There is also a tsunami of mental health and addiction brought on or exacerbated by the pandemic, and we have a growing and aging population and a shortage of doctors in certain specialties and regions. For example, northern Ontario is critically short 325 family doctors and specialists right now. More than one million Ontarians don't have access to a family doctor. This is especially concerning as family doctors provide preventive care and are the gateway to the rest of the health care system.

On November 4, the government released its fall economic statement. It was very encouraging that many health care commitments contained therein and announced since addressed key themes and/or specific recommendations in Prescription for Ontario. However, before we understand the full scope of investments required, there are many unknowns to be navigated, such as the level of care required for COVID patients, the ultimate size of the pandemic backlog, and the impact of burnout and early retirement among physicians and other health care providers.

What Ontario's doctors do know is that the current siloed model of care planning was outdated and inefficient even before the pandemic. All key health care stakeholders should be convened to get their expertise and perspectives so that we can understand the full extent of the problem and how to fix it in the long term.

We also know that significant savings are available in the system. For example, in 2019-20, there were 1.3 million hospital bed days used by alternate-level-of-care patients, costing some \$650 million a year. ALC patients are those stable enough to leave hospital, but there isn't a long-term-care, a hospice or a rehabilitation bed for them to transfer to, or insufficient home care services to return home safely. According to the OHA, it costs approximately \$500 per day to provide care for a patient in a hospital, \$150 in long-term care and even less for community and home-based care. More importantly, hospitals have less room to treat people who really need to be there. The math is clear: Providing care in more appropriate settings would

avoid hundreds of millions of dollars a year in health care spending.

Ontario's doctors also know that the province can't adequately fund health care on its own. That's why the OMA strongly supports the call by Premier Ford for the federal government to increase the Canada Health Transfer to 35% of provincial-territorial health care spending, up from the current 22%.

The OMA is also calling for a collaborative partnership with Indigenous Services Canada and Health Canada to address issues of safe drinking water and the adequacy of health care facilities and resources in Indigenous communities.

To conclude, Ontario's doctors urge the government to continue to build on the gains it has made and ensure that investments in our health care system, such as described in Prescription for Ontario, are paramount in the 2022 budget.

Thank you, and we would be happy to take your questions.

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

We'll now go to the Ontario Home Builders' Association.

**Mr. Bob Schickedanz:** Good morning, Mr. Chair and members of committee. Thank you for the opportunity to speak to you this morning. And since it's still January, I'd like to extend a happy and healthy new year to all of you and your families.

My name is Bob Schickedanz. I'm the current president of the Ontario Home Builders' Association. I'm joined this morning also by Mr. Alex Piccini, who is OHBA's manager of government relations.

As a bit of a background, the Ontario Home Builders' Association represents the residential construction industry in Ontario through a network of 27 locals across the province, with over 4,000 member companies. We represent builders, developers, professional renovators, suppliers, trades, professionals and consultants in the industry.

Our industry directly creates half a million jobs, paying out over \$31 billion in wages, and contributes over \$55 billion worth of economic activity in the province annually.

We all know that attainable housing options across the entire spectrum are needed in Ontario more than ever before. Increased housing of all types is critical to the health and well-being [*inaudible*] and will enable more families and individuals to achieve the economic and growth opportunities that are available throughout our province. That's why our members are ready to build the supply we need locally, and really partner with the provincial government and housing champions everywhere to achieve this goal.

To help accelerate the delivery of housing in all corners of the province of Ontario, we have two major initiatives we want to share with you today. I'll start off with the first one, and this is one that may be somewhat off the radar screen that you've heard before, but it is quite impactful to our industry.

Typically, across the province, with site plan agreements and subdivision agreements, the obligations of developers need to be secured, and that security is in the form of a letter of credit. Unfortunately, the use of letters of credit restricts our ability to provide more housing supply.

There is an alternative to this, and that is the use of pay-on-demand surety bonds. As a result of using letters of credit, builders and developers require the necessary credit capacity and/or need to collateralize each letter of credit with a cash deposit, which inhibits our ability to invest and build more homes. What this means is that across Ontario, there are virtually billions of dollars of credit capacity and/or cash deposits that are sitting idle and not being deployed directly to create housing supply and choice, employment opportunities and/or stimulate the economy.

Furthermore, builders who have multiple sites may need to postpone advancing new projects due to the financial restrictions imposed by letters of credit. Ultimately, this has a constraining impact on housing supply and costs.

As I mentioned, there is a solution: the use of pay-on-demand surety bonds. A pay-on-demand surety bond can be designed to provide the identical security features of a letter of credit, while not negatively impacting a builder's or developer's credit capacity to bring additional projects and housing supply forward. Respectfully, we strongly encourage the standing committee to consider, as part of this pre-budget consultation process, a measure to require municipalities to accept pay-on-demand surety bonds as an acceptable alternative to a letter of credit for development and site plan agreements. Pay-on-demand bonds will have a positive beneficial impact on creating additional housing supply by unlocking billions of dollars of additional capital investments. However, they will not create additional burden on the public sector or expose any additional risk or expenditures.

**0920**

Now, I saved the best news for last: Essentially, this policy option will have no cost or impact on the treasury or consumers. I think I have to repeat that: This initiative will not cost a dime, but it would dramatically accelerate housing supply and delivery, further helping meet demand challenges and improving housing affordability.

Thank you, and I'll pass it on to my colleague Alex for further presentation.

**Mr. Alex Piccini:** Thank you, President Bob, and thank you, Mr. Chair and all the committee members for your time today. My name is Alex Piccini, and I'm the manager of government relations for the Ontario Home Builders' Association. It's a pleasure to be with you all today and to speak to some important initiatives that OHBA is proposing as part of the pre-budget consultation process.

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

**Mr. Alex Piccini:** Thank you, Mr. Chair.

The second initiative we'd like to present today is that of the home renovation tax credit. But I think the story starts a little bit before this initiative. I think it starts back with the Seniors' Home Safety Tax Credit that was first announced in the fall 2020 budget and continued as part of the 2021 fall economic statement. This was an initiative

that was welcomed by home believers all over Ontario. It's an incentive that will help more Ontario seniors age in place and in comfort in their own homes, in the homes that they love. This is an important program, and OHBA strongly suggests that this be a stepping stone to a fulsome home renovation tax credit, which we know was impactful at the federal level back during the 2008-09 economic crisis, pumping in billions of dollars into the economy that otherwise would not have gone in. It also—

**The Chair (Mr. Ernie Hardeman):** Thank you very much, but that concludes the time we have. That also concludes the three presenters, so we will now start the rounds of questioning. The first round will be started by the government.

Before we start, I do have another attendee, MPP Thanigasalam. Could you introduce—

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** Maybe we'll have to try that again when he's back from his short errand.

With that, we will now start the rounds. The first seven and a half minutes go to the government. MPP Roberts.

**Mr. Jeremy Roberts:** Good morning to all of our presenters. Thank you for your deputations this morning. Three very important topics: housing affordability, home care and supporting our medical professionals across the province. A great way to start the day.

I'm going to start with a question for Sue. Sue, good to see you again. Thank you for your presentation and your advocacy work. You talked a little bit in your presentation about how, before the pandemic, there were promising signs as we started to roll out Ontario health teams that were meant to create a more integrated health care system. I'm wondering if you can talk a little bit about what some of those promising signs were and what you think are some of the next steps in really rolling out those Ontario health teams and making sure there's that seamless connection of care between the different aspects of our health care system.

**Ms. Sue VanderBent:** Thank you, Mr. Roberts, for your question. My board chair, Chris Wilson, is right in the thick of that and could answer that very ably. I wonder if she could be unmuted to answer.

**Ms. Chris Wilson:** Good morning, Chris Wilson, chair of the board for Home Care Ontario. As the Ontario health teams began to form and began their important work, some of the promising signs we saw were, frankly, with primary care. Home care and primary care have not had a meaningful direct connection over the last many decades.

I worked in home care for over 30 years, and it was one of the most exciting, promising signs that we saw—that we were starting to look at direct connection, whether digitally or referral processes, and keeping primary care informed about what was happening with their patients. We heard in a presentation today—preventive health care, preventive pathways were some pretty exciting work that was under way, not to mention more direct connection with acute care to really facilitate hospital flow. Our association is working now to provide advice to government on some of the next concrete steps that can be taken to help move the transformation forward.

We really do see that the balance between some standardization at the contracting level, setting some standard outcomes so that we're all held accountable in the same way across the province, and so that we can see and measure the success of this Ontario health team model consistently across the province, while supporting the local innovation. Where can we have local pathways that really address the needs of the priority populations that the OHTs have identified collaboratively? Those are some of our concrete recommendations that we're providing to government, actually, this week.

**Mr. Jeremy Roberts:** Certainly, in Ottawa, we've got a couple of Ontario health teams that are active and partnering with a wide group of different health care partners across the city. So I want to make sure that those partnerships continue to grow and improve.

Sue, there was an article in the Ottawa Citizen last week where you were highlighting some of the challenges with staff shortages right now. One of the pieces of that, I think, is increasing our supply in terms of health human resources across the province.

Can you talk to me a little bit about how important it is that we're continuing to train more PSWs and nurses? For example, my riding has Algonquin College in it, and I meet regularly with them. In their PSW program, for example, a lot of those PSWs are doing work placements at long-term care, at hospitals. Is that partnership also happening with home care? Are some of those trainees getting out and experiencing what sort of opportunities are out there in home care as well? If you could touch on both of those, that would be great.

**Ms. Sue VanderBent:** Thank you for the question. Certainly, we are working very hard with government now to try to get more staff trained. We're engaging right now in a very important government program called Work for Life, where we're bringing people in to consider and to engage in learning how to be a PSW—the same thing with nurses and skilled therapists.

I would ask Chris, because she is on the ground on these issues, to chime in here.

**Ms. Chris Wilson:** We have been grateful to see the number of initiatives that have been announced in the last 18 months to help train more health care professionals. However, home care is rarely mentioned when the initiatives are announced. So I think your question is an excellent one around, when programs are being announced and when colleges, for example, are training students, to what extent are they learning about home care, and to what extent are they being driven to practical placements within home care?

We have been working with government to encourage actually specifying home care as a destination for the important workers who are being trained. I'm not sure everyone realizes how many hundreds and hundreds of thousands of people receive care in the privacy of their own homes. It's an enormous number of Ontarians. Our need for health human resource capacity is massive right now, and we definitely need thousands of PSWs and nurses and therapists, as Sue said.

**Mr. Jeremy Roberts:** Definitely, the health human resources challenges are going to be key as we move out of this pandemic.

I'm going to pivot over to Bob and Alex from the Ontario Home Builders' Association. I appreciate your presentation.

Obviously, one of the key challenges that we've identified is housing supply in Ontario. I was quite struck by the Scotiabank report that suggested we would need to build about 1.2 million new homes just to match the average ratio of homes per capita as our G7 peers.

**The Chair (Mr. Ernie Hardeman):** One minute left.  
**0930**

**Mr. Jeremy Roberts:** I'm just wondering if you can talk a little bit about how important solving that issue is and some thoughts on how we can go about doing that.

**Mr. Bob Schickedanz:** Thank you for your question, MPP Roberts. Very quickly, in addition to the Scotiabank report, the OHBA commissioned a report by Dr. Mike Moffatt of the Smart Prosperity Institute, coming to virtually the same conclusion: Over the next 10 years, we need to build a million homes just to keep up with the pending growth, and this is a considerable challenge. Some of the initiatives that we talked about this morning, such as pay-on-demand surety bonds, would enable builders and developers to invest more money into creating housing supply. A home renovation tax credit would also—

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

We now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Good morning, everyone. Thank you very much for your presentations. There's lots of good information for the committee to access.

I'm going to start with Home Care Ontario, Sue and Chris. You've heard the government members talk about our health human resources crisis, and there's no denying it. You can't turn away and not see what's actually happening in home care, in long-term care, in our hospitals. I just want to give you an opportunity to address how important actually compensating health care workers fairly is to the retention of these workers and also the attraction of workers into these fields, on working conditions. And please take your time with this, because Bill 124 and capping health care workers at 1%, which is about 39 cents on the dollar for health care workers, is hugely insulting to the very people who are doing the front-line work and keeping people in health and safety. So, Sue, Chris, please take your time with this one.

**Ms. Sue VanderBent:** Thank you, MPP Fife. I think that Chris has very good information on the ground about this. It's in our submission, but, Chris, if you could answer this, I think this would be very important.

**Ms. Chris Wilson:** Sure. I would be delighted to respond to that question.

Thinking about the question we had just earlier around the training programs and creating new capacity, home care at the moment does not have a fighting chance of attracting those new graduates because of the discrepancy in pay between home care, acute care and long-term care.

We know that personal support workers can earn \$5 to \$10 more per hour in long-term care and acute care. For nurses, it's up to \$15 an hour, and similarly for therapists. That's because, for almost 14 years, our contract rates in home care have not kept up with inflation, and even with Bill 124, the small increases that have been able to have been given in acute care, for example—home care hasn't been able to manage that. So it is an extreme challenge for us right now. As Sue said, we have lost thousands and thousands of workers to these other sectors, and we just can't keep up. That's the foundation of our ask to government, so that we can compensate our important front-line staff so that we can attract and retain capacity within the sector.

**Ms. Catherine Fife:** Okay. That's excellent. Thank you very much for that, Chris.

The value of home care in the health care spectrum—I think that we now have no excuse. No government of any stripe has any excuse not to acknowledge how important home care is, especially to alleviate the pressure on an already stretched hospital care system. We saw five years of budget freezes for hospitals under the Liberals. That just compounded systemic funding issues that the OMA have actually addressed in the systemic way.

I wanted to thank you for bringing that message to the committee. We can't talk abstractly about how important home care is if you don't actually have a plan to fund it and ensure that it's sustainable on a go-forward basis, so your message today here is very important for us, as is the family-funded care. This has come up more and more, because people, of course, as they age—we have an aging demographic—are looking at long-term care, they're looking at how they avoid long-term care right now. That's, straight-up, the consultations that we are hearing, the feedback that I'm hearing from people in Waterloo region.

You referenced 150,000 families who are already trying to fund family care. Please dig down a little bit deeper on this 15% tax credit per year, up to \$10,000 a year. It's an idea that has a lot of traction with people who are making these difficult decisions about aging parents or even thinking about themselves as they look into the future.

**Ms. Sue VanderBent:** As you say, MPP Fife, there is a growing, growing number of Ontarians who are seeking care. The publicly funded system is so stretched; there is not enough care. Most of the family-funded care is supplemental to the publicly funded system. These are the hours of care that keep someone at home and stable and support a family, because we all know that it's usually the daughter or the son who is doing double duty, looking after their own family as well as an aging family member.

Technically, we're looking for a 15% tax credit for family-funded home care, up to the maximum of \$10,000 worth of services. This would help a family. It would allow a \$1,500 tax credit, and this helps families to maintain their loved ones and get the care that they need.

The members at Home Care Ontario support and represent our reputable organizations. They follow all the WSIB supervisory expectations that the publicly funded system does, and offer good care.

The only other thing I would mention to the committee is that most Ontarians do not understand the black market that exists right now, the grey market, and people just giving care—any person off the street could say, "I'll come and look after your grandmother and you can pay me. Give me your credit card. I'll go and get her her milk." We do hear about tremendous numbers of problems that are happening to people who are taking care into the home when it's unsupervised and unsafe.

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

**Ms. Sue VanderBent:** And so Home Care Ontario is really supporting government to say, "Choose a legitimate family-funded provider who is able to give the right care in a supervised and safe setting." The tax credit would help.

**Ms. Catherine Fife:** We've heard from seniors' advocacy groups as well who've highlighted the exploitation and the abuse that can happen when the so-called grey market of care is happening out of pure desperation because there is no strategy in place.

You also said that 90% of seniors support this idea, so you canvassed or you did a survey of folks. Can you tell us more about that, please?

**Ms. Sue VanderBent:** Our survey was done by Campaign Research, which is a very well-known polling firm, and it was 91% of people who we polled—Ontario seniors—who said they would support a new home care tax credit. The same number of people, 96%, said they want—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for this section.

We now will go to the independent. MPP Blais.

**Mr. Stephen Blais:** Good morning and thank you, everyone, for being with us this morning and taking time out of your day to do that. My first question is for Dr. Kassam and the OMA, or whomever at the OMA. I'm wondering if you could perhaps give us one or two both short-term and longer-term changes that the government can make to facilitate greater access to family medicine. We're seeing a lot of people, especially in growing communities such as Orléans in Ottawa, who are having trouble to find a family doctor. Obviously, if we want to take a preventative approach to health care, having access to family medicine is very important.

**Dr. Adam Kassam:** Thank you so much for the question, MPP Blais. It's good to see you again. As we know—and we've been very clear through our advocacy work but also through our work with government and others—primary care is the bedrock of health care in this province. As many of us know in this room, access to care is primarily driven by primary care physicians, so family doctors in the community, but also those working in the confines of larger teams.

The OMA has been very clear about patient enrolled models of care that were previously, unfortunately, curtailed under the previous administration. We have been very clear that physicians, especially family doctors, immediately should have access to patient enrolled

models, like family health teams, family health organizations and others, which is currently not the case. That's what I would say is the immediate action that could be taken—expanding the capacity for family health teams and others to absorb more family doctors into their care models and then, therefore, have greater rosters of patients.

**0940**

A long-term view of this would suggest that increasing the ability of our system to train family doctors adequately is going to be a very important part of that path for the future, and what I mean by that is expanding residency spots for family doctors and increasing enrolments in medical schools to allow for that to happen as well. And then, of course, having perhaps both a domestic as well as an international health human resource strategy for the future is going to be important. So that would be a longer-view approach of family practice.

**Mr. Stephen Blais:** You mentioned expanding spots in medical schools and basically increasing the workforce availability of family doctors. Do you have a sense of how many foreign-trained professionals might be interested in practising family medicine but don't have the requisite recognition of their credentials here in Ontario?

**Dr. Adam Kassam:** I don't know how many that would be in terms of specific numbers. We don't have specific numbers, to my knowledge.

I'm happy to hand it over to Dr. Wright if he has some information about that.

**Dr. James Wright:** We don't have the specific numbers because, of course, we don't have a way of identifying all of those people. So I'm afraid I can't give you an exact answer.

**Mr. Stephen Blais:** Fair enough. Thank you very much.

Expanding access to family health teams and increasing capacity in medical schools—are there infrastructure or financing gaps that stop people from going into family medicine and keep them in other realms of medicine, in terms of just the capacities—

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

**Mr. Stephen Blais:** Basically, you're starting up a small business, from that kind of capacity perspective.

**Dr. Adam Kassam:** We have to remember that 75% of the care that's delivered in the province of Ontario, as far as patient care, happens outside the four walls of a hospital. That means that it happens in the community, it happens in clinics, like you're suggesting.

We also have to remember that family doctors and other specialists in the community have to hang a shingle somewhere. They have to find the space. They have to hire staff. They have to pay the rent. All of that overhead we talk about as far as infrastructure is not part of that conversation. So there are significant barriers to entry into this market when you think about community-based care, where a collaborative approach at the federal and municipal as well as provincial levels is going to be very important, as we think about a road map for the future.

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

Just a couple of items—Dr. Wright, if you could introduce yourself into the record.

**Dr. James Wright:** I'm Dr. James Wright, chief of economics, policy and research at the Ontario Medical Association.

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

With that, we'll now start the second round. To the government: MPP Kusendova.

**Ms. Natalia Kusendova:** Good morning. I have a few questions for the Ontario Medical Association.

Today is Bell Let's Talk Day. I think it's important that we talk about mental health challenges. Especially during the time of the pandemic, we've seen that many Ontarians have been experiencing augmented challenges in terms of their mental health and addictions. That's why it's critical that our government has invested an additional \$147 million to support mental health and addiction services for all Ontarians. I was particularly proud of the fact that we also introduced additional supports for our front-line care providers, such as doctors and nurses, in order to allow them to access things like Internet-based cognitive behavioural therapy or peer support. We also know, though, on the flip side, that accessing mental health practitioners such as psychiatrists, especially for adolescents, is very, very difficult and challenging.

So two questions on mental health: The first one is, how was the investment into the Internet-based cognitive behavioural therapy for front-line workers received by the OMA? Have doctors been accessing this service? And the second question is, how do we encourage more medical students to actually go into professions that will support the mental health of Ontarians?

**Dr. Adam Kassam:** Thank you so much for the question, Ms. Kusendova. It's good to see you again as well.

As you were describing, mental health and addictions services remain a key focus not only of our organization, but I know of the government as well. It's part of the reason why it's one of our five key pillars in our Prescription for Ontario. The year 2020 was one of the worst years on record in terms of opioid-related deaths in the province of Ontario, and mental health continues to be challenged. In fact, we're seeing the rise in mental health challenges as a result of the pandemic being exacerbated as a result of COVID-19.

We also know and appreciate the investments that the government has made. We've met with Minister Tibollo as well as Minister Elliott on a number of occasions with respect to this particular issue. We're appreciative of the fact that there was an associate minister that was created with the specific design to focus on this very important area of care.

What we're also acknowledging is the fact that we're having a space to talk about this a little bit more openly in public. Whether that's with the leadership of the government or CAMH or other organizations and institutions, this is clearly now very much on the radar of federal,

municipal and even provincial levels. So that's very important.

Your second question about whether or not this has been adopted by physicians: It's been very welcomed in terms of the virtual care aspect of things. This is where the OMA has been, very importantly, advocating for the continuation of virtual care codes permanently into the future. Psychiatry and psychiatric services as well as mental health and addictions services are one of the key areas or one of the major areas where virtual care has a significant role to play. This is very important as we continue to think about the future.

Finally, how do we encourage more students and medical students to consider a profession or a career in psychiatric or mental health services? Part of that comes down to alignment of incentives, as you were describing, Ms. Kusendova. We want to make sure that, when we think about relativity between the different parts of the profession, this is a focus. That's how to get to a better place, which is attraction of students, but also residents into this key area.

**Ms. Natalia Kusendova:** Thank you. I'm glad you mentioned the K-codes, because in my role both as an MPP and as a nurse working in the emergency room, what I'm hearing from patients and my constituents is that some of them have not seen their family doctor in the last two years. I know that the K-codes and the telephone billing codes were very instrumental in allowing primary care to continue.

But I was wondering whether the government should consider putting in some kind of proportion whereby family physicians, for example, can see 50% of their patients online and 50% in person, because we do know that some things cannot be diagnosed simply by a telephone conversation. What I'm seeing and what my worry is is that these telephone K-codes in some circumstances may actually be replacing primary care. It is a concerning trend that I've been seeing, both as a nurse and as an MPP. I was wondering whether the OMA has any thoughts on that and whether this is something you've also heard from patients.

**Dr. Adam Kassam:** I think it's helpful, Ms. Kusendova, to think about this chronologically, as far as the pandemic, in terms of how it's unfolded. We have to remember that at the very start of the pandemic, at least in the first few waves, there was an instruction by the Chief Medical Officer of Health and the Ministry of Health to have care provided virtually due to directives that, unfortunately, shut down parts of our health care system. This, of course, was an important bridge to be able to continue to care for people. We've seen what happens when we have delays of care: Smaller problems become bigger problems, with advanced pathology and the like. So the introduction and the innovation in this space has been very important to be able to continue to deliver care.

We know that this is like a dimmer switch where there's a calibration that happens in real time. In fact, right now, we're still under a directive too, as you know. A lot of those services that were ramping up had to be ramped back

down in order to make space available in acute care to potentially weather the storm of Omicron. All to say that, absolutely, we believe that virtual care needs to be done appropriately, and this is a conversation that's being undertaken around the world in other jurisdictions that are dealing with the same issues. So virtual care is absolutely going to be a part of this pillar for the future, but it has to be done in the right way, and we're committed to continuing to have those conversations with government and with other health care stakeholders.

**0950**

I also would like to say that our data at the OMA suggests that 95% of physicians—family doctors and otherwise—have seen a mixture of both in-person and virtual care over the past 21 months.

I'm proud to continue to stand shoulder to shoulder with my colleagues who continue to provide excellent care to the people of Ontario.

**Ms. Natalia Kusendova:** Chair, how much time do I have?

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

**Ms. Natalia Kusendova:** My question is to Home Care Ontario. You did mention that there were about 500 people in hospital who shouldn't be there. Did you mean 500 staff who should be working in home care or did you mean the alternate-level-of-care patients who could be receiving care at home?

**Ms. Chris Wilson:** The 500 people are—it's from OHA data—what they call "ALC to home," so people waiting for home care who are occupying ALC beds. There are thousands more waiting for long-term care. Frankly, when the High Intensity Supports at Home Program funding was announced last year, we learned that we could take some of those long-term-care-at-home patients home and care for them safely at home. So the number is actually greater than that that we could bring home if we had the resources.

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

We now will go to the opposition. MPP Fife.

**Ms. Catherine Fife:** I want to go to the home builders. You make a very compelling case for the home renovation tax credit. This has been successful in other jurisdictions. It addresses a number of issues, as you pointed out, especially around supporting local economies. You can't outsource those jobs to other jurisdictions or other countries. It also addresses consumer protection by having certified workers actually do the work. It addresses the underground economy, and so it can help the government.

What feedback have you received as to the opposition to moving forward with a progressive home renovation tax credit?

**Mr. Alex Piccini:** Thank you, MPP Fife. It's a pleasure to see you again.

The feedback that we've received on the home renovation tax credit proposal as a next step based on the current Seniors' Home Safety Tax Credit has been largely positive, in the sense that there are a lot of upsides that we see at an actual transition, in terms of adding gentle density

into existing neighbourhoods, improving older home energy efficiency and thus reducing greenhouse gas emissions, repairing the aging housing stock, providing for a post-pandemic shift to work-from-home culture—that's another thing that we've seen that has been very big for consumers, for families, and their changing priorities in what they need in their home.

I think something that has also come out of the conversation with Home Care Ontario today is that this is about multi-generational dwellings, for opportunities like a granny suite, an in-law suite.

Aging at home is one of the best ways that we can help ensure that our Ontario seniors age comfortably and age safely in the comfort of their homes, which provides for better health outcomes and, hopefully, in the long term, can also reduce admissions to facilities such as long-term care. The home is the best place to age when it can be done safely.

So the feedback has been largely positive from both consumers and from the industry. In terms of any push-back on what the challenges are, we believe that this takes a lot of commitment to really solidify it as a next step.

The Seniors' Home Safety Tax Credit is a great program. We did have some challenges last year with getting that program up and running because people still weren't necessarily comfortable having folks into their home. That's understandable, given the current public health situation.

We strongly believe that, as a next step, this is a proven policy initiative that has been shown to work federally back in 2008-09, as well as in Saskatchewan right now, where it is employed and showing a lot of positive feedback for homeowners, for families and for the local economy.

**Ms. Catherine Fife:** I totally agree with you. I just want to say that home builders, environmental groups, the construction lobbying groups have been advocating for this for almost three years now, so if there was ever a time to do this, this is the time. I mean, the time was also three years ago. We can make the case for tax credits, which are very accountable methods of supporting and incentivizing the economy. So I just want to let you know that we fully support it and it's going to be part of our platform going forward, because it makes sense on many, many levels.

The tension on housing right now is profound. There's a lot of talk about what the fastest way is or where the comprehensive plan is on a go-forward basis. Here in Waterloo region, the housing prices are just unattainable, as is the available housing stock. Progressive municipalities across the province are looking at brownfield development, are looking at alternate building. In Kitchener, they're allowing tiny houses on existing lots.

The realtors of KW came to us last week. They made a compelling case around corner block lots and ensuring that you reduce the administrative overload in order to bring in multi-purpose, like multiple suites and what have you.

What are you saying about brownfield development? Because that is land within the existing infrastructure, so it makes a lot of sense.

*Interruption.*

**Ms. Catherine Fife:** My dog supports it. Can you talk a little bit about those other options that are aside from going outside the hard line of municipalities, like the infill, that mixed—I think you called it the “gentle density” or whatever. Go ahead.

**Mr. Bob Schickedanz:** Right. Excellent question, MPP Fife. Certainly, on a broader scale, addressing the need for more housing supply is the route or the path towards tackling housing affordability. When you talked—specifically now, to your question to brownfield developments, I think all levels of government, whether federal, provincial or municipal, need to be hyper-focused on those opportunities because, in essence, those are already in built-up communities that have infrastructure, that have schools, hospitals, parks, all the necessary components that help bring forward a complete community. These are the opportunities that we all should roll up our sleeves and really work on to see, “Okay, how do we get through the regulatory burden, the planning issues, the zoning, the draft approvals, the site plan?”

The other pillar is to make sure that we have the infrastructure, the sewer and water infrastructure available—

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

**Mr. Bob Schickedanz:** —to accommodate that development and to make sure that those developments have sufficient densities to bring some scale to them and provide units and opportunities in those communities that don't exist presently. So, all important initiatives.

**Ms. Catherine Fife:** And it does make sense to local taxpayers, to local municipalities to make the best use of the existing land that has all of those services that are there currently. Obviously, municipalities are creatures of the province. The province can be more lenient or more flexible in that legislation, and that's a missed opportunity, as we see it. So, on a go-forward basis, clearly there are options that need to be accelerated and fast-tracked, including the fraud that's also existing within the real estate sector. Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. We now go to the independent member. MPP Blais.

**Mr. Stephen Blais:** I do have some questions for the home builders. I appreciate your presentation and the urgency in terms of accelerating the capacity for construction through your recommendation. I guess one of the questions or thoughts I have related to that is, do you have the skilled workforce necessary to actually accelerate? Because what we've seen in Orléans, which is a fast-growing community, is that many of the home builders, if they do hit their targets for construction, the quality has gone down, and so we're getting a lot of post-purchase warranty issues, inspections issues, etc. Do you have the workforce necessary to not only build the homes but actually ensure that they meet the quality standards that we have and people expect?

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**Mr. Bob Schickedanz:** Thank you for your question, MPP Blais.

The short answer is, we do not have enough skilled workforce at the present time. This has been a looming issue pre-pandemic. A number of our skilled tradespeople are retiring, and we're not replacing them at a sufficient pace to keep pace with current construction levels, let alone the pace that we have to achieve to build a million homes in 10 years.

OHBA, through the government, at this time has undertaken a job-ready program to help address the need for skilled trades. This is a program where we provide those people who haven't had exposure to the construction industry a six-month internship on job sites through our membership and supports to see if this is something that they would be interested in pursuing as a career. But this is just a first step that needs to be broadened out. We have to work on, certainly, programs like the job-ready program with our education system as well, and start working with the federal government in identifying trades and skill sets that we need to help support the creation of more housing units. We have well over 100,000 tradespeople retiring in the next 10 years, and those need to be replaced.

**Mr. Stephen Blais:** I agree, obviously, but not only do we need to replace those who are building homes, but one of the gaps that we've identified here in the Ottawa region is the lack of inspectors. We can't get new construction inspected fast enough, and it's not comprehensive enough. And then on the consumer side, consumers can't have home inspectors—they're either paying high prices or having a challenge finding home inspectors to do the inspections necessary on the warranty side.

So how can we address the issue around inspectors? We've tried working with the colleges. That hasn't worked to date. What is the gap on that inspection side?

**Mr. Bob Schickedanz:** With respect to the inspection side, they're facing that same dynamic [*inaudible*] inspectors retiring [*inaudible*] inspectors. And then we have the cannibalization between various municipal jurisdictions—

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

**Mr. Bob Schickedanz:** —by finding inspectors.

So certainly, to try to ramp up the education system—I think partnerships with the Ontario Building Officials Association are important to help support. They're the key driver and regulator of the building inspectors. I think that relationship has to be strengthened to work towards bringing more inspectors on and making people aware of great careers that are available in that space. We have to educate and make sure people understand that there are terrific careers out there that they might not be aware of.

**Mr. Stephen Blais:** Fair enough. I thought you might have something more innovative than just “we need more” and “get them into school.” We've been trying that for some time and it doesn't seem to work. The inspection side of the dynamic is—

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

That concludes the time for this panel. We thank all the presenters for being here.

I'll remind all presenters that the deadline for written submissions is 7 p.m. tonight. If there's anything that we

cut you off on that's really important, you'll want to make sure you get it to us so we can add it to the record.

Before we go to the next panel, we have MPP Thanigasalam.

**Mr. Vijay Thanigasalam:** Good morning, Chair. I'm MPP Vijay Thanigasalam, and I'm currently in Toronto, Ontario.

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

And we have MPP Mamakwa.

**Mr. Sol Mamakwa:** Good morning, everyone. I'm Sol Mamakwa. I'm here in Ontario, in Treaty 3 territory.

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

MPP Stiles?

**Ms. Marit Stiles:** Good morning. My name is Marit Stiles. I'm the MPP for Davenport, and I'm joining you from Toronto today.

**The Chair (Mr. Ernie Hardeman):** Very good. Thank you very much, and with that—

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** Oh, we also have MPP Fraser.

**Mr. John Fraser:** You've got one more. Good morning, everybody. Good morning, Chair. John Fraser, MPP for Ottawa South, and I'm in Ottawa South.

**The Chair (Mr. Ernie Hardeman):** I was looking right at you and couldn't remember to introduce you. We thank you all.

#### CUPE, ONTARIO DIVISION

#### CSA GROUP

#### AMAPCEO

**The Chair (Mr. Ernie Hardeman):** We will move on to the next presenters. The first presenter in the next group is the Canadian Union of Public Employees, Ontario division. The rules are the same: Make sure we introduce ourselves as we start speaking.

**Mr. Fred Hahn:** Good morning, everyone. My name is Fred Hahn. I am the president of Ontario's largest union, the Canadian Union of Public Employees. We represent over 270,000 workers in every corner of the province.

I'm here today to talk about a future, about a recovery budget, a budget that digs Ontario out from under the pandemic and positions us as a leader in the delivery of strong, excellent public services.

Our members believe that Ontario should be a place where students can attend outstanding public schools with enough education workers to provide them individualized care and attention in clean, safe, modern and accessible buildings.

We believe that Ontario should be a place where those who get sick and injured know that there's a public hospital space available for them with a full complement of hospital staff to help them get well.

We believe that as Ontarians age and can no longer care for themselves, they should have comfortable, fully staffed

public homes waiting for them, with caregivers available for the care that they need and the kinds of food service and social programming that allow them to live with dignity, pride and happiness.

We believe in strong local services, like transit, libraries and affordable housing—all part of a suite of supports and services delivered in communities but strongly supported and funded by the provincial government.

We believe that post-secondary students from all of Canada and the world should want to come to Ontario because our fully public colleges and universities have the resources to provide a world-class education and that institutions like these should be available all across our province, not just in urban centres.

We believe that these students will want to stay in Ontario to live and work here because we should be a truly good-jobs province, with decent wages that, at a minimum, rise with inflation, with paid sick days and long-term disability protection for workers, with pensions and retirement benefits that allow people to plan for their senior years.

We believe that Ontario should be a great place to raise a family, and that everyone in Ontario should have access to affordable public child care, that when Ontarians fall on hard times, like we all do, a strong social safety net should be there to support them to get back on their feet. This means social assistance and ODSP rates that people can actually live on. It means better funding for the many non-profits and community agencies that provide vital services for our fellow Ontarians most in need.

That's not where we are today, but budget time is an opportunity to think in real material terms about how we get there. In our written submission, you'll see a large amount of detailed economic and policy analysis, research that supports the recommendations we have for the budget. My remarks are only a summary of the recommendations themselves, a vision of Ontario that we all need, given the time constraints.

If the pandemic has revealed anything to us, surely it is that public services matter more than ever in times of crisis. And yet, when the need for public services was most great, they were strained to the breaking point and struggled to deliver. People who needed critical surgeries and medical care were pushed out repeatedly because hospitals had no capacity for them. Seniors in long-term care were left helpless before brutal waves of COVID-19 that devastated residents and workers alike. Students and families lost access to in-person learning more than anywhere else in North America. People who rely on libraries and recreation centres found them closed. The list goes on and on. None of this was the fault of those working to provide these services. As the public sector struggled under the weight of the pandemic, so too did the workers providing these supports, who care deeply about their communities, and who could do nothing to fix the problems they saw every day.

We're learning that the services we all rely on, the services that turn the wheels of our province, weren't ready to deal with the crisis we all endured, and it's not a

mystery why they weren't. For decades in Ontario, as the economy grew, as corporate profits exploded, successive governments, Liberal and Conservative alike, have enforced real wage cuts on workers and have steadily shrunk funding to public services. Today, despite the gift of hindsight, this government has decided to prolong and deepen this deplorable trend. With inflation at an historic high, those broader public sector workers who fell under the wage and benefit restraints of Bill 124, or who were subject to it last year, added together, have suffered wage theft of nearly \$3 billion, with an average worker losing \$2,304 annually. That's more than two weeks' salary.

**1010**

We came into 2020 and 2021 with our public institutions stripped to the bone and funded below acceptable minimums, with infrastructure crumbling, and with workers stretched further and further and their buying power shrinking.

We can never forget that hallway medicine was a known problem before the pandemic, and so were annual staff shortages in long-term care and a lack of qualified support staff in schools. COVID-19 made these problems worse, but it didn't create them. The end of the pandemic won't solve these problems either. But again, it seems the government has decided to prolong and deepen this.

What you call a recovery plan forecasts an average program spending that will grow only by about 1.5% annually. The Financial Accountability Office says that program spending, just to meet the needs of inflation, population and demographic change, would require at least a 3% annual increase. That figure was released before inflation started to rise. Failing to simply keep up with rising demand, not to mention compensating for decades of underfunding, ends up amounting to an unacceptable annual reduction in spending, a cut of \$1,281 per person. This can't be the way forward.

Our communities, our members, all of us need Ontario to commit to a major and historic investment in public services of all kinds and to life-changing wage increases for public sector workers. Specifically, we're asking Ontario to budget with an eye to its per capita funding levels, which, in the public sector in Ontario, are the lowest in all of Canada.

Workers have borne the brunt of these cuts and have tried heroically to deliver vital services in impossible conditions.

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

**Mr. Fred Hahn:** They're exhausted and fed up. They need a lifeline. They need to be compensated, and they need to know that reinforcements are on the way.

We're asking you to learn the lessons of the pandemic and to begin to undo the damage of the last few decades. We're asking you to think about what's needed to make sure public services aren't only there for our future, but are thriving and are, in fact, the envy of the world. It's what our members need. It's the very least Ontarians deserve. Thank you.

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

The next presenter is CSA Group.

**Mr. Doug Morton:** Good morning. My name is Doug Morton. I'm vice-president of government relations for CSA Group, which is the operating name of the Canadian Standards Association.

CSA was established over 100 years ago and is Canada's largest accredited standards development organization in the country in terms of the number of standards in our portfolio.

The recommendations that will be presented today complement the government's current initiatives and priorities, and align with our organization's mission, which is to enhance the lives of Canadians through the advancement of standards in the public and private sectors.

Our first recommendation addresses the current needs of Ontario's long-term-care sector. CSA offers standards that align with many of the priorities identified in the new Fixing Long-Term Care Act. Over the past two decades, many of Ontario's health care facilities have used CSA standards for requirements related to HVAC, medical gas, emergency power supply, health care facility design and more. Many of these standards are currently incorporated by reference in federal and provincial regulations that apply to health care facilities, thus making their implementation mandatory. If such a requirement was extended to the long-term-care sector, it could help protect residents and front-line workers in those settings.

In light of the lessons learned during the pandemic, we are currently developing two new standards that will be particularly helpful to long-term care. One is called operation and infection prevention and control of long-term-care homes, which will deal with topics that include cleaning and disinfection processes, proper use and disposal of PPE, and infection control strategies, among others. Another standard is mental health and wellness in community residential care settings, and that will help to provide guidance on mental health and well-being, including on topics like social isolation and loneliness of community residential care setting staff, residents, informal caregivers and broader care teams. We believe the incorporation of these standards by reference within regulation can help support the government's long-term-care priorities and protect our elderly and most vulnerable.

Our second recommendation addresses the growing need for water management and flood mitigation measures for flood-affected communities in our province. CSA standards on flood mitigation and prevention can help support the government's mandate of contributing to safer and more affordable communities. Government support for the continued development of flood-related standards and their implementation through incorporation by reference and regulation is vital to protecting flood-prone communities across Ontario.

Our third and final recommendation addresses the need to reduce red tape, increase labour mobility and eliminate interprovincial trade barriers. I'll outline a few of the areas where we see these as possibilities.

In the area of affordable housing, Ontario will require the tools to adapt to new styles of construction to bring more housing stock to market faster and continue the

build-out of affordable housing for Ontarians. CSA standards in modular construction help address the urgent need for housing while helping to ensure that the safety and integrity of structures are maintained. The government should consider accelerating and encouraging the use of modular construction approaches in the province, which can be supported by mandating the use of CSA modular construction standards, for example, in Ministry of Municipal Affairs and Housing projects as well as Infrastructure Ontario projects.

In terms of electric vehicles, with Ontario's release of phase 2 of the Driving Prosperity auto plan, CSA's work over the past 10 years in developing standards for electric vehicles can help support Ontario's aim to establish and support an electric battery supply chain ecosystem in the province. Our work in developing product safety standards and installation requirements for EV charging equipment will be integral in expanding EV infrastructure across the province. CSA is at the ready to develop standards alongside the government that can help play a role in other key aspects of sustainable and equitable deployment of EVs, including interoperability, accessibility, manufacturing and the battery life cycle.

With respect to mining and critical minerals, rare earth elements and rare earth minerals present an ongoing opportunity in Ontario's north through the Ring of Fire, not only for the prosperity that it will bring to these communities but for the growing demand for elements such as lithium, integral in the production of EV cars and other high-tech items. We've been involved in standardization for rare earth elements since 2016 and we manage the Canadian and US expert committees that are responsible for providing input into the priorities and content of international rare earth standards at the International Organization for Standardization. Ontario's participation and input to this process, facilitated by CSA, will help ensure that Canadian expertise and knowledge influences the content of the international standards.

On the topic of environmental DNA, to support the province's work on the research and monitoring of at-risk species and overall species management, the use of eDNA assessments can provide an efficient and reliable alternative to traditional methods currently used. The use of a CSA standard called environmental DNA reporting requirements and terminology supports the reporting of data that will ensure that sufficient information about eDNA studies is reported. eDNA can be used by government for natural resource management in order to increase detection rates for species that have low densities or are difficult to detect, while being cost-effective, non-invasive and more accurate than conventional surveys.

With respect to interprovincial trade, CSA has been involved with a variety of initiatives of the Regulatory Reconciliation and Cooperation Table in support of the implementation of the Canadian Free Trade Agreement. Ontario's continued advocacy for standards through the RCT work plan items can help reduce interprovincial trade barriers, increase labour mobility and reduce the cost of doing business in the province.

In summary, we believe that the government's support, collaboration, endorsement, advocacy and referencing of our standards can help deliver a stronger, more sustainable and resilient Ontario in the days ahead. I thank you for the time and I look forward to your questions. Thank you, Mr. Chair.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. Our next presenter is the Association of Management, Administrative and Professional Crown Employees of Ontario.

**Mr. Dave Bulmer:** Thank you, Mr. Chair, and good morning. My name is Dave Bulmer and I'm the president of AMAPCEO, Ontario's professional employees. I want to thank you for the opportunity to address the committee on behalf of my 15,000 members.

1020

We're a member-driven, politically non-partisan union of 15,000 professional employees, as I just mentioned. We're across Ontario in 130 communities, and we're worldwide in 11 countries, representing the government of Ontario. Our members are the highly educated professionals who provide the government of the day with the expertise required to supply Ontarians with the high-quality public services they enjoy. They take pride in offering creative, evidence-based solutions to public policy issues, and they're dedicated and passionate about serving the public interest.

AMAPCEO has a well-earned reputation of working in a constructive, problem-solving manner with governments of all stripes. We've worked successfully on legislation and policy initiatives, and negotiated free and fair collective agreements with all three major parties.

In many ways, 2022 is a significant year for the Ontario public sector. We all obviously hope that the pandemic will soon finally be behind us. We know that in June, Ontarians will go to the polls in our provincial election. And for AMAPCEO, our Ontario public service unit as well as several of our broader public sector units will bargain new collective agreements. In that spirit, I'm going to offer our recommendations for the 2022 budget.

From the outset of the COVID-19 pandemic, as we all scrambled to understand what was happening and this government sought to respond, AMAPCEO members have continued to provide crucial public services to Ontarians. Many of our members are able to do their jobs remotely. Whether they work remotely or continue to staff vital government facilities in person, whether adapting existing programs and policies or devising new ones to deal with the pandemic emergency, or whether working as policy professionals in the Ontario public service or on the front lines against COVID-19 in agencies such as Public Health Ontario and Ontario Health, AMAPCEO members have consistently provided work of tremendous value to the people of Ontario as we sought to find our way through the pandemic.

Yet despite the value that AMAPCEO members provide as civil servants, they do not feel valued by the government of the day. AMAPCEO members pride ourselves on providing government and agencies with that non-

partisan, impartial professional advice. However, throughout the pandemic, there have been many voices that have questioned whether the government has actually heeded the expert advice it has received. As an example, one of the areas we've spoken up about has been the value of remote work for AMAPCEO members as one way to limit the spread of COVID-19 and to reduce pressure on public infrastructure and public transit and as a way to reduce the government's footprint in the costly downtown real estate market in Toronto.

The government continues to outsource key public services, including but not limited to information and IT services, which has demonstrated time and again how expensive it is to continue to outsource public services to private consultants. This costly outsourcing of public service work to private interests stifles the growth of the knowledge base in the public service itself as well, while lining the pockets of private firms at significant taxpayer expense—companies who leave the job on Friday never to return; public servants having to pick up the repairs on Monday morning.

You have heard from numerous other Ontario stakeholders, both in the labour sector and beyond, of the impact of Bill 124, and you've also heard about the impact of rising inflation on all corners of the economy. Bill 124 limits wage increases to 1% for each of the next three years for all public servants. This interferes with the constitutionally protected right to collectively bargain and holds public servants to wage increases that won't match the rate of inflation. As such, Bill 124 mandates a de facto pay cut, a pay cut to the public servants whose work has helped our province manage through this pandemic.

In previous budget submissions, we've detailed how Ontario has, per capita, the smallest public service in Canada. The high-quality public services that every Ontarian deserves require a sufficient workforce, not an overworked and stretched-to-the-max workforce. Ontario has nearly a quarter fewer full-time public servants per capita than the next smallest public service in Canada, which would be in British Columbia. To be on par with British Columbia, the OPS would need to hire another 12,000 staff.

AMAPCEO has made a detailed submission, Mr. Chair, so I'll close by saying that we need to stop outsourcing. We need to increase staffing to the levels of other provinces. We need to repeal Bill 124, if only for fairness and respect to public servants. And we need paid sick leave in the Employment Standards Act for those who are unfortunate enough to not be represented by a union.

Thank you for your time, and I'm happy to take your questions.

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

With that, we will start the rounds of questioning. This round starts with the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thanks to all the presenters. Dave, I'm just going to start very quickly with you. First, thanks to your members of AMAPCEO for performing so well under really trying times during this pandemic. I wanted

you to, if you could please—Bill 124: As you know, we’ve already made a commitment to repeal this piece of legislation in full agreement that it is disrespectful, as CUPE has also been saying since the onset. Can you talk about how difficult it is to attract people into the public service when you have superintendents, for instance, who are making the same amount as principals? The wage parity between different job classifications is becoming a growing gap across the public sector. Can you please let the committee know how that’s affecting staff retention and attraction into the public service?

**Mr. Dave Bulmer:** Yes, absolutely. Thank you for the question. I’m a 30-year civil servant. I don’t think you’re going to hear many people say that any time again in the next five or 10 years. It was once upon a time where being a provincial or federal civil servant was a proudful position for people to take on. It’s a pillar in just about every community. People who have good jobs in hub cities like Windsor, London, Hamilton, Sudbury, Ottawa—they rely on the economic backbone of the local community, our public servants, and their good fortune to have the good jobs that they provide good work in return for is key to economic stability and renewal in all of those communities.

Part of the reason we are understaffed, as I mentioned, is because people are showing their disgruntlement with being disrespected by walking away. Young people who have more opportunities at age 30 or 35 are taking the opportunity to go somewhere else. That’s a sad commentary. I think that two years ago, or however long ago it was that the government of the day passed the legislation that it did, it may or may not have been suitable then, but it certainly is not suitable now. There’s an opportunity there for the government of the day and a future government to give serious thought to overturning or repealing the law.

**Ms. Catherine Fife:** Yes. Thank you very much for that, Dave. This is a common theme, especially across the health care and education sectors, of how people are feeling under this government. Also, thank you for addressing the contracting out of key public services. This was accelerated under the former Liberal government. It is not in the best interest of the taxpayers. It’s costly, it’s inconsistent and there are definitely quality issues with that. We’re actually seeing it accelerated even more under this government. Even today, we’ve been hearing about the outsourcing of vaccine clinics to private agencies that make donations to political parties, and then they get special treatment, which is alarming, because it undermines the confidence, especially during these challenging times, in who the government is working for in this context. Can you address a little bit of that outsourcing of these key public services?

**Mr. Dave Bulmer:** Yes, absolutely. Beyond the money, which, in most cases, is irrefutable, things like P3s and so on that are just always over budget, over time, it’s the other things like I mentioned in my comments where we forever dumb down our work unit, our staff, because we don’t give them the opportunity to learn the skill sets that might be needed for that one and only job, that one

job that we bring in a costly person to handle. I think that that work not being there is what further erodes the public service in that, is there any exciting work to be done in the workplace? Is there anything to keep the most talented people in the workplace when their employer won’t invest in them and would rather overpay somebody else for the ability to let them go a few months later? Mentioning what I did about our per capita staffing shortage—if we’re 25% below the next staffed province, surely to goodness we could hire some of those contractors into becoming civil servants and maintain those skill sets within the public service itself. I find it really hard to believe that that math doesn’t work out.

**1030**

Again, that transient income that is attached to outsourcing does nothing for our local communities. I mentioned before that we’re in 130 communities across Ontario. It’s my members who support local business—Canadian Tire, all of the retail, all of the service establishments and so on. I think we have to think of the public service as an investment and not an expense.

**Ms. Catherine Fife:** Yes. That’s a huge shift from where we are right now, but we are definitely in agreement with that sentiment around public service.

Chair, how much time do I have left?

**The Chair (Mr. Ernie Hardeman):** A minute and a half.

**Ms. Catherine Fife:** Thank you. My next question is for Doug Morton.

Doug, thank you very much for your presentation today and for raising the issue of the Ring of Fire. This is a project that has been so mishandled that it’s jokingly called the “ring of smoke,” and it is a sin, because the economic value to the entire province, particularly the northern region, is indisputable. I know that our First Nations want to be consulted and want to work in partnership with the government, but they have to actually be at the table in order for that to happen.

The species-at-risk issue that you referenced, the eDNA to identify species at risk—in your opinion, is this a more comprehensive and accurate way of identifying species that would be impacted by future development, and has it been proven in other jurisdictions? That’s my question to you.

**Mr. Doug Morton:** Thank you for the question.

With respect to the Ring of Fire, I agree with you. The area needs economic development, as we mentioned, not only for the communities but also for the marketplace that may exist for many of the products that could be extracted.

With respect to eDNA: Yes, we do believe the methods that we describe in our standards are more effective and less invasive than current practices. To be honest with you—

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

Now we’ll go to the independent. MPP Fraser.

**Mr. John Fraser:** Thank you to all the presenters for taking the time to present to the committee this morning and for your written submissions. I have not seen all of them yet, but I look forward to looking at them.

I want to try to get to all of the people who have presented this morning. I only have four and a half minutes a round, so I'll try to keep it short.

To Fred Hahn and Dave Bulmer: Thank you very much for your presentations. Thank you for all the work that your members do on behalf of Ontarians.

My question for both of you—and whoever wants to go first can go—is, what are your top two priorities in this budget?

**Mr. Dave Bulmer:** Go ahead, Fred.

**Mr. Fred Hahn:** Thanks, Dave.

We need a real, significant reinvestment in public services to actually help to shore up what we've all witnessed and lived through not just over the last two years but before the pandemic, and that has to include historic investments that allow for life-changing wage increases for public sector workers who have fallen further and further behind. This is a critical issue in terms of retention and recruitment, in terms of respect, and in terms of the actual services people rely on every day.

**Mr. John Fraser:** You gave me one. Thanks, Fred.

**Mr. Dave Bulmer:** My first one, MPP Fraser, would be exactly what Mr. Hahn said. That is the number one solution.

I'd like to be altruistic for a moment, though, and put in a plug for those who are not fortunate enough to be supported by a union, and ask that paid sick leave be in the Employment Standards Act, meaning that it's mandated for everybody in this province, whether they make minimum wage or way beyond that. We have to have that. We seemingly are okay with giving people 10 or 15 days of vacation credits in the ESA so that they can rest. Can we not give them five so they can be sick and not lose their income? I would ask that we give that consideration, regardless of who the next government is.

**Mr. John Fraser:** Thank you very much. That's really very important. I hope we don't lose, through the pandemic, the fact that those 10 paid sick days were of benefit to people and their families and helped them to try to continue to thrive, but also, they kept everybody else safe, and they will continue to do that. I think if you take a look at how people utilize sick days in a good work environment, there's not that much pressure.

The government has innovative ways of implementing such a thing. I've got a private member's bill.

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

**Mr. John Fraser:** I know that Peggy Sattler from the NDP had one as well. We're going to continue to push for that.

I'll just save my next question for Mr. Morton for the next round. You can go ahead, Chair. I'm done.

**The Chair (Mr. Ernie Hardeman):** Okay. Thank you very much. With that, we will now go to the official opposition.

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** Oh, the government. Sorry. MPP Bouma.

**Mr. Will Bouma:** Thank you, Chair. I think you saw my hand and just assumed. But regardless, I'd like to thank

all of the presenters for being here today. I really appreciate your time.

I'm going to focus my questions on Mr. Morton from CSA. Doug, if you could just express our thanks to all the volunteers and everyone involved in making the incredible work that your organization does happen. I was intrigued, because so often you don't realize everything that the work of the CSA touches all across the province, from affordable and modular housing to the car piece that you're talking about, the batteries and all those pieces, and as new technologies come forward, how you become involved.

As you know—and you talked about long-term care and those things also—we need to build a lot more housing. We need to build a lot more long-term care. I was wondering if you could dig into how the work that CSA does can help eliminate some of the red tape issues that we face in housing construction and in long-term-care construction specifically, just to start with.

**Mr. Doug Morton:** I appreciate the question, Mr. Bouma. When we listen back to what the Canadian Home Builders' Association was saying about the lack of skilled workers, for example, to construct homes etc., we think modular housing has a significant role to play. Not only do we provide standards related to the actual construction of modular homes and other structures, but we also provide training and education to skilled workers. For example, we provide training to gas fitters, to electricians, to welders etc. We're one of the largest training organizations in the country as well, so we try to support that sector in a number of ways.

With respect to long-term care, as we outlined, the major issue with long-term care—in some respects, because of the design of the facilities, infection prevention and control has been a major issue. That's why our new standard is going to really focus on that particular aspect, not only on behalf of residents, but also on behalf of long-term-care staff.

**Mr. Will Bouma:** Just looking at the housing piece, attainable housing and affordable housing, I think there's a difference there, because not only do we have people on long wait-lists for affordable housing across the province of Ontario, but what I continually run into is young people who are working who cannot afford to enter the housing market where they live and they work, which is such a challenge.

I was wondering, does the CSA get into some of those red tape pieces as far as that goes? I know that our government has recently allowed more delegation by municipalities in order to have staff do those sorts of things. If we adopted more of a centralized standard across the province and even across the country, do you think there's room there to really speed up construction? To go from the concept idea to construction often takes years for a housing project. Where are the steps specifically that we could save time, energy and money to get more housing to market faster?

1040

**Mr. Doug Morton:** I don't pretend to be an expert on housing construction, but I can tell you that we do a lot of

work, as I mentioned in my remarks, with the regulatory co-operation table. The purpose of that is to align regulations and align the referencing of standards across the country to make it easier for people to move, in the case of labour mobility, from one province to another. I think the RCT and our work with them in terms of looking at how we align those regulations and those standards makes it easier to conduct business.

We've done a lot of work with the province of Ontario. They reference, I think, about 800 or 900 of our standards throughout their various ministries. I believe their mandate or their objective is to increase the amount of standards that are referenced as opposed to prescriptive regulation. I think there are ways of using tools like standards in order to quicken the pace of some of these issues, whether it's modular housing, improvements in long-term care, improvements in flood control etc.

**Mr. Will Bouma:** I'm very much intrigued by that. I've talked to so many tradespeople who, depending on what jurisdiction they're working in and even which inspector they happen to run across—there could be an entirely different interpretation based on it. So you get used to working with someone in a certain location, then you're doing something, building a commercial facility or a house, in a different location, and those standards seem different even in different municipalities, and different depending on the interpretation of the inspector. Do you have any insights as to ways that that could be streamlined too, so you have less callbacks and are able to get work done more quickly?

**Mr. Doug Morton:** Well, as a matter of fact, we're working with a number of municipalities right across the country, including in Ontario, looking, for example, at the flooding issue. Different municipalities have different approaches to deal with that topic. We're now working with a number of municipalities and pilot programs to help them understand the standards that can be brought to bear on a common basis so they're all using the same approach. We're learning from each other in terms of how that might work better.

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

**Mr. Doug Morton:** We're also working with municipalities to develop an implementation guide related to flood mitigation so that municipalities have one common document to refer to so that, hopefully, they use the same process, as what we think will help in flood mitigation and overall safety.

**Mr. Will Bouma:** Brilliant. Thank you for that. If you can answer in the dying seconds, would that same standard apply, then, to the approvals necessary from our conservation authorities?

**Mr. Doug Morton:** That's part of it. We want to look at guidance for authorities having jurisdiction so that the municipal AHJs, when they talk to the provincial AHJs, are talking the same language.

**Mr. Will Bouma:** Thank you very much. Back to you, Chair.

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

We'll now go to the official opposition. MPP Stiles.

**Ms. Marit Stiles:** Thank you very much to all of the presenters this morning. Thanks for joining us here today. It's good to see you. I wanted to direct my question to Mr. Hahn and CUPE Ontario. First of all, I want to start by thanking you and your members across this province. You have very much been on the front line in many sectors, and we absolutely appreciate that immensely.

As the official opposition education critic, I wanted to ask you if you wouldn't mind speaking a little bit about the role of education workers. I know that we talk often—I hear the government talk about teachers. But I want to focus a little on the many other workers in our education system who have been really working above and beyond. Just by way of example, in the last couple of weekends, many of those workers are the ones who have been in our schools all over the weekend, late at night, trying to get these rapid tests that the government unloaded on boards at the very last second repackaged and out to our students.

I wondered if you wouldn't mind talking a little bit about what the issues are that those workers in our education system are facing and what you would like to see as a commitment from this government going forward, in terms of things like staffing levels and other issues as we head into this period of, I hope, recovery. We know, as you mentioned as well, the cracks were there. The cracks have been there, and this pandemic just simply exacerbated a lot of those issues. I wonder if you would comment on that specifically.

**Mr. Fred Hahn:** Thanks very much for the question.

I am so proud to be part of a union that represents 55,000 support staff and education workers who work in all of our schools across the province. As you noted, during the pandemic, certainly, they've been rising above and beyond, doing all kinds of things that many of them never anticipated they would need to do.

The reality for many of those workers—and this is a theme of what we're talking about in our submission—is that they entered the pandemic, very much like what we've seen in health care and community social services, in a weakened state. In many boards, as a result of funding pressures, for example, custodians, the people who are responsible for keeping schools clean and safe and operating—their numbers were limited. Our administrative staff, who are the backbone of our schools in many ways, as you said, the folks who have been responsible for dealing with the changes and all of the different measures as a result of the reopening of schools—again, many of those positions have been decreased such that there are schools that are even sharing administrative staff.

We know that students with special needs and their families have, for a long time before the pandemic, talked about the real need to have additional investments to ensure that education assistants and those who help students with special needs—that there are actually enough of them to do the work.

So it's incredibly important that these investments be made in all parts of the public sector but, in particular, in schools, to ensure that we not only have more people

available to ensure that our schools are operating in the best possible way, but that they're actually compensated fairly.

The average wage of our members is about \$39,000 a year. Particularly with rising inflation, increasingly it is not a livable wage. There have to be investments that ensure that people can be compensated fairly and also that there can be more of them to provide the vital services we need.

We've seen how important these services are during the pandemic. But as I also mentioned, these problems pre-existed COVID-19, and when COVID-19 finally recedes, there are still going to need to be investments made to make sure that our students, our schools, our education workers have the kinds of supports they need to make our schools as successful as they can be.

**The Chair (Mr. Ernie Hardeman):** Any further questions? There are 2.43 minutes left.

MPP Mamakwa.

**Mr. Sol Mamakwa:** Meegwetch, Chair.

Thank you, Doug, Fred and Dave, for your presentations. Greetings from Kiiwetinoong, northwestern Ontario.

I'm going to speak a little bit about the Ring of Fire. I heard about the Ring of Fire from Doug. Certainly, there's an issue with respect to the Ring of Fire. It seems it has been a long time coming to try to get that project going.

I have one community that—on February 1, it will be their 27th year of a boil-water advisory. This First Nation, as well, is being asked to change their ways of life forever. Whenever I go there, they gift me with some traditional food, and I have sturgeon. They have sturgeon in their river. That community is known for their sturgeon, and they're being asked to change that at the expense of—the provincial government uses jurisdiction as an excuse to not do anything about youth suicides. They use jurisdiction—complacency—as an excuse.

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

**Mr. Sol Mamakwa:** Do you feel that Ontario should be part of the solution in addressing some of the issues in these Far Northern communities, First Nations?

1050

**Mr. Doug Morton:** Well, I think you're asking me a question there related to social issues. In terms of our submission to the pre-budget, we haven't addressed those particular issues, but I can tell you that CSA has been working very actively with First Nations and Aboriginal communities in a variety of ways. One of the areas that you may be aware of, MPP Mamakwa, is the work we're doing in the north, in the Arctic, with respect to the changing climate, for example, and the impact on infrastructure and the impact on health care etc. So CSA is very actively involved—

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

We now go to the independent. MPP Fraser, is it?

**Mr. John Fraser:** Okay, I'm unmuted now. Good. Thanks, Chair. If Doug wants to finish his response, because he ended up getting cut off. I just have one question for him, so he can finish his response to my colleague Sol.

**Mr. Doug Morton:** Thank you. I kind of forget where I was, but—the work we're doing in the north. We've been working with northern communities, the Aboriginal communities, in a variety of areas, and that was really all I wanted to say, Mr. Fraser.

**Mr. John Fraser:** Okay. I just wanted to make sure you were able to finish your thoughts.

**Mr. Doug Morton:** Yes, thank you.

**Mr. John Fraser:** Thanks very much for your presentation this morning and for the work that you do. For the longest time, and still right now, your light is under a bushel basket. You have done a lot of work with governments over the years, essentially to protect Canadians and enhance the quality of life for a long time. That's why I'm really interested in your work in long-term care. If you could just talk a little bit more about that and let us know when you think you're going to come up with a recommendation or a standard. We probably only have about three minutes, but the floor is yours.

**Mr. Doug Morton:** Okay, thank you. I appreciate the question. Long-term care obviously was exacerbated by the pandemic in terms of the impact on residents and PSWs etc. We have a number of standards that could potentially be used by the long-term-care sector now that are extensively used by health care facilities, but I mentioned the standard we're developing specifically on the operation of infection prevention and control in long-term care. That's being led by Alex Mihailidis, who is a professor at the University of Toronto. He's the chair of our committee. We've had extensive stakeholder outreach across various communities over the last several months, and I'm pleased to say that that standard is going to be published for public review—I believe it's on February 11, and it will be open for 60 days of comments.

Our hope, MPP Fraser, is that that standard will be published by November or December of this year. It's going to address, very comprehensively, the operation of long-term-care facilities, including issues affecting residents as well as PSWs.

**Mr. John Fraser:** Does that include the mental health aspect? I'm actually kind of driving at isolation.

**Mr. Doug Morton:** Yes. The isolation standard we've just begun work on, in terms of mental health for community care settings. I believe we're going to be publishing that standard as well later this year, but I can certainly verify that and get back to you. But again, that's what we recognized as a lesson learned during the pandemic, that residents, particularly the elderly who were cut off from families—that was a significant issue, and of course, the issue just of working in long-term-care facilities for workers was a significant issue as well. That's why we decided to address this particular aspect. We think the physical and the mental aspects of long-term care are extremely important.

**Mr. John Fraser:** Because it does connect with IPAC—

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

**Mr. John Fraser:** —because IPAC is a lever that drives isolation if you delay making adjustments when appropriate. Right?

**Mr. Doug Morton:** That's right. In fact, the new standard that's going to be published this year deals with that whole issue of how long-term-care facilities need to think about their IPAC strategies. IPAC strategies in a new build might be quite different from IPAC strategies in an existing home.

The standard will help organizations develop appropriate IPAC strategies that, hopefully, can reduce that impact you're talking about.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the government. MPP Thanigasalam.

**Mr. Vijay Thanigasalam:** Thank you to all the presenters for your presentations.

I will go to CSA Group. Doug, in your recommendation 3, when it comes to red tape and specifically about electric vehicles, you highlighted the importance of EV charging stations. As you know, our government is committed, when it comes to the Driving Prosperity plan—we want Ontario to become North America's hub when it comes to electric vehicles.

I found it interesting that you did touch on the topic of interoperability when it comes to EV charging stations and equipment, so that when Ontario builds these stations across, it actually works with all kinds of technology that's going to be there, rather than building something, huge machinery, but it won't work as we accelerate the technology in the next five to 10 years. So I really want to hear you speak more on that interoperability when it comes to these EV technology systems across Ontario.

**Mr. Doug Morton:** Thank you for the question.

This is a topic that we've been talking to the province about, and particularly to the Ministry of Economic Development, Job Creation and Trade, around the EV strategy.

Interoperability is an important issue. In our submission, you'll see the range of standards we're referencing that could be potentially useful to the province.

With respect to interoperability, we even had a conversation with the ministry not so long ago about how people pay to get their cars charged. For some services, you have to have an app in order to use a charging station for an electric vehicle; others, you can use a credit card. So we're even talking to the government about, how do we standardize those kinds of approaches so that people can easily use electric vehicle charging stations?

We've also been talking to them about the accessibility of those charging stations. I've got a mall near me where the charging station is actually up on the sidewalk, so somebody with accessibility issues could have issues accessing that particular facility.

So there's a whole range of interoperability issues that we're actually talking to the government about to make sure that electric vehicles can be unfolded easily and effectively in the province.

**Mr. Vijay Thanigasalam:** Thank you, Doug. Are there any other jurisdictions that we can model when it comes to this interoperability technology, in terms of electric vehicles? Are there any models that you look up to, when it comes to jurisdictions? Or is this something that we are

learning and trying to implement from the ground up here in Ontario?

**Mr. Doug Morton:** I don't think so. I don't think it's from the ground up. I think looking at the European experience, I think looking at the California experience, for example, could be helpful to the province.

**Mr. Vijay Thanigasalam:** Doug, when it comes to the supply chain, as we are in the middle of a global pandemic—the supply chain issues were a problem from the beginning of this pandemic, especially around personal protective equipment. That's why the Ontario government implemented the Ontario Together Fund to support Ontario's local manufacturing companies to produce these kinds of goods and services right here, home production. That's something that our government has been encouraging, to change the mode of production of PPE production so that we can have home production when it comes to this very critical equipment during a health crisis like this.

**1100**

Could you please talk about the importance of producing and innovating these kinds of vital services right here in Ontario?

**Mr. Doug Morton:** As a matter of fact, you raise a very good point. Back at the beginning of the pandemic, access to PPE, particularly respirators, was a particular issue. We actually took advantage of the Ontario Together Fund and we built a PPE-testing facility at our [inaudible] in Rexdale. We have been testing PPE since last December. We've tested industrial PPE for many years, but our new facility deals with medical-grade PPE, and we've been working with Canadian manufacturers to make sure their products are getting certified and into the hands of front-line workers and people who really need that PPE. So we've been actively involved in that space for some time.

We've also worked with Ontario and we've worked with other provinces as well to help them evaluate products, particularly at the beginning of the pandemic when they were bringing them in from other countries, to make sure that they met appropriate standards.

**Mr. Vijay Thanigasalam:** Great. In terms of overall general standards when it comes to any sector, from long-term care to the auto sector to the housing sector—I'm talking about in general in terms of standards development—where do you see the province of Ontario's advantages? Also, where do you see the areas of growth when it comes to standards development?

**Mr. Doug Morton:** First of all, we have many representatives of the province of Ontario who sit on our technical committees that develop our standards. I think some of the areas that we talked about already, electric vehicles—

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

**Mr. Doug Morton:** We're also involved with the province and other provinces on things like hydrogen. There are a lot of emerging areas that we feel will benefit the province of Ontario.

Of course, the province of Ontario influences, in some degree, the direction that other provinces might take. So

there are a lot of areas where standards are going to be important, particularly in the evolving health care space. We're always going to keep our eye on that, particularly as long-term-care issues develop. There's a variety of areas where the province not only supports our efforts but also utilizes the tools that we develop, whether that be standards, whether that be educational tools, research tools etc. We have a very strong relationship with the province of Ontario in our standards development world.

**Mr. Vijay Thanigasalam:** Perfect. Thank you.

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

We are now finished with presentation round 2, so we will now go to round 3.

ONTARIO FEDERATION OF INDIGENOUS  
FRIENDSHIP CENTRES  
HOSPICE PALLIATIVE CARE ONTARIO  
ONTARIO PUBLIC SCHOOL BOARDS'  
ASSOCIATION

**The Chair (Mr. Ernie Hardeman):** The next panel: The first delegation will be the Ontario Federation of Indigenous Friendship Centres.

**Ms. Juliette Nicolet:** Good morning, Chair, and thank you for having us here. I imagine there are numerous MPPs across Ontario with us, so thanks for having us here. My name is Juliette Nicolet. I'm the policy and government relations director at the OFIFC, and I am joined by my colleagues Jennifer Dockstader, the board president, and Sean Longboat, director of programs.

We have a few brief comments. I'll begin and get into it right away. We want to comment on three particular areas that we believe should be opportunities for the provincial government to advance sound policy and implementation of such policy, and those are housing, child care and child welfare.

Specifically around housing, there is a need for the province to develop a provincial housing strategy that addresses the significant challenges that Indigenous communities face in accessing a range of different housing options. To give you some concrete statistics, in point-in-time counts for homelessness, the average percentage of Indigenous homelessness across 61 metropolitan areas across Canada is 30%. In Ontario, one example from Sault Ste. Marie is that that figure is actually 60%, so 30% versus 60%. I'm sorry if I misspoke earlier: 30% and then 60%. So the numbers of Indigenous people who are in need of housing is extremely high compared to non-Indigenous people: 18% core housing need versus 12% core housing need in the non-Indigenous communities.

We really need the province to engage with communities to develop a strategy that is province-wide and that has a specific approach for Indigenous communities, and urban Indigenous communities in particular, with the friendship centres at the centre of that, to address not housing affordability per se but the provision and creation of affordable housing. That means supportive housing;

community-based housing of all kinds for youth, for women, for single parents; transitional housing; housing that supports mental health needs—this broad range of approaches.

We have programs on the ground that actually specifically address these things. One of the programs that we have is called Urban Indigenous Homeward Bound, and it demonstrates a very high level of success in addressing the housing, education, employment and child care needs of single-parent, female-led Indigenous families. That is an example of something that we think the province should invest in more substantively and sustainably.

The other thing—and this is something that will allow me to segue into child care—is, there's a need for funding that is intended for Indigenous communities, and particularly for urban Indigenous communities, which is also the concern of the province, not just the federal government. It needs to go directly to those communities. The funding should not be funnelled to other levels of government. In particular, I think here about the municipalities, which should be funded adequately and generally are in need of greater funding around these issues—housing and child care—however, do not have the expertise to develop and to deliver housing and child care in an Indigenous context. So the direct funding relationship really needs to come through organizations like OFIFC. We offer greater value for money. We are able to provide better data, better reporting, better impact on the ground so that over the long term—because this is a finance question—costs actually go down. We reduce child welfare involvement. We reduce involvement in the justice system. We increase educational and employment attainment. The impacts are far-reaching when you put the work in the control of the community.

With respect to child care specifically, \$1.4 billion annually is spent on child care. If we take into account the fact that roughly 5% of the population of children in Ontario is Indigenous, that works out to \$70 million, which should be distributed across various communities, on- and off-reserve—and 85% of Indigenous people live off-reserve in Ontario. Currently, Indigenous-led child care is allocated at \$2.5 million for the province, and that is administered by the service managers. We believe that a far greater proportion of total child care spending should be allocated directly into communities like ours, friendship centres.

I would also add that there is an urgent need for the government of Ontario to reach an agreement with the federal government to transfer funds for child care, and to ensure that that is done in a manner that respects the role and function of the friendship centres in Ontario, but also other urban Indigenous service providers that really form a very large and strong social infrastructure that should be relied upon by the province to get real results on the ground.

Lastly, I will speak about child welfare. I would just like to flag for the committee that there is a—

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

**Ms. Juliette Nicolet:**—very important piece of legislation that should be being advanced, that recognizes the

role of urban Indigenous service providers in prevention and early intervention of child welfare involvement. It is critical for that piece of legislation to go through with those specific provisions in it, and then to immediately begin the transfer of resources away from apprehension-focused agencies and towards community-based agencies that focus on prevention and early intervention and that prevent, specifically, child welfare involvement and all of the different outcomes that we know that that results in.

Thank you very much.

1110

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

When we started the panel, I forgot to mention to everyone that before you speak, the first thing you should do is introduce yourself so we're sure Hansard can record that.

With that, our next delegation is Hospice Palliative Care Ontario.

**Mr. Rick Firth:** Thank you. My name is Rick Firth. I'm president and CEO of Hospice Palliative Care Ontario. We represent Ontario's hospices and the health care professionals and volunteers working in palliative care.

Community-based palliative care is what people want. It lowers overall health care costs. It keeps people out of hospital, ending hallway medicine and ER overcrowding. It delivers holistic care that is highly valued and responsive to patients with families. It also supports mental and emotional well-being, preventing escalation to clinical interventions, and it's needed now more than ever.

A growing percentage of the population is dying or heading to end-of-life. It's not COVID-19-related, but COVID-19 has exacerbated it. The reality is that there is an inevitably growing volume of people aging out of life. Only 3% will die suddenly; the rest will experience a longer trajectory of dying that requires support.

Too often, people end up in the hospital when they're dying, not because they need it, but because there's insufficient care in the community. Community-based hospice care is less expensive and more desirable than hospital care. Hospice palliative care delivered in the home or in a homelike hospice residence is care that people want, and it's all about quality of life. It's holistic care for the patient—it's medical, physical, practical, psychosocial and spiritual support—and it provides critical bereavement care to those suffering loss, helping them through a difficult time without needing clinical interventions.

Our care is supported by standards and accreditation, and we have empirical data that shows the quality of care is unparalleled. Hospice services boast an overall satisfaction rating of 98% from patients and caregivers, and the patients receiving the care report that their needs are being met 97% of the time. This quality was acknowledged by the Auditor General in the 2014 report. This proven track record of high quality makes our sector one to be emulated.

But right now, the crunch is on; we desperately need to shore up community hospice palliative care, or we will

lose it, and hallway medicine and hallway dying will only get worse.

Focusing on supporting hospitals without shoring up community care creates a vicious cycle of more demand for unnecessary hospital care while diminishing community care. Hospital care should be focused on those who will get well and go home, and not on the people who are dying and do not need the hospital. The community care sector is facing a crisis due to increased costs, lack of sufficient funding, lower compensation for nurses and PSWs, and increased competition for health human resources in hospitals.

Hospices need to be better supported, or we risk losing these vital services. Quite simply, we need better funding formulas for our community hospices now, or there will be nowhere for people to die, nor will they receive hospice support at home. The dying will be on gurneys in hospital hallways and in ERs, and families won't get the support they deserve.

COVID-19 showed us the devastating impact of not being able to say goodbye to dying loved ones. The Lieutenant Governor began her most recent throne speech by noting that so many families were grieving.

Many are predicting that the next pandemic will be one of grief, and that the enormity of the grief and bereavement will rival that of the post-World War II period.

Loss is a universal experience, but it's also individually potent. Without the right supports around dying, death, loss and bereavement, there are going to be mental health problems associated with the loss, and it will impact the health care system.

We're looking for investments to support hospices, because a hospice bed is one third the cost of a hospital bed, and volunteer in-home programs cost about \$80 a day. We're seeking 100% of funding for our clinical costs, about 70% of the total budget. These costs have increased significantly, and funding has proportionately diminished over the years. Currently, only nursing and PSW costs are funded, and there are other costs, including patient care supplies, medical directors, psychosocial care, nutrition, and infection control cleaning and equipment, that are not funded. In a hospital, all of those costs would be covered 100% and at three times the cost.

Forty-two per cent of hospice admissions come directly out of a hospital bed, freeing up more expensive hospital care for those in need of acute care. To cover 100% of these costs and address HHR pressures, we need an annual investment of \$43.2 million in the coming fiscal. That would allow us to deliver hospice care that is \$200 million less expensive than in hospital. That's \$2 billion over 10 years.

We're also seeking some funding to stabilize our in-home programs, which on average receive 61% of their costs from government, but half of them are well below this level. So we're looking for \$4 million to bring the ones that are below 61% to that 61% level and provide sustainability for them and shore up their ability to provide access equitably and help people stay at home.

Our third and final ask is to help support the bereaved. We're the main providers of bereavement care in Ontario,

not just for people who receive palliative care, but for people who lose someone to a sudden death: an accident, a homicide, a suicide, an opioid overdose. Some 40% of our bereavement clients are from the general community.

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

**Mr. Rick Firth:** Last year, we supported over 35,000 people with bereavement support.

To meet the demand and shore up sustainability, we're seeking funding of \$10 million this year, growing to \$25 million over the next three to five years. At present, no bereavement services are funded by government. They rely on donations, and the capacity of donors has been declining, and they can't keep up with the demand. We know these investments will reduce palliative care costs significantly, keep people out of hospital beds and provide excellent care and an excellent experience for those working in the sector. Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for the presentation. The next presenter is the Ontario Public School Boards' Association.

**Ms. Cathy Abraham:** Good morning. My name is Cathy Abraham, and I'm the president of the Ontario Public School Boards' Association, more commonly known as OPSBA. I'm also a trustee with the Kawartha Pine Ridge District School Board. Thank you for giving me the opportunity to speak to you today on behalf of our member school boards, which together include more than 1.3 million students, which is 70% of Ontario's K to 12 student population. Our members include all 31 English public school boards and 10 school authorities.

As I'm sure you're aware, education continues to be the second-largest funding line in the Ontario budget. Over the past years, the pandemic has created a number of additional challenges in our system. Some of these challenges were new and unexpected while others have existed for some time and were made worse by the pandemic.

Over the past year, we have been working with a variety of partners across the sector with the goal of building consensus on how to strengthen our system coming out of the pandemic. We feel strongly that we can't simply go back to the way we did things before COVID-19. We need to challenge ourselves to reimagine what our schools could become so we can ensure that each and every student in our care thrives both in school and in life.

I use my time today to describe some of what we've learned through this work as well as some of our more long-standing priorities.

As an overarching principle, we are seeking funding that recognizes that every community school board has its own local context that needs to be taken into account. There is no one-size-fits-all approach. I know this committee heard from OPSBA's northern regional chair earlier this month about some of the unique challenges that our northern school boards face, including the difficulty of attracting and retaining employees, transportation issues and the rising cost of capital projects. We were grateful for that opportunity.

In early December, OPSBA provided a submission to the government as part of the annual Grants for Student

Needs consultation. The submission was shared with all parties in the Legislature, it will be shared with this committee and it is on our public website. Our submission reflects feedback from students, trustees, the OPSBA Indigenous Trustees' Council, member boards, business officials and our senior staff.

Under the heading of mental health, one of the most important, pressing needs in our schools is the mental health of our students and staff. The need for mental health supports has never been higher, and we anticipate the need will outlast the pandemic. Through the work of our education partners table, OPSBA and over 30 participating organizations have begun to propose recommendations for transformative change in schools. I'd like to highlight a few of our recommendations on mental health—and there are more in our written submission:

—a continued increase in the number of school-based mental health professionals, social workers, psychologists, guidance counsellors, child and youth workers, school mental health workers and others to address the significant increase in the number and severity of students requiring support;

**1120**

—that the equivalent funding of a full-time position be implemented in all 72 school boards for each of the next three years for a designated school board staff mental health lead to coordinate with the student mental health lead in support of healthy classrooms;

—a continued increase in community agency supports and services to eliminate wait-lists for sufficient and timely pathways to care across the province, especially in our northern, remote and rural areas.

Equity, diversity and inclusion: Another priority for school boards is equity, diversity and inclusion. Our students' learning experiences during the pandemic have shed a bright light on the many challenges created by ongoing and historic patterns of discrimination. As a result, we feel there's an urgent need to disrupt these patterns of discrimination by transforming and strengthening our existing curricula, systems of support and commitments to equity.

OPSBA recommends:

—funding for research officers to support the new Board Improvement and Equity Plan and the collection of identity-based data on educational outcomes;

—sustained funding for ongoing professional development opportunities that support effective, transformative instruction. Transformative instruction includes elements such as identity-affirming classrooms, students' sense of belonging, and culturally relevant pedagogy;

—recognizing the complexities of the transition to destreamed curriculum;

—dedicated funding for the development of appropriate learning resources and student supports.

Special education: Special education is another area which consistently requires additional funding. The needs of our students are increasingly complex, and the pandemic has exacerbated an already challenging situation. In this area, OPSBA recommends:

—predictable and responsive funding that reflects the ongoing specialized needs of students who require special education supports or services;

—a comprehensive review to fully understand the issue of assessment wait times, gaps in services and access to professional staff across the province, in order to provide timely and relevant supports to students and their families. This is more acute in northern, rural and remote communities;

—predictable and stable funding to ensure that all learning spaces, educational equipment and teaching practices are fully accessible for all students to engage and thrive in all aspects of school.

Indigenous education: OPSBA's Indigenous Trustees' Council advocates the government in support of Indigenous education. I would like to re-emphasize the importance of investing in our Indigenous youth. Advancing reconciliation and support of the recommendations of the Truth and Reconciliation Commission is one of our key priorities. We have two key recommendations in this area: improved funding for dedicated Indigenous language instruction taught by accredited Indigenous language speakers; and programming and staffing, such as graduation coaches, should be enhanced, particularly at the secondary level—

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

**Ms. Cathy Abraham:** —to support Indigenous languages.

Capital and facilities planning: Prior to the pandemic, many school boards were facing a backlog of repairs in the schools. Boards have also faced long wait-lists for approval and funding of new construction projects. To address these challenges, we recommend continuing to provide funding for capital maintenance for heating, ventilation and air conditioning—and this is even more critical in the COVID-19 area; and increasing capital funding benchmarks to reflect the increased costs of construction related to the supply chain, material shortages and labour shortages.

I would like to thank you for the opportunity to address this committee. I look forward to answering your questions.

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

That concludes the presentations. We now will go to the questions. We'll start this round with the independent. MPP Fraser.

**Mr. John Fraser:** I'd like to thank all of the presenters this morning for your very clear and concise presentations and for taking the time to be with us.

I would like to start with Rick Firth—we know each other quite well—of Hospice Palliative Care Ontario. I want to thank you for all that your organization has done to promote quality palliative care and end-of-life care in the province.

Specifically, I'd like to focus on bereavement. With this pandemic, there has been a lot of loss—a lot more loss than we actually read in the numbers in the paper. There are, I think, 11,000 people who have died of COVID-19, but

when we take a look at the excess deaths due to other reasons that are related to the pandemic, that number will be maybe two or three times that size.

I want to understand the consequence of not supporting bereavement in this province. That ask that you have for \$10 million, growing over a period of time: What's the consequence if we don't do that?

**Mr. Rick Firth:** I think the first consequence is, we will see an immediate reduction in the services that are currently offered, because the donations have decreased and the demand is up, so they can't keep up.

For the people who are bereaved, not addressing grief just prolongs that experience. It's about functioning. Bereavement is not dissimilar to depression. The ability to go to work and to function and to interact—it goes on for months and months and months, and it impacts not only the bereaved but the family around them, the kids, their friends etc. For people who don't have their grief resolved, it can manifest into complex and complicated grief, which just last year was finally put into the diagnostic and statistics manual as a diagnosable illness, that unresolved grief.

The other piece we have happening in Ontario is we've seen a significant increase in the number of people who have trauma-informed grief. Those traumas could be from a range of life experiences, and now we've got the trauma of not being present when someone has died or not being able to go visit them. So that complex trauma-informed piece has grown quite a bit. It's almost 30% of the individuals who are bereaved now. We need this support to bring in more clinically trained people to focus on that 30% and to expand the supervision of the volunteers—we have thousands and thousands of volunteers—who provide that companion grief support for people who don't need a clinical intervention.

**Mr. John Fraser:** So it is a very leveraged approach in terms of delivering, I'd say, community mental health in terms of, really, more resiliency and trying to address a potentially long-term negative situation for a person.

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

**Mr. John Fraser:** They're—sorry, Chair. You just helped me lose my train of thought. But it's really very cost-effective and it's at the community level.

To my colleagues on the committee: It really is a mental health issue that we have to address, because right now there is a lot of grief and loss around. It's affecting people greatly, whether that's having lost a loved one to COVID, having lost someone to the opioid crisis or someone who was unable to get a surgery or just—it is really a critical moment in this province. I want to thank Rick again for bringing it forward and all the work you do to support quality hospice palliative care and end-of-life care in the province.

**Mr. Rick Firth:** Thank you.

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

To the government side: MPP Thanigasalam.

**Mr. Vijay Thanigasalam:** Thank you to all the presenters for being here and for your presentation. I'll start

with Rick from Hospice Palliative Care Ontario. Rick, thank you for your presentation. You made it very clear that the options, the palliative care services for patient, family and community grieving and bereavement services—how these are less expensive and more desirable for the families and the people. But also, you talked about the holistic care that it provides to the family as well as to the patient.

My question is, when we have COVID behind us, when it comes to recovering our economy, to building the health system, what role do you think you can play, that you see the hospice palliative care sector can play in support of the health care system recovery moving forward? Because you did touch upon the expense part, so that's why I'm just emphasizing this. What role do you think hospice and palliative care can play in the recovery?

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**Mr. Rick Firth:** I think there are two things that we can do directly related to recovery. One is keeping the dying out of the hospital so the hospitals have some capacity to get back to their services. All of the cancelled surgeries and procedures are going to create a backlog and a demand for beds, so we want to make sure that the dying, who don't need to be in hospital, can be in a hospice setting. That's the one piece.

The second piece is the grief and bereavement work. It's not just the family members who have lost somebody; it's the health care workers. We ran drop-in support groups during the first wave of the pandemic for health care workers who were stressed from the work they were doing. We ran those for many weeks, and the average call had about 200 health care workers on it. They just needed somebody to talk to. So that's something that the hospices do. And on a more structured side, health care workers are suffering multiple losses, and that in itself can be traumatic, so a lot of hospice programs have support for health care workers in coping with multiple losses. That's the immediate thing.

The investments will stabilize community home care and keep people where they want to be and out of the institutional setting.

So I think the biggest impact is on the mental health of the sector workers and on the hospital capacity—keeping the dying out of hospital.

**Mr. Vijay Thanigasalam:** When it comes to grieving and bereavement for both families and health care workers, in terms of the investments—you mentioned 100% investments to these services. What has changed since the pandemic when it comes to these grieving and bereavement services, and why do you think this full 100% investment will mitigate this issue, and plus moving forward?

**Mr. Rick Firth:** There are two numbers that are separate. The 100% that we're seeking is for the clinical cost of hospice residences. That's about 70% of their budget, and that's the medical director, the nursing. Before the pandemic, the costs were going up and we weren't keeping up with that pace. The pandemic has brought in a lot of new costs, just on the infection control measures and

the equipment. That has escalated significantly, and hospices are never funded for that. Right now, they can only spend their money on nursing and PSWs. Some of them are looking at IPAC measures that are costing tens of thousands of dollars a month, so that's what we're looking to cover.

On the bereavement side: Bereavement, right now, is fully funded just through donations. We started seeking funding for this back in 2019, before the pandemic. Because of the number of dying and loss in the province, the demand was going beyond what the hospices could keep up with. The pandemic caused further spikes. For example, in the North Bay area, there's a 500% increase in the demand. The opioid crisis, which increased during the pandemic, has also resulted in more loss. For example, in Peterborough, they're doing three groups a week for people who have lost someone to an overdose.

**Mr. Vijay Thanigasalam:** Thank you for highlighting the increased need for these services in these regions. I'm sure that COVID-19 has caused a lot of changes in terms of the demand. Has the ongoing COVID-19 pandemic changed the type of services your members deliver to the community? I just want to see how the services have changed, how you have had to adjust to the pandemic. And in your opinion, what changes do you expect to be permanent after the COVID-19 period? Of all the changes that are happening right now, what are the changes that you think are going to be permanent moving forward?

**Mr. Rick Firth:** For the hospice residents who do the in-patient care—

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

**Mr. Rick Firth:** —the IPAC expense will be permanent and the procedures that they've had to put in.

In general, we did a huge pivot to virtual. So 35,000 people received bereavement support from a hospice last year through a virtual platform. We think that's going to be permanent. We will return to group work and one-on-one, but there seems to be a demand that will stay in place for that virtual, and that will further help increase access. We also have programs that have been addressing isolated seniors through virtual engagements. We've had about 6,000 in that program since last March. We think that's going to continue as well. It gave us the kick that we needed to get technologies upgraded so we could do the virtual care, and I think that will be a permanent feature going forward.

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

We will now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thanks to all presenters. Both my colleagues have questions, so I'm just going to address one question to Cathy Abraham. It's nice to see you again, Cathy.

Today, the Waterloo Region District School Board and also their education foundation put out an email to all staff, families and the community at large asking for funding for HEPA air filters. The memo reads, "We know our" staff and community want "to help to make our schools" more "equitable and welcoming spaces"—and they are looking

to raise \$18,000 to support 20 HEPA filtration devices. They cite—this figure was provided by the Waterloo Region District School Board—that in its first year of operation, it will cost \$900 per HEPA filter.

My question to you is very simple. Obviously, not every community has the ability to raise this kind of money for health and safety measures. Do you think that it is right, just and equitable for school boards to be in such an untenable position that they have to fundraise for health and safety measures?

**Ms. Cathy Abraham:** I don't know an awful lot about—and it is good to see you too, Catherine—this particular fundraising issue or why they've chosen to do this. I do know that they're doing it through their foundation, so that within the Waterloo region's school boards, it's not about which school can raise the most money. This is the way they're choosing to do it to be equitable.

It is certainly not preferred. We all know that there is not equity across the province of school boards, school communities. You heard me talk about local needs. This is one of them. We know that, across the province, school boards and school communities are not able to raise money the same. It is unfortunate.

I don't even pretend to be able to talk about HVAC. The two things I never thought in my life I'd talk about were HVAC and epidemiology, and yet here we are. I don't know the degree of their need, but I do think it's unfortunate that they feel they have the need to do this.

**Ms. Catherine Fife:** Because they don't have the resources themselves, so—

**Ms. Cathy Abraham:** Well, yes—I mean, you know as well as I do, Catherine, that we make choices as a school board on how we spend our money. Whenever you choose to spend it on one area, it means you can't spend it somewhere else, and so they've had to make choices. They don't feel they have the funding to be able to do this.

I was not privy to their debate and conversation around this, so I can't speak to specifically why they made that decision. But it is unfortunate that we're put in those kinds of positions to make those decisions.

**Ms. Catherine Fife:** Thanks very much, Cathy. I'll send it over to one of my colleagues.

**The Chair (Mr. Ernie Hardeman):** MPP Stiles.

**Ms. Marit Stiles:** It's really great to see you all. Thank you so much for your presentations. I found them really interesting, and I appreciate them.

My question is to Ms. Abraham. Cathy, it's great to see you. I want to start by thanking you, as a trustee yourself, and all of your fellow trustees for your extraordinary work. I know personally how difficult it is.

I really want to thank you for how much the association has also stepped forward with some very clear asks, particularly around the pandemic in terms of keeping our schools safely open. I think it's been really crucial, and it's been unfortunate that the government hasn't really, in my opinion, engaged those front-line folks to the extent that they should have. So I really appreciate the work that the association has done.

1140

I wanted to ask you very quickly: You spoke a little bit about some of the supports that you feel are needed, particularly for students who have already been marginalized, particularly as we've seen these cracks emerging throughout this pandemic. I wondered if you could speak a little bit more to that issue of how we support those students, as well as—you mentioned something about research and tracking data. I think it's so critical, particularly now, but also going forward. I wonder if you could speak a little bit more about those two issues.

**Ms. Cathy Abraham:** Thank you very much. The association—again, HVAC and epidemiology—has been put in a position where we've really had to make very clear our concerns about what has been happening around our schools in the pandemic. But in this particular area, it's not new. I mean, we know that for some time, there have been concerns around equity, diversity and inclusion in our schools. What the pandemic did was—for some, not all, because some of us knew it was always there—instead of having a crack around our systems, we have a canyon.

Why we're asking for research is that we don't know what we need to fix until we know it's there. We do recognize that some school boards, by virtue of size and other issues, are able to do their own research, but many are not. Without having research to be able to definitively say, "Here's the issue. Here's what the data shows us about what happens with students who don't feel recognized or safe or part of the school community. Here's what happens to them in their school career," we are not as able to provide them the support that they need to field all of those things. That's a big part of the research and data: You cannot fix a problem until you know what the problem is.

**Ms. Marit Stiles:** Thank you very much. I'll also ask, again, to return to the issue—as you mentioned, data and research are super important. I wonder if you could speak for another couple of minutes about your specific priorities in this moment in terms of keeping our schools safely open.

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

**Ms. Marit Stiles:** I think everybody is looking for that, to try to keep our schools open till June. Could you speak briefly about some of the things that OPSBA has been asking for from the government?

**Ms. Cathy Abraham:** It's an interesting time right now because, in all fairness, many of the things we asked for, we have seen. We did ask for N95 masks for our education workers, teachers, EAs, everybody in schools and bus drivers, and we got them. We are continuing to put an emphasis on that; that cannot end. Until the day comes when you don't have to wear a mask anymore, those N95s need to be provided.

We did ask for support for masks for students. There's been a problem with that, so we will continue to ask for appropriate masks for students. I understand they were quite large. We'll continue to talk about that.

We will continue to ask for funding to make sure that, as Catherine did talk about, the HVAC piece—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude it. Maybe in the next round, we can continue with that.

We will go to the independent. MPP Fraser.

**Mr. John Fraser:** Cathy, if you want to finish your thought. I've got a question for someone else, but you were just saying something about HVAC. Can you finish that?

**Ms. Cathy Abraham:** Yes, I'll be very quick. We need to continue to monitor that. Anywhere there is an issue, we need to be able to provide what we need to keep everything safe. The needs change, and as needs change, our asks will change. We will continue to really push those things hard for kids and staff.

**Mr. John Fraser:** Thank you very much for your advocacy on adding COVID vaccines to the universal list of vaccines in schools. I think that's critical as we go forward over the next months and years. You were out there early, and I think that's really important. I appreciate it very much.

I want to go back to Rick. Rick, I've had the good fortune of being able to work with you and being involved with hospice and palliative care for a long time. I know the value of hospice—that's where my dad spent the last few weeks of his life—and how important it is to families. It's really kind of the community's expression; it's community coming together to support families when someone is dying.

I don't want to get too poetic here, but if there are rest stations between heaven and earth, hospices are really one of them. I know that from just a real, personal level, and so I want to know the impact of not providing that clinical funding that's really critically needed. It's actually part of an evolution of funding hospices that's grown over the last 20 years.

**Mr. Rick Firth:** Yes. I think if we don't address the funding, we're going to be in crisis pretty quickly. We got one year of funding this year from the government to address the impacts of COVID. That allowed pretty well all the hospices not to go into significant deficit. Many were trending for deficits of \$300,000 or \$400,000. They can't sustain that, so we need that one year of funding to become annual so that we can keep the doors open and not go into crisis.

If we lose the hospices, there's only one place that our patients will go, and we need to be really clear on that. They will go to hospital, because these are people who can't stay at home. If we're not caring for them, they're in a hospital, and that's going to create huge issues for the system. You know, at the end of the day, we've got the best quality of care in health care, and that's because of the way we do things and our philosophy of a palliative approach. I think we have an obligation to provide the dying with that level of care, and to care for their loved ones after they're gone.

**Mr. John Fraser:** And just for my colleagues, who may not need to know this, as well, too, just the expertise in pain and symptom management I would say in a lot of cases exceeds hospitals' capacities, or at least their ability

to address that quickly. Dying in a hospital doesn't always give families and the patient what they need to have: support at a really, really critical time in people's lives, and not just the person passing away.

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

**Mr. Rick Firth:** If I may, pain management is often the thing that people think about when they talk about palliative care, and we do that very, very well. Often it's the hospice that gets the calls from the docs in the communities and others that haven't worked with these medications, trying to get support. Pain and symptom management consultants that go out into the community from the hospices and address exacerbations in the home reduce hospitalization by 50%. So keep them at home, address it where they are, and if they have further complications, bring them into hospice and give them the best care. But our main focus is on allowing the dying person to define what their quality of life is and doing everything we can to deliver on that quality of life.

**Mr. John Fraser:** Thanks, Rick.

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

We'll now go to the government. MPP Crawford.

**Mr. Stephen Crawford:** Thank you to the three presenters today from the three different organizations.

My first question is for the Ontario Federation of Indigenous Friendship Centres. I just wanted to get a larger perspective—I have a couple of questions for you, but I do want to get a larger perspective on your organization. Two very quick questions and then I'll move on to some more in-depth ones: (1) How much of your funding is actually from the government of Ontario, so what percentage, and (2), how many clients do you serve?

**Ms. Juliette Nicolet:** I'm going to defer to Mr. Longboat.

**Mr. Sean Longboat:** Thank you for that question. In terms of overall funding, the OFIFC delivers a wide range of programs and services that are funded by the provincial government in education, in mental health, community well-being, and children and family programs. About 70% of our funding comes through the provincial government and the rest through the federal government.

**Mr. Stephen Crawford:** Okay. Thanks, that's good.

**The Chair (Mr. Ernie Hardeman):** I'll just stop you there, MPP Crawford. Could we have an introduction for the last speaker?

**Mr. Sean Longboat:** It's Sean Longboat. I'm the program director at the OFIFC.

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

Go ahead.

**Mr. Stephen Crawford:** Thank you, Chair.

You did touch on the Urban Indigenous Homeward Bound success, and I wanted to hear a little bit more about—we know some of the needs you have, and you have some very important needs for your organization to serve your clients, but I also want to hear a little bit more about some of the success stories. In perhaps a minute to 90 seconds, can you give me one or two success stories

and how your organization has really benefited some clients?

**1150**

**Mr. Sean Longboat:** Absolutely. Thank you again for the question.

Urban Indigenous Homeward Bound is a multi-sectoral program. It provides wrap-around supports to sole-parent Indigenous mothers. It provides them with life stabilization supports like housing; like mental health and addictions support, as required; like cultural supports; and also mentorship supports from leaders in community. Once those stabilization supports are in place, we then focus on providing education and training to the women in the program. Once they've completed their education, they move into employment. It's a four-year program. It began just over four years ago now, so we're starting to see the first cohort of graduates. As recently as last month, we had reports that an Indigenous woman who came into the program receiving social assistance is going to law school beginning next year as a result of the Urban Indigenous Homeward Bound program. Many others are going into post-secondary, going into the trades. We have 121 Indigenous women in the program right now. We've seen 12 graduates to date across a number of different degree, diploma and training programs, and we're expecting 60 more graduates within the next year. All of those women will be supported through the continuum, right to the point of employment in whatever career they happen to choose.

I will invite Jennifer Dockstader, who is the president of the OFIFC and who is actually delivering Urban Indigenous Homeward Bound in Fort Erie, to offer some words with respect to the question about success stories.

**Ms. Jennifer Dockstader:** Thank you for that. I'm Jennifer Dockstader, president of the OFIFC.

We deliver Urban Indigenous Homeward Bound Fort Erie, and that's the friendship centre I'm fortunate enough to be able to run. We're one of the original participants in the creation of this program, and what we have actually seen is this wraparound support supports our women to deal with the deep intergenerational traumas and the effects that they have had in the first year, moving on to education, upgrade and skill development, and then we support that over the next couple of years and we support them into employment. Really, what the program does, which is most exciting, is it lifts not just that individual woman but her children out of the cycle of intergenerational poverty and its effects. That is what the government should be most excited about supporting—an actual end to the cycle of poverty and the issues around poverty for urban Indigenous women, who are the most disadvantaged population in this country of Canada.

**Mr. Stephen Crawford:** I also noted your comment about child care and doing a deal with the federal government. I paid particular attention to the unique circumstances of your organization and how that fits in a child care plan. I think the government of Ontario, right now, which is talking to the federal government, is trying to take into account organizations such as yours, not-for-profits as well as—there are many different delivery methods of child care in the province of Ontario. We want a long-

term, sustainable deal with the federal government. So your point is certainly well taken.

For my next question, I'd like to go to the Ontario Public School Boards' Association. Thank you for presenting today, and thank you for all the great work you're doing in getting kids back safely in school. Overall, from what I can see, it's rolling out very well. I know your organization asked for the masks for teachers, for students, and also access to vaccine clinics. I have four daughters in the public school system, and it all seems to be good. Let's hope it continues that way. There are always going to be a few hiccups along the way, and we want to hear from you in terms of what we can do better.

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

**Mr. Stephen Crawford:** You talked a little bit about curriculum. I want to get your perspective on the math and science curriculum—I know you didn't really touch on that—and the importance for STEM education here in Ontario with the changing labour force. I think we have a bit of an issue in Ontario in terms of students getting that high-quality education in some of the science and mathematics fields to set them up for a future in a changing labour force. I just want to get your 40-second take on what we can do to improve that here in the public schools in Ontario.

**Ms. Cathy Abraham:** Well, first, I'd begin with stop calling it STEM and start calling it STEAM, because, certainly, science, technology, all those things are important, but the arts are just as important as those, and oftentimes they go hand in hand, and we need all of it. We like the term STEAM.

Listen, we always can improve curriculum. Things keep rolling along. I worry that we sometimes throw babies out with bath water, as the statement goes, if there are some—there have always been some very good things happening—

**The Chair (Mr. Ernie Hardeman):** I think we have reached the end of the time. We now go to the official opposition. MPP Mamakwa.

**Mr. Sol Mamakwa:** Meegwetch, Chair. Boozhoo, Jennifer. Boozhoo, Sean, Juliette, Cathy, Rick. Thank you for your presentations. Hello from northwestern Ontario. I'm the MPP for Kiiwetinoong, and it's good to hear your issues. However, there's so much to do, especially during this time.

I'm going to focus my questions on OFIFC regarding some of the issues that you talked about. When we talk about housing, child welfare and child care, these are all important issues. I think one of the things I've known, being in the provincial setting, the provincial Legislature, is that jurisdiction becomes an issue. It becomes an excuse to be complacent and not to do anything.

I have communities in northwestern Ontario that are fly-in communities that have overcrowding issues in homes. Sometimes 50% of them live in urban settings because there are no homes. We live it. We see it. I've understood that's the way oppression works, that's the way colonialism works: get people out of their territories because the lands and the resources that we have available are so abundant.

I think, with regard to, let's say, for example—maybe I'll focus on housing. You ask for a strategy from the province. What type of work is needed? What type of strategy? What should be focused on, especially on urban housing, with regard to housing?

**Ms. Juliette Nicolet:** So it seems to me that one of the—we know that there's not enough housing anywhere, and people are being forced into homelessness everywhere. This is happening even in southern Ontario, but north of Toronto, where Torontonians are buying second homes and driving people out of basement apartments. Lots of things are happening like that. It's something that, actually, our partners at the Association of Municipalities of Ontario have been raising consistently as well. We are in a massive housing crisis.

What we really need—I'm not sure I'm totally answering your question, so you'll tell me if I'm on the mark or not—is we really need a strategy that focuses on investments in community. Investments in community means all those things that I talked about, which is supportive, transitional and community-based housing. Housing for youth who can't find homes to go to—setting aside the problem with having to leave your reserve community to come to town to high school. If you come to town for high school, there's nowhere for you to stay.

These are problems that—I guess to kind of allude to your jurisdiction question—people have everywhere they go. Really, what we want is to ensure that proper investments are made to address the needs in the communities where people are and to put the control over how those investments are made in the hands of community, because then organizations like friendship centres, which have relationships on the ground with area First Nations and other urban Indigenous organizations, can actually determine, “Okay, what is the need? Do we need housing for single dads? Then let's do that. Do we need post-carcer housing? Do we need that kind of supportive housing? Let's do that.” Those decisions are not being made in the interests of the Indigenous community, the urban Indigenous community and the Indigenous community at large when they're being made by organizations that don't understand the community, don't actually serve the community and are not accountable to the community.

So I think that there's a big piece there as well around the accountability. When we are asking for housing, part of our logic is also that we need a relationship with accountability. We're happy to have that relationship with the province, because we're going to show results. When you put a middleman in there and you don't put control in the hands of the community, I think that that becomes a lot more difficult.

I'm not sure if I totally answered your question or if I went down the wrong path, so please let me know if I got it right or not.

**Mr. Sol Mamakwa:** Yes, that's sufficient. I think direct funding mechanisms towards First Nation organizations and First Nations is what I was getting at, and addressing those issues, yes. Meegwetch.

I'm going to pass it over to Marit.

**Ms. Marit Stiles:** Thank you, Sol. I appreciate that.

I have one other question that I wanted to direct to Cathy and OPSBA. Cathy, one of the things, when I heard a Conservative MPP mention STEM and the need to—and I appreciated your comments about STEAM and how we talk about these issues. I wonder if you would talk a little bit about where you see the needs right now, where trustees are seeing the need growing in terms of supporting our kids as we're looking at this new economy, the new challenges out there, in terms of curriculum development.

**Ms. Cathy Abraham:** Well, first of all, listen, this has kind of been put on hold for the last two years. We're not having access to kids. I mean, we do have access to kids, but it's not the same. We're not in person. You know that. We all can appreciate that.

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

**Ms. Cathy Abraham:** I think what we need to really be doing is looking at what kids are wanting. Let's ask the students, because there's no sense in us telling them what they should be doing or what they should want if nobody's going to take that course or nobody's going to take that class. So we need to be really including the students in that kind of a conversation. Absolutely, all of those other courses are important, and they are necessary for our economy moving forward, but if we don't have people who fit into the jobs that they want, our workforce is not strong.

**Ms. Marit Stiles:** Absolutely, 100%. To that point, what should governments be doing to actually—who should they be talking to? Maybe that's the way to put it: Who should the government be talking to and listening to right now in terms of addressing some of those questions?

**Ms. Cathy Abraham:** We always—

**The Chair (Mr. Ernie Hardeman):** It's a great question, but there's no time for an answer. Thank you all very much, and I thank all the presenters for this morning. That does conclude the presentations before lunch.

The committee now stands recessed until 1 o'clock.

*The committee recessed from 1204 to 1302.*

## INCOME SECURITY ADVOCACY CENTRE

### ORCHESTRAS CANADA

### UNIFOR

**The Chair (Mr. Ernie Hardeman):** We'll call the meeting back to order. Our first presenter this afternoon is the Income Security Advocacy Centre. I believe they're present and ready to make a presentation. Before we start the presentation, I would ask everyone that makes presentations or that speaks during the questioning to state their name before they start their answer to make sure that Hansard can record the comments to the appropriate people. All the presentations are seven minutes long. Hopefully, if I remember, I will let you know when six minutes have expired.

With that, the floor is yours.

**Ms. Devorah Kobluk:** Thank you, Mr. Chair. My name is Devorah Kobluk. I speak to you today from the territory that is covered by the Dish With One Spoon

wampum belt covenant, an agreement between the Haudenosaunee and the Anishinaabe.

I'm a senior policy analyst at the Income Security Advocacy Centre, or ISAC, which is a specialty legal clinic funded by Legal Aid Ontario. Our mandate is to advance the rights and interests of low-income Ontarians with respect to income security and employment. We carry out our mandate through test case litigation, policy advocacy, community organizing and public education.

Thank you for the opportunity to appear before the committee today. I will focus my remarks on two key areas related to income security: workers' rights and social assistance. I will also send a more fulsome submission to the committee.

This pandemic has exacerbated pre-existing inequities for workers. Workers hardest hit by the pandemic are low-wage, racialized and are likely to be engaged in precarious work deemed essential, including work in grocery stores, cleaning, delivery, long-term care and farm work. In Ontario, despite making up only 30% of the population, racialized Ontarians constitute 80% of COVID cases, and they often do not have access to paid sick days.

Ontario's worker income protection benefit program is an inadequate substitute. It fails to recognize illness outside of COVID. It only provides for three sick days. The rate is not enough. It is not employer but worker-funded, and it is temporary. So, first, we recommend that you legislate 10 employer-paid personal emergency leave days in the Employment Standards Act, or ESA, and an additional 14 days during declared public health outbreaks. Paid sick days are good for workers, for public health and for the economy.

Next, the increase in Ontario's minimum wage to \$15 starting on January 1 of this year was a welcome improvement. However, that amount is from 2018 and is no longer enough for 2022. Inflation in Ontario passed 5% in December. A one-bedroom apartment is unaffordable for a full-time minimum wage worker in 98 out of 100 communities in Ontario. Women, persons with disabilities, young and older single parents and racialized workers are struggling to get by.

When the minimum wage increased to \$14 in 2018, Ontario's unemployment rate dropped, and the province saw the creation of 78,000 full-time jobs that year. These workers then put money back into local economies and businesses. Raising the minimum wage is good for workers and good for the economy, so next we recommend immediately increasing the minimum wage to \$20 an hour.

Finally, many app-based gig workers are misclassified as independent contractors. This means they are denied basic protections afforded to employees under the ESA. They have no access to statutory termination and severance payments, and are not entitled to basic ESA protections, including minimum wage, overtime and vacation pay, public holiday pay, rest periods and parental leave. So we recommend you enact a presumption of employee status and the ABC test within the Employment Standards Act to protect these workers.

I now turn to social assistance. As many of you know, a single person receives \$733 on Ontario Works per month, and \$1,169 per month on the Ontario Disability Support Program. OW clients therefore live at over 60% below Canada's official poverty line and ODSP clients live at over 40% below this line. Rates have not recovered since the cut of 1995, and even though inflation has increased nearly 8% since 2018, rates have been frozen. This situation is untenable and urgent.

A bachelor apartment ranges from \$700 in Windsor to \$1,200 in Toronto. During the pandemic, we've witnessed rising rates of eviction, which disproportionately impacts Black, Indigenous and queer people and women and their young children.

Unsurprisingly, almost 60% of food bank users are on social assistance. In Ontario, two thirds of respondents with disabilities in one survey stated that they have \$3.33 left per day for food after paying for housing and utilities. Again, food insecurity is disproportionately impacting recent immigrants, racialized and Indigenous people. On top of all this, food costs are expected to increase by up to 7% in 2022.

The province is currently pursuing a transformation of the social assistance plan to supposedly achieve the goal of life stabilization. This plan will fail if rates are not immediately and significantly increased so that clients can stabilize their lives. The province can afford to invest. During the pandemic, it has saved money with reduced caseloads, through federal funding and through clawbacks of federal pandemic benefits.

If action is not taken, there will be an even greater rise in homelessness, food insecurity and subsequent worse health outcomes, all at increased cost to the province. We therefore recommend immediately raising social assistance rates to 1995 levels, adjusted to inflation, which would be \$1,087 for Ontario Works and \$1,525 per month for Ontario Disability Support Program clients. We also recommend implementing a flat rate structure and ensuring access to social assistance to all people who live in Ontario, regardless of immigration status.

Also regarding the current modernization plan: It is going to cost the province money, and it is not making the right investments. It includes a costly pay-per-performance employment model that has a low job placement track record. It does not even invest in wraparound services to address barriers to employment, to help people become job-ready. These include challenges related to housing, child care, mental health and addiction, disability, literacy, numeracy, translation, education, settlement, transportation and digital access. And it offers no real plan for accommodating work for people with disabilities who are able to work.

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

**Ms. Devorah Kobluk:** Further, while social assistance will increasingly be delivered through digital means, there are no supports included to assist clients with digital access in a country that has "among the highest cellphone and data plan costs in the world." With free services shuttered, this is a real issue, so we therefore recommend

that you build an evidence-based employment model that provides for stable jobs with decent wages and meaningful work. We recommend you invest in robust, culturally appropriate, trauma-informed and client-centred wrap-around services to provide life stabilization and to address barriers to employment, and we recommend you implement a digital access benefit for essential cellphone and Internet services.

Finally, we recommend that you reinvest in Legal Aid Ontario and provide funding to develop a longer-term, structurally stable funding plan. This will support the low-income Ontarians I have addressed in my presentation in accessing justice throughout the pandemic and for the future.

Thank you very much, and I'm happy to take questions.

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

Our next presenter will be Orchestras Canada.

1310

**Ms. Katherine Carleton:** Good afternoon, everyone. My name is Katherine Carleton. I'm executive director of Orchestras Canada/Orchestres Canada. I live and work on the traditional territory of the Mississauga Anishinabek people in Peterborough Nogojiwanong, also known as the Peterborough–Kawartha riding, represented here today by MPP Dave Smith.

Orchestras Canada is the not-for-profit charitable national association for Canadian orchestras. Seventy-six of our 141 member orchestras are based here in Ontario. They include youth and training orchestras, volunteer-powered community groups and internationally known professional ensembles. It is a unique mix. Ontario's orchestras of all sizes bring life and pride to our communities. They unite people to build skills and promote community celebration. They create jobs and economic spinoffs.

COVID-19 has presented existential challenges to our orchestras. Our basic work, bringing people together in close proximity in indoor settings, is a tough sell in the current context. Still, we have evolved best-in-class strategies to keep artists and audiences safe. We've pivoted to digital and we have explored new venues and new ways of sharing our work. And people have responded. Orchestras are not zombie businesses, but we've been shut down or under strict restrictions since March 2020. We work for the day when this is all far behind us.

Some statistics: The 2018-19 concert season was our last normal year. That year, Ontario's orchestras performed 1,200 live concerts for just over 670,000 people, and they generated revenues of just over \$57,350,000. Of that, 38.7% came from box office, 43.7% from fundraising and 17.6% from all levels of government. In 2020-21, which was our first full COVID season, Ontario's orchestras performed 156 live concerts—yes, that's down from 1,200—and 1,278 events online for over 1.4 million people. That's what I meant: These are not zombie businesses; there's an audience for the work that orchestras are doing.

But relative to 2018-19, Ontario orchestra revenues have dropped down to just under \$40,667,000. That's a

drop of 29%. Box office was 7% of the total; fundraising stayed the course; government support grew to 49.5%. Expenses dropped. We balanced our books. But to be quite blunt, we did it on the backs of freelance artists, cultural workers, early career folks and our community's infrastructure. Everyone is hurting.

Still, we've made it this far with the help of the governments of Ontario and Canada and the commitment of our donors and sponsors. We thank Minister MacLeod for her advocacy at the cabinet table and for her commitment to keeping us informed. I also want to thank the government of Ontario for the help that my organization has received to bolster our support role at this challenging time, sustaining core funding from the Ontario Arts Council, who have helped us keep the lights on, and project grants from the Ontario Trillium Foundation and the Ontario Ministry for Seniors and Accessibility, who have helped us pilot really terrific new programs.

So how do we move forward? We have some ideas. In the short term, two things:

(1) Help us stay safe. We need access to cost-effective rapid tests for artists and workers to ensure that our workplaces are safe. Right across our sector, labour and management have worked together tirelessly and collaboratively to ensure the health and safety of our people. Without access to rapid tests, we've lost a really important tool in this work.

(2) Help us bring our audiences back. We need short-term investment, perhaps like the model piloted in Quebec. Their program incentivizes live arts groups to present concerts and events by subsidizing them for unsold tickets, both tickets that cannot be sold because of venue capacity restrictions and tickets that aren't sold because patrons aren't yet ready to return. Concerts and events are as safe as we can make them, but our sector needs some runway to build consumer confidence without losing our shirts. Such a program would do exactly that.

In the longer term, we recommend that the province of Ontario leverage Ontario's existing, excellent arts investment structures and expertise, and fund those structures appropriately. I'm talking about the Ontario Arts Council, the Ontario Trillium Foundation, the Ontario Arts Foundation and Ontario Creates. Each one of these structures has a specific role to play in the health and vitality of a diverse and exciting arts and culture sector, but they need the resources to do the work effectively as we come out of this crisis.

Specifically, we're looking for a minimum increase to the Ontario Arts Council's core budget of \$15 million per year. We're also hoping for a three-year \$25-million donation-matching program managed through the Ontario Arts Foundation.

Second in the long-term solutions, we would like to see an increased investment in cultural infrastructure. Safe, flexible, ready-for-digital cultural infrastructure buildings and equipment will be central to the confident return of live arts in Ontario. According to our colleagues at ArtsBuild Ontario, Ontario entered the pandemic with an estimated \$300-million cultural infrastructure gap.

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

**Ms. Katherine Carleton:** Now more than ever, we need the province to play its part and to help leverage important federal investment as well.

Third, please work with the arts and culture sector to envision a new role for Ontario's artists and arts organizations in education. Our orchestras are passionate about arts education and want to be part of rebuilding it as conditions permit.

Finally, we ask that you work to create a home in government for the non-profit sector to reduce red tape and leverage our collective power across ministries. As the Ontario Nonprofit Network has noted, thousands of non-profits have connected individually to a range of provincial ministries during the pandemic, but it's an inefficient and decentralized approach that detracts from our ability to work effectively with you to make this a better place to live and to work.

Thank you very much for your time. I will submit a brief that expands more on these points, and I look forward to the discussion.

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

Our next presenter is Unifor.

**Ms. Naureen Rizvi:** Good afternoon. Thank you for this time and for your attention today. My name is Naureen Rizvi. I'm Unifor's Ontario regional director. With me today as well is Mike Yam from our research department. I'll be pleased to make the presentation, and then the two of us will be happy to answer questions when it is time. In my elected position, I represent 163,000 Unifor members who live and work across Ontario.

The 2022 provincial budget presents an opportunity to make some new and critical investments in the public services that workers all rely on, from health care and long-term care to child care and education. I'm here to sound an alarm and present the case for significant improvements that will affect workers across the public and private sectors of our province.

Our public health care system, our hospitals and our long-term-care homes are in an untenable position that must be corrected immediately. Overcrowding, underfunding and the despicable contempt of Bill 124 have driven the staffing collapse that hospital workers are experiencing today. In the immediate, this government needs to repeal Bill 124 and pay health care workers their worth.

To further support safe staffing levels, Unifor has made several recommendations, including rapid response teams, fast-tracking approvals of workers with international credentials and requiring public reporting of staffing levels.

In long-term care, a staffing crisis continues. This will only be corrected when employers are required to deliver four hours of direct care. This target and training for new personal support workers, RPNs and RNs must be fast-tracked.

Across the field, we cannot possibly move forward without addressing one of the most shameful realities of this pandemic: that health outcomes in for-profit facilities

were devastatingly worse than not-for-profit or public long-term-care homes. Unifor demands more than a reckoning. We're asking that for-profit long-term care be completely phased out and replaced with community-based, publicly owned care homes. Protecting the bottom line fails to protect patients and workers, and profit has no place in health care.

Unifor members in education and all our parents in our union are experiencing a similar frustration. We are all at the ends of our ropes. The solutions lay right in front of us, but it seems that the Minister of Education is unwilling to act with any urgency. I ask that this committee step up and include several measures in the 2022 budget to assist education workers and families. To start, sign on to the federal government's child care plan. The delayed approach so far shows that parents of young children and the astronomical costs they pay for child care are not the priority of this government. It's time to stop delaying and finalize the agreement.

**1320**

Before the pandemic struck, school bus driver shortages were already the norm in Ontario. This provincial budget should include permanent funding to support school bus driver hiring and retention, increase the number of buses and routes, and increase resources, such as paid adult school bus monitors, where needed. School bus drivers also require access to high-quality PPE and COVID-19 testing, just like other education workers.

Workers' priorities expand much further than schools and health care settings, and so, too, does the reach of this next provincial budget. While the \$15 minimum wage increase that this government previously tore away was returned to low-wage workers, the baseline has fallen far, far behind. The minimum wage should be increased to 60% of the median wage for full-time workers. Based on this benchmark, Ontario's 2021 minimum wage would be \$17.31.

In addition to a living wage, all workers need to be safe on the job. We need paid sick days now. I urge the government to introduce 10 permanent paid sick days at minimum, with additional days provided to workers, as required, for isolation or quarantine periods during a public health crisis. Paid sick days must be universally accessible, flexible, employer-paid, and must not require a doctor's note.

We ask that you repeal the change to WSIB that allows the board to return premiums to employers. Government must undertake meaningful consultation with all stakeholders on the entire workers' compensation system, including benefit coverage levels and how claims are processed.

Some members of the committee may have heard from gaming workers in recent weeks. The Ontario government is about to launch iGaming across the province. Unless a significant change is made, the province is poised to give multinational online gaming companies a huge tax break. With COVID-19 ravaging the economy province-wide, good jobs in gaming and government revenue from casinos are needed more than ever. Protect the thousands

of jobs at Ontario's casinos by ensuring a level playing field for competition between online and in-person gaming operators.

As the COVID-19 pandemic continues to collapse public services and public life, the climate crisis rages on. To support a just transition, this government should deliver adequate and permanent provincial funding to maintain and expand high-quality affordable public transit service and infrastructure, and prohibit the use of public funds for contracting out and cutting routes to replace them with private so-called micro-transit. When it comes time to build new infrastructure, funds should be directed towards made-in-Canada zero-emissions buses and trains. Ontario's workers are ready and able build the next generation of public transit. We need to keep that skilled work right here at home.

This opportunity to lead on green transportation extends across the automotive industry. Budget 2022 should include a plan to collaborate with federal and municipal governments—

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

**Ms. Naureen Rizvi:** —on a comprehensive and targeted auto development strategy that facilitates high-value investments in zero-emission vehicle production and component part programs, alongside internal combustion engine vehicle and powertrain programs. And don't let it end here. Ontario should continue investing in EV infrastructure, including the expansion of clean and renewable sources of energy to bolster the provincial power system.

Again, I thank you for the time to present today. I invite all questions on my remarks on the content of Unifor's written submission.

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

That concludes the three presentations, so now we'll go to the questions. This round goes to the government first. MPP Bouma.

**Mr. Will Bouma:** It's good to see everyone this afternoon. I'd like to thank all the presenters for their submissions.

I'd like to focus my questions to Unifor today, so I'll start with Naureen.

I was reading recently about some of the moves that the American government has made to buy-American, and it's very good to see our government working with Jerry Dias in order to counteract some of those things.

I was wondering if you could describe to the committee, for the public record, the potential impact of a strong buy-American policy and what that would do for the people you represent in the province of Ontario.

**Ms. Naureen Rizvi:** We consider ourselves the union for auto workers here in Ontario, and we have a very robust sector that has a very large footprint. In this sector, I think many people know, where there's one job, there's a multiplier effect of creating six jobs. The cars built in the assembly plant—those are phenomenally good-paying jobs. Generationally, we've seen families go in, and we've seen this at the GM plant in Oshawa, where we've had three or four generations of family members working in

those plants, with really good-paying jobs, pensions, benefits and wages.

And you know what? That made-in-America, buy-American, Biden's policy has nothing that helps to support—through the free trade agreement, it doesn't really support the Canadian auto sector. It doesn't support our footprint. And certainly, with some of the different ways that there are subsidies and taxes, we would see less vehicle sales. Of course, as soon as you see that, it affects employment, and that's where our concern comes in immediately, because not only do we have workers in the plants that assemble this, we have workers who work in parts plants, who put together—when the car is assembled, they put the seat in. Then, of course, we also have the auto dealers that took a significant hit when the GM plant out in Oshawa was hurt. Those are things that I think we're going to continue to see.

This is a sector that has a tremendous trajectory forward, as we move towards EV vehicles. I think the government really needs to focus on how we create a footprint for Canada, for the Canadian auto sector and create a strategy that actually makes sense for Canadians—not just the consumer but the worker.

**Mr. Will Bouma:** I really appreciate that. If I could ask a little bit more on that: Do you feel that in the new USMCA free trade agreement there are less protections for the Canadian auto sector than there were in NAFTA originally, or is it stronger, or is it worse for Canada or about the same?

**Ms. Naureen Rizvi:** I am not that familiar with the details to be able to give you an answer unequivocally on that. I can just tell you that we took a very significant role in that. Jerry, our national president, certainly did. He took a very significant role in that free trade agreement, because we felt that we needed to protect Canadian workers, the Canadian auto sector. And we needed to make sure that there was a strategy, that amongst the three countries, Canada didn't get left behind.

**Mr. Will Bouma:** Excellent. Thank you. If you could estimate—because I believe you said that you represent 160,000 workers in the province of Ontario. How many of those jobs are directly related to the auto sector?

**Ms. Naureen Rizvi:** Directly related, I think that we're probably going to be sitting at about 20,000 to 23,000, and that's because we lost the workers at the GM plant. These plants have 10,000 to 15,000 workers, who work three shifts at a time; 5,000 workers will work a shift. Because of what happened out in Oshawa, I would say that we're sitting at about 23,000.

**Mr. Will Bouma:** If you've ever seen those data—and I don't mean to put you on the spot—but those jobs support how many other jobs in the province of Ontario? Is it a scale of three or four, each one of those union jobs in the auto sector?

**Ms. Naureen Rizvi:** I think that the studies we've done that we've gone public with show it's a 1-to-6 ratio. It's significant.

**Mr. Will Bouma:** Wow, okay. Thank you.

Moving on in just the little bit of time I have left over, I want to just briefly speak with you, if I could, about the

iGaming sector as it comes online, because that's something that I've done a little bit of work in in the Ministry of Finance also. I was taken aback by the position that Great Canadian Gaming has taken and how they've gone about that, because I can tell you that they've never approached me, with that being my file in the Ministry of Finance, to express their concerns, which seemed odd. Regardless, every other jurisdiction that has launched an iGaming market definitively has seen an increase in their land-based gaming also, and so the two work extremely well together.

With that data from the rest of the world, I was wondering what your thoughts were on that document that has been circulated by Great Canadian Gaming on that, because the other players in the land-based market are very excited and looking forward to growth potential through iGaming, and it's just Great Canadian Gaming that is putting this at risk. My work with Unifor employees in my riding, because I have a casino here—we've been looking forward to that, and I was wondering what your thoughts were on that study that was put out by Great Canadian Gaming that seems to go against everything else in this world—

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

**Mr. Will Bouma:** In the last minute. Thank you.

1330

**Ms. Naureen Rizvi:** I think, if I can say this, we certainly do support iGaming, but there is a potential for job losses because the program for iGaming operators really is on a tax rate of 20%, whereas bricks-and-mortar casinos—our employers—are taxed at 55%. But that is where—iGaming is a jobless market, and bricks-and-mortar casinos create employment for local workers, purchase for local supplies, billions of dollars of investments in property development. And so that's where I think our concern is. It's not that we don't support iGaming. It is that the playing field needs to be levelled on this.

The study that GCGC put out—I understand that they're talking about the tax rate as well.

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

We'll now go to the official opposition. MPP Fife.

**Ms. Catherine Fife:** Thanks to all presenters. Naureen, thank you for weighing in on the Great Canadian Gaming report. I think that it is a cautionary message to the government to not mess this up, and hopefully a resolution can be found.

I have quick questions for Devorah and for Naureen. Naureen, you mentioned nursing. Of course, it's on everybody's mind right now. What nurses are going through in all working locations, be it long-term care, home care or our hospitals, is quite something.

Internationally educated nurses: The government didn't take the offer up to actually fast-track this in the fall through a piece of legislation. They've recently opened the door a little bit to this, but they've said that they are not going to recognize the hours of work towards certification here in Ontario. RNAO has said there are 20,000

internationally educated nurses in Canada right now working in other job classifications. We have a nursing crisis in Ontario and in Canada, and they said that it seemed—this is the word that RNAO used—“exploitive” to be fast-tracking this now but not actually validating the work that these internationally educated nurses have been doing. I wanted to give you an opportunity to comment on that, please.

**Ms. Naureen Rizvi:** I think I'm going to allow Mike to comment on that. He actually is from our research department and specializes in the health care sector.

**Ms. Catherine Fife:** That's great. Go ahead, Mike.

**Mr. Mike Yam:** This is a great question. We are really at a crisis level, and why we're not taking extreme measures to address the staffing shortage in Ontario is really a question we need to ask. Obviously the question was around nurses. This also impacts other health care workers, especially in long-term care and in the hospitals. But obviously in the case of nurses, who have a college that actually regulates nurses in the province, yes, we do need to recognize past experience. There could be people who have been in this country who have had 20-plus years of experience as nurses elsewhere, and it's simply not fair to not recognize any of that experience when we're looking to certify them.

There can be a mechanism in place to really fast-track nurses, whether we recognize them in a 1-to-1 ratio of past experience or some other formula. We don't need to get into the weeds of that, but there should be past experience recognized, absolutely.

**Ms. Catherine Fife:** Okay. Thank you very much for that, Mike. If you have research specifically on this issue, I would really appreciate having a look at it, because I think that this is something that the government needs to take seriously.

On Bill 124, I just want to tell you both—and actually all members of the committee—that this is a consistent theme. The health care human resources crisis is directly connected to a lack of appreciation through recognition, through work and compensation, and the two are connected. For some reason, the government still refuses to acknowledge the damage of Bill 124. Naureen, I think your description of calling it “despicable” is accurate and one that I will be quoting from.

Finally, I'm going to move over to Devorah from income security. I hope I said your name right, Devorah. I wanted to give you an opportunity to really flesh out the damage that pay-for-performance has on employment and then, perhaps, also dig down to some of the further barriers. The government is going in a dangerous direction around privatizing and corporatizing these two services for those who require employment support and also disability. We've seen in other jurisdictions that it just doesn't work.

The floor is yours. Please go ahead.

**Ms. Devorah Kobluk:** Thanks so much. So I think I'll start with yes, we have seen this in Ontario in 2008, and in Australia and the United Kingdom as well. The job placement ranged between 3% and 13%, so they did not meet their quotas. Jobs were often short-term, precarious,

low-paying. What was found was people were cycling on and off of social assistance when they were on these kinds of models.

The other thing we're immediately seeing with the prototype regions that were piloted, the first three, is that there is a disjunct between social assistance, so Ontario Works clients, and the actual Employment Ontario side. What's supposed to be happening is when clients get referred, they're supposed to still be in touch with their Ontario Works worker, but they are falling through the cracks and off the grid. Some of those files are getting closed before they have been placed in employment, and we really actually don't know how they're surviving. Even though the government wants to have a more integrated system, with Employment Ontario being taken to private companies, as you mentioned, or international non-profits, they don't have investments in local communities, and they don't understand the needs of local communities.

Then another big challenge that we're seeing right now which is really not being addressed and which I tried to emphasize is there are a lot of people who have a lot of barriers to labour force attachment. As you might know, they're streamed into three streams: A, B and C. C is the group that is furthest from the labour market for some of the barriers I mentioned in my presentation, and there's no investment in wraparound services to get people job-ready. So we're seeing a ton of people being kind of pushed into work who are not ready for work—whether it's language barriers or mental health and addictions issues or various other disabilities.

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

**Ms. Devorah Kobluk:** I can assure you that as many times as I've asked, "What's the plan for people with disabilities," I have received no answer.

So I know that the disability community is extremely concerned, and they're very concerned particularly thinking of what happened in England, where there was an increase of suicides and mental health concerns with this model. We would very much like if the first three prototype regions were properly studied and outcomes were published so we could then see what's working and what isn't, transparently.

**Ms. Catherine Fife:** Yes, that would make a lot of sense, for these three pilots that they are holding up as the way forward, to actually have that data, because data should inform policy. Research should inform policy. Knowing what we know from other jurisdictions, this is a huge red flag, or a huge blue flag—whatever you want to call it—particularly on the disability front. We've heard from, for instance, CNIB last week. They're ready and willing to be part of the solution on the employer side and on the employee side. These solutions—

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

We now will go to the independent member. MPP Hunter.

**Ms. Mitzie Hunter:** Thank you to all of our presenters today for bringing forward such important advice on the upcoming budget. I want to continue, Devorah, on the

income security path, because I'm wondering if, based on the work that you do, you broadly feel that there has been an appropriate response during the pandemic for people with disabilities whether it's in terms of income security, but even, frankly, access to the resources.

**1340**

I was very concerned when I heard, for instance, that testing kits were being given out inside the LCBO stores, because I was wondering how people with disabilities would be able to fairly access those types of things in the way that it was done. It's a very small example, but it's just illustrative of, are we really thinking about the needs of people with disabilities in terms of access and equity, and have we provided adequacy for them to cope with all of the challenges faced by the pandemic, when services are not as available? Maybe they were accessing WiFi from the library, but they can no longer do that—not even in coffee shops, because some of them were closed for part of it.

Can you speak to what life has been like?

**Ms. Devorah Kobluk:** It's getting more and more desperate.

I really appreciate the question.

Let's first talk about two things. First of all, people with disabilities live with an extraordinary cost affiliated with living with a disability. That is specific, unique, changing, and extremely expensive. So even before the pandemic, these people were struggling to meet their disability needs. What kind of benefits were available for people with disabilities? There was a study that came out of Guelph—it's going to be in the full submission; you'll see it. There were very few disability-specific extra financial benefits to help people cope. This province offered a \$100 benefit for singles for three months. It was discretionary. It was for all social assistance recipients, and from what we could gather, less than 50%—perhaps 40%—were able to access it. That's the first piece.

The next piece is, what are the extra costs? As you mentioned, a lot of the free services—I mentioned it as well—were shut down. People are paying extra for delivery of PPE. Also, I think the extreme isolation is unquantifiable. People who have workers who come into their homes or who access group community services—that has been completely shut down. We have seen a significant increase in mental health concerns, and I think people's ability to manage their disabilities is becoming harder and harder. The stat that really made my jaw drop while I was preparing this presentation was that people with disabilities have \$3.33 a day left for food. That's untenable. When they have a health condition or a disability and they don't have nutritious food, you're seeing a real degradation of someone's standard of living.

**Ms. Mitzie Hunter:** Absolutely, and that degradation continues in the face of rising costs of basic goods with inflation.

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

**Ms. Mitzie Hunter:** And the government still doesn't seem to have responded, in terms of the 3% increase that should have happened in 2018 but was cut to 1.5%. That

adequacy has not been addressed since, but the erosion of people's ability to access their basic needs is becoming more difficult.

**Ms. Devorah Kobluk:** Some people with disabilities are unable to work because of their disabilities—some people can—and the province needs to remember that, and also that, for the points that I pointed out, there is money to invest. There have been savings on social assistance for two years now—two years. It was \$500 million last year, so what was it the year before? There's a lot of money there. There's some leverage and movement to make people's lives a little bit easier.

**Ms. Mitzie Hunter:** You want that to go back to the people in need versus reducing deficits or balancing budgets—

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

We'll now go to the government for the second round. MPP Smith.

**Mr. Dave Smith:** I'd like to go to Katherine Carleton. Unfortunately, none of my colleagues asked you any questions, and I want you to know that you should feel the love from me, anyway. I'm going to focus stuff on you.

Specifically, you made a request for \$15 million more to the Ontario Arts Council. How do you see that being distributed? Would that just be part of the existing programs, or did you envision some other programs that would provide other supports to, perhaps, some of the artists who may not have fit in the existing programs?

**Ms. Katherine Carleton:** There's a lot to say about the Ontario Arts Council, its potential and its capacities. We know that in the current year, for example, the OAC received a supplementary one-time \$5 million, \$4 million of which went to establish a program of support for Indigenous artists. All I can say to that is wonderful, fabulous. Let's keep it going; let's see Indigenous leadership in the decision-making about where that money goes. But that is something that is within the mandate and within the plans of the Ontario Arts Council to be able to house, if not control. We believe very strongly in Indigenous decision-making being respected in that regard. An additional \$1 million went to help support programs of support to individual artists, who we also feel have been very much left behind during the pandemic.

The thing I'll say, also, about the Ontario Arts Council is, as an arm's-length agency of the province of Ontario, they have a board of governors, they have a strong staff team, they have a strategic plan that is visionary and that is also, I think, very much tied to both the realities of life in this province and the sense of boundless potential of our people, and they are subject to a lot of rigour in terms of review by the Auditor General on a regular basis. It is a transparent and accountable agency. I believe that the Ontario Arts Council has the wherewithal to be able to take those additional funds and to put them in the places of greatest need and greatest potential.

I'm deferring slightly to the fact that the OAC has a very strong, rigorous planning process and a track record since 1963 of doing a really good job.

**Mr. Dave Smith:** So if I could summarize that, then: Given \$15 million, they know where it should go and they would do a very good job of giving it out appropriately.

**Ms. Katherine Carleton:** And they will be very clear with the province as to where that money has gone and the processes through which the funds were allocated, because, as I say, transparency and accountability are, I believe, in the DNA of the Ontario Arts Council.

**Mr. Dave Smith:** You mentioned the need for a long runway to build confidence. Minister MacLeod has said a number of times that the organizations, the stakeholders in her ministry felt this first and they will be the last to recover from it, and it will be the longest and the hardest. Do you have any idea of how much time we're talking about before we would actually have enough consumer confidence to go back to live performances en masse, the way it was prior to the pandemic?

**Ms. Katherine Carleton:** Prior to Omicron, when we all saw the light on the horizon and that sense of joy of the world returning to normal, the data—and again, the Ontario Arts Council has been part of an international research consortium in assessing audiences' sense of comfort, safety and desire to respond. For everyone to come back, it was probably a five-month runway. But as always in this kind of work, you're seeing some people who are ready to come out right now—"You can't stop me"—and other people who need more persuasion and need to see it demonstrated that it's safe. But I'd say five months seems to be a pretty consistent figure throughout the pandemic. The dilemma is that that five months keeps on renewing. Every time we have another outbreak and another surge, it gets kicked down the road.

**Mr. Dave Smith:** You did some exceptional work. I am very biased. I freely admit my bias towards your organization, my bias towards you as the executive director of it, but you did some exceptional work on making your sites completely accessible, or as accessible as they can be. Are there things we should be doing along those lines, with individual orchestras or individual groups or organizations that may not fall under your umbrella, to help them as well so that those of us who are differently enabled can enjoy the arts in exactly the same fashion, or as close to the same fashion, as what you envision it to be when you're delivering it?

**Ms. Katherine Carleton:** You are, of course, referring to recent funding that we've been awarded to do a series of training programs through the enabling change program of the Ministry for Seniors and Accessibility. Part of what we're saying is that it's about buildings, it's about ramps, it's about powered doors, it's about level access—it's all those things. It's also about strategies to ensure that there are forms of interpretation available, that there are forms of enhanced experience available in order that people feel that, when they come, they can fully participate.

**1350**

The other thing that we're very much focused on is ensuring that people with disabilities, visible or invisible, see their lives and their experiences reflected on stage and that there is that sense that they are welcome creative partners in artistic expression.

If I can sort of draw a line, my incredibly distinguished colleagues on this panel, we're all talking about human potential and strategies for unlocking it, albeit in very different ways. I'm humbled by the work that's gone on here and by the considerations of this committee.

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

**Mr. Dave Smith:** The last thing I want to touch on with you, Katherine, is the rapid antigen tests. We do have a couple of programs that we have from the province on distributing them. At the moment, we have a shortage of rapid antigen tests. It's a worldwide shortage on supply. Are you aware of the chamber of commerce program where organizations and companies with fewer than 150 employees could go through the chamber of commerce to get them? And is there something that we should be doing to promote that through Orchestras Canada?

**Ms. Katherine Carleton:** We have made our members in Ontario aware of the availability of those programs. It doesn't run in every single Ontario community, and we understand that stocks are low in some parts of the province and that they're running out. Particularly with the ability by performing arts groups to rehearse and record right now, albeit not to perform for live audiences, they have been using—

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

We will now go to the official opposition. MPP Andrew.

**Ms. Jill Andrew:** Thank you very much, Katherine, Devorah and your colleague Mike as well for your presentations. I will start with Katherine.

Katherine, thank you for the work of Orchestras Canada and for your dogged efforts during this pandemic. I wanted to start by first saying, just to wrap up what the government member was saying, here in Toronto, the Toronto Region Board of Trade is out of rapid antigen tests. This idea that they're available for all is simply a mistruth. They are not available for all, and many of the most vulnerable are not able to access them, and as such, our small businesses, our artists, our cultural workers etc.

Today, Katherine, many people are talking about mental health. I thought that you may paint the picture of what the arts—music, sound—what it means to the mental health of our students, what it has meant to the mental health of seniors who have had some access, limited albeit, to music and sound and arts during this pandemic. I will move on as well to Mike and Devorah to speak on the issue of mental health and the need for income security and food security and all the other pieces that are being derailed by Bill 124 and various other pieces of legislation, but, Katherine, I'd like to start with you on the element of mental health and arts as a public health response as well, and why we should be investing.

**Ms. Katherine Carleton:** Thank you very much for the question, Dr. Andrew. I feel a bit as though I'm singing from the choir, which is to say that I am that person, and so many of the people on whose behalf I work are the people who found their sanity, their reason for being in the music room at school, that place where we were suddenly

not alone or afraid. We found our voices. We go back to Howard Gardner's concept of multiple intelligences and what causes us to engage, what causes us to be emotionally whole, what stimulates our brains and helps us engage effectively with other people. Access to strong arts education in publicly funded schools I think is foundational in ensuring that kids are in school, stay in school, are excited by what they encounter. There are some people who will find that delight in the science lab. Bless them. There are other people whose reason for even being in the same building as the science lab is because of what happened in the music room or on stage in theatre arts class. So there's that.

Also, again speaking personally, my mother is 84 years old. She practises the French horn every day. She is part of a passionate group of community music makers here in Peterborough. They are one another's social network; they are one another's support system. At a time of immense isolation, they are there for one another, and they came together because they were making music. This plays out in millions of individual relationships right across this province. They make community.

**Ms. Jill Andrew:** You said it perfectly: They make community. Thank you so much for that, Katherine.

Just a note on the \$10 million that was earmarked to culture by the Ford government in the 2021 budget: You spoke eloquently on the \$5 million that has been allocated, but I want you to know that I've been hearing from stakeholders that there's \$5 million that's missing, quite frankly, that hasn't been allocated. We have reached out to Minister MacLeod and we're awaiting feedback on exactly where that \$5 million is, especially at a time when we see so many artists and cultural workers losing their jobs, not having jobs with benefits, not having paid sick days, having to manage or leave their careers in order to keep the lights on in their home.

Thank you for your comments. We know that the OAC is excellent, and they'll even be more excellent when they're properly funded.

Chair, may I get a time check?

**The Chair (Mr. Ernie Hardeman):** Three minutes and 14 seconds.

**Ms. Jill Andrew:** Thank you so much.

I also want to take a moment to chat with Devorah, Mike and Naureen. Any of you can jump in on this.

You've spoken so eloquently on the need to support workers, to support Ontarians during this crisis. I'm wondering, Naureen or Mike, if either of you can speak to how crucial it is that this government repeal Bill 124, not only to keep workers in the workforce, but to also respect them, not only for their Herculean efforts during COVID, but long before, when workers have spoken out, beyond the fears of reprisal, to government, through advocacy—speaking out for more for themselves and being silenced, whether it was from Bill 124 with this government or Bill 115 with the Liberal government, which took aim at teachers.

**Ms. Naureen Rizvi:** You've said it you all so eloquently. I think I'll just supplement what you said a little bit. Thank you very much for the opportunity.

Bill 124, I will say, is probably one of the ugliest stains on this government, quite frankly. I think that as we've gone through the pandemic, seeing what public service workers have done to take us through—it's not the government that has taken us through this economic and health crisis; it is the front-line workers, it is the—

**Ms. Jill Andrew:** I suspect you have frozen there, Naureen, so maybe we'll let Mike take over.

**Mr. Mike Yam:** Yes, she has had some Internet issues today.

Just to continue Naureen's thought: It is the front-line workers who have taken us through this pandemic—health care workers, for example. Our members are both frustrated and angry. Long-term-care workers, as an example, had not seen wage increases that have kept up with inflation for over a decade—

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

**Mr. Mike Yam:** —and by capping them at 1%, this will continue. We're obviously seeing incredibly high inflation rates now, so workers' wages simply are not keeping up with the cost of living. This was over a decade in the making in the long-term-care sector. We're seeing swaths of workers leaving the sector, so it's no surprise that there is a staffing crisis.

**Ms. Jill Andrew:** Thank you so much for that, Mike. I know that our time is running out; there's never enough.

Devorah, I just want to echo your calls around legislating 10 employer-paid sick days and legislating 14 additional emergency days. You know that this is work that is incredibly meaningful to us, with the official opposition having put forth legislation, having had the government say no to paid sick days—I don't know—25, 26, 27 times now.

In the last few seconds, please tell us why paid sick days—

**The Chair (Mr. Ernie Hardeman):** There are no seconds left.

**Ms. Jill Andrew:** Oh, there's none.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude the time for the panel. Again, we thank all the presenters for—

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** Oh, okay. We have MPP Hunter, the independent.

**Ms. Mitzie Hunter:** I do have questions for Devorah, but I want to thank Katherine for mentioning the importance of arts education and how it inspired you. It was really wonderful. Thank you to the industry for what it is doing and what it will do, because we will get through this and we will rely on the industry to help us put everything back together.

1400

I want to ask: In terms of the 40% that you said accessed that one-time \$100 and \$200, I felt that there was a bit of a barrier put in place, because they had to find their caseworker, who was not as available because the offices were closed. What do you think that did for people with disabilities to be able to even access the small support that was being offered?

**Ms. Devorah Kobluk:** What we heard from people with lived experience was some did not hear about the benefit until after it was over; it was a three-month benefit. Because it was discretionary—it was up to the worker—some had to prove that they needed it, so they were bringing in receipts. But offices were shuttered, so that made it harder for them to access it. Some were given it more automatically. There was an inequitable distribution. I think we can argue that if you're living 40% below the poverty line with a disability, you're going to use that benefit. You're going to use it for food and you're going to use it for shelter and you're going to use it for PPE and you're going to use it for disability costs. So there was frustration within the community over inequitable distribution, for sure.

**Ms. Mitzie Hunter:** Thank you. Now for the folks from Unifor—do we still have—we have Mike. Mike, if you could just talk about, if possible, the effects of the government on the electric vehicle market early on, when they cancelled the incentive, and what signal that sent on the auto side to those who were making e-vehicles. In some cases, they even pulled out charging stations at some locations that the government was responsible for. Do you think that has set Ontario's market back somewhat?

**Mr. Mike Yam:** Yes, I mean, it certainly may have had an impact. If we want to push the transition to e-vehicles, we certainly need the infrastructure to be there to support them. As well, we need the manufacturing footprint to supply these vehicles. Obviously, we still encourage incentives for consumers to buy EVs, which are a direct influencer of our manufacturing footprint here. It's hard to measure exactly what the impact would have been. But this is where things are going. It really doesn't matter what has been done; we are seeing this transition. It's happening quickly. The major auto companies have already made their plans to transition to electric vehicles fully.

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

**Mr. Mike Yam:** We need to make sure that the manufacturing stays here in Ontario.

**Ms. Mitzie Hunter:** That's great. Has the government consulted with Unifor with respect to the iGaming transition?

**Mr. Mike Yam:** Sorry, I think I missed part of the audio there for some reason.

**Ms. Mitzie Hunter:** Has the government consulted with Unifor with respect to the iGaming transition?

**Mr. Mike Yam:** My understanding is we have been in touch with the government around iGaming. I think the talks need to continue. We are the largest gaming-sector union in Ontario, and our position, which Naureen had outlined in her initial remarks, is quite clear, and we're going to continue to be pushing that with the government.

**Ms. Mitzie Hunter:** Okay. Thank you very much.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. This time, I think I have got it right.

That concludes this panel. We thank all the presenters for making a great presentation to us.

Before we go to the next panel, I believe we have MPP Arthur with us, if he would introduce himself.

**Mr. Ian Arthur:** Good afternoon, everyone. This is MPP Ian Arthur in Kingston, Ontario.

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

ONTARIO LONG TERM CARE  
ASSOCIATION

ONTARIO FEDERATION OF LABOUR  
SMALL OWNERSHIP LANDLORDS  
OF ONTARIO

**The Chair (Mr. Ernie Hardeman):** With that, our next round starts with the Ontario Long Term Care Association. We will ask you to come forward to make your presentation. If you are the speaker, make sure you identify yourself when you start to speak. If you have more than one speaker, each one must identify themselves before they speak so we can get the name in Hansard.

With that, the floor is yours.

**Ms. Donna Duncan:** Good afternoon. My name is Donna Duncan, CEO of the Ontario Long Term Care Association. I'm joined today by Brent Gingerich, chair of the board of OLTC, and Ruth McFarlane, vice-chair of the OLTC board. Thank you for the opportunity to address the committee today.

Ontario needs transformative change for our aging population. With the government's continued support, we are working to transform long-term care so that the way homes are built, staffed and operated focuses on meeting the needs of the people we are here to serve. However, as we face the first wave of our baby boom generation today, who are 75 years old, and prepare to serve the population of Ontarians over the age of 80, which will double over the next 12-plus years, it's clear that we are not ready. We have much more work to do together.

Over the past two years, the pandemic exposed long-standing structural and systemic issues in our long-term-care sector, including a critical human resource shortage, outdated buildings and models of care no longer sufficient to meet the ever-increasing care needs of our residents. While we are grateful for government recognition of these issues, historic investments to increase direct care to an average of four hours per day per resident, and commitments to redevelop older buildings and create new long-term-care capacity across Ontario, additional investments are required to stabilize and transform long-term care and seniors' care in the province.

Over the past two years, Ontario's long-term-care homes have battled COVID-19. In recent months, the highly transmissible Omicron variant has caused outbreaks in more than 60% of our 626 long-term-care homes, and our leadership and care teams have been doing everything to protect residents from the virus and support residents and families emotionally during this really difficult time.

The government has made unprecedented funding commitments to protect residents during this pandemic. But

today, as we fight Omicron, pandemic costs have exceeded original estimates and government disbursements. We estimate 2021-22 pandemic costs will exceed funding commitments by more than \$270 million and are likely to grow further given the number of homes in outbreak and the escalating cost of agency staff and personal protective equipment. Homes are focused on protecting their residents and staff and spending whatever it takes, but many are facing financial instability as a result. They need assurance that these costs will be fully covered for 2021-22 and for 2022-23. Based on this year's spending trends, the costs for 2022 and 2023 are estimated at \$800 million.

Insurance is another significant factor. The insurance industry has made changes as a result of COVID. Without further government intervention, such as an insurance backstop, homes will not be able to carry the risk to operate without coverage for infectious diseases nor be able to carry increased premiums and deductibles.

In 2022-23, funding for long-term care must address the significant operating pressures facing all homes. Record inflation is increasing operating costs, with some costs growing faster than the general inflation rate of 5.2%. Despite reduced insurance coverage, premiums have increased by an average of 50%. Energy costs rose by over 19% in 2021. Food costs are rising by 5.7%. At the same time, homes are struggling with reduced funding for pharmacy services and other costs associated with caring for residents with highly complex care needs. Predictable and sustainable funding is fundamental to the recovery and transformation of our sector and our ability to respond to the diverse and increasing needs of our residents.

We thank the government for its commitment to build 30,000 net new long-term-care beds by 2028 and to redevelop the province's outdated long-term-care homes. We're grateful for those projects moving ahead today. Many homes, however, remain uncertain about moving forward with new developments in the current environment. Funding for capital has been frozen since 2020, while construction costs are soaring across all industries, including long-term care. StatsCan is reporting increased residential construction costs of 20% year over year in the third quarter, the highest increase recorded since 2018.

Funding needs to be updated on an ongoing basis to recognize the increasing costs of construction, which are influenced by access to trades, increased insurance, bonding requirements, supply chain issues and duplicative approvals processes between levels of government. A sustainable provincial capital program that addresses each of these issues will ensure that Ontarians in communities across the province will have access to high-quality long-term care.

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Our members are committed to building a high-quality, responsive long-term-care system that puts residents and their families at the centre of our models of living in care. However, if we are to meet those needs of today and tomorrow, we must address our health human resource challenges. The government has made significant investments to increase resident care and has funded tuition and other

supports for new nurses and PSWs. They're important commitments, but it will take years before these new staff, particularly nurses, will be qualified to work. A more flexible and innovative approach is required to allow homes to increase direct care based on the legislated targets.

To address more urgent specialized-care pressures, we are asking that internationally educated nurses be permitted to work in long-term care, with appropriate supervision, to allow them to meet their evidence-of-safe-practice requirements for credentialing with the College of Nurses of Ontario. To support the engagement in long-term care of internationally educated nurses and other professionals, and new roles such as resident support assistants, we are also requesting the extension of measures currently provided for under the existing emergency orders that permit flexibility and maximum staffing in homes. These measures will help us to build a new workforce.

Over the next year, leaders and staff in long-term care will implement the new legislation and regulations, support the introduction of thousands of new care team members, and navigate the recovery from the pressures of the pandemic.

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

**Ms. Donna Duncan:** These new measures will require additional investments as we enhance infection prevention and control, medical oversight, enhanced medication management and quality outcomes.

Our existing workforce is exhausted after two years of the pandemic, and they need our support. Working together, we will be able to advance the changes we need today and for the future.

Thank you for your time. We welcome your questions.

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

Our next presenter is the Ontario Federation of Labour. We ask you to come forward and start the presentation by introducing yourself. And if anyone else is going to speak, have them introduce themselves when their turn comes to speak.

With that, we'll turn it over.

**Ms. Patty Coates:** Thank you. Good afternoon. My name is Patty Coates. I'm the president of the Ontario Federation of Labour, representing 54 unions and one million unionized workers across the province. I am joined by James Clark, OFL interim director of research and education.

Today, I once again urge this government to deliver a budget that invests in the health, safety and future of all Ontarians.

I will begin by stating two facts about these consultations. The first is that my appearance today marks the fourth pre-budget submission the OFL has made to this standing committee under Doug Ford's government. We are here in good faith to make serious, thoughtful and carefully researched recommendations that we believe will benefit all Ontarians, but only if the government takes them seriously. Unfortunately, during our previous

appearances, this government has shown no interest in listening to Ontario workers. They deserve better.

The second fact is that these consultations are taking place in the midst of an unprecedented public health crisis in Ontario. Much of this crisis, especially its devastating effects on front-line workers, remains invisible to this government.

Just weeks into 2022, Ontarians are witnessing the collapse of our health care system. Health care workers are burnt out, demoralized and getting sick in the thousands. Women and racialized workers are among the hardest hit. Many health care workers are leaving their jobs or have left already. There's a massive staff shortage. Ambulances are tied up for hours as understaffed hospitals struggle to off-load patients. Long-term-care facilities are appealing to nearby restaurants and hotels to help feed their residents. As Omicron spreads to all regions of the province, we're running out of beds, and tens of thousands of surgeries have been cancelled. Our health care system is rapidly approaching its breaking point.

The crisis is everywhere. Schools aren't equipped to protect students and education workers. Staff are being forced to work in conditions that fuel the spread of COVID-19. Families are terrified about their kids getting sick, but the lack of affordable child care means they can't take time off work to keep them at home.

Most Ontarians still don't have access to paid sick days. Too many workers must choose between going to work sick or staying at home and losing pay. When workers try to isolate, they can't access testing to show their employers they're sick. Meanwhile, private, for-profit testing centres are popping up to fill the void, providing coverage for those who can shell out hundreds of dollars for tests. This government's failure to properly fund our health care system has accelerated the drive to privatized, two-tier health care.

These two facts—your refusal to heed the expert advice of front-line workers these last four years and the unprecedented public health crisis facing Ontarians today—are directly related. Decisions that we knew would be bad for Ontario workers turned out to be exactly as we predicted.

But it gets worse. Those sad decisions meant that Ontarians would be less prepared for the pandemic. They're harder hit by its effects. Your decision to cancel paid sick days three years ago meant more Ontarians would catch COVID at work and be forced to lose pay or go to work when they got sick. Your decisions to pass Bill 124 and Bill 195 meant more than a tax on free collective bargaining in Ontario; it worsened the long-standing staffing crisis and drove thousands of health care workers out of the system. Your decision to cancel the \$15 minimum wage increase in 2018 and freeze it for two years meant minimum-wage workers lost an average of \$3,200 in income in total. Your decision cost them \$1.7 billion.

And when the pandemic exposed the folly of these decisions, instead of changing course, your government dug in its heels. Instead of providing adequate and accessible employer-paid sick leave, your government voted

against it 27 times. Instead of scrapping laws that failed to recruit and retain the tens of thousands of health care staff our system needs, your government leaned on front-line workers and retirees to do the extra work for free. Instead of helping low-wage workers who can barely make ends meet, your government is contemplating a carve-out of the Employment Standards Act that would entrench precarious conditions for the most vulnerable workers. Now all of us are paying the price.

Less than one week ago, I joined with front-line workers in health care, long-term care and education to make six urgent demands of your government: (1) recall the Legislature for an emergency session; (2) repeal Bill 124 and Bill 195; (3) legislate a minimum of 10 permanent employer-paid sick days; (4) hold an emergency summit of all stakeholders in the health care system; (5) require health care and educational institutions to provide airborne precautions; and (6) launch an emergency public health campaign.

These demands represent the bare minimum of what is required to confront the Omicron emergency, but they are only a start. We also need significant long-term investments, starting in this budget, to rebuild our public services and guarantee the health, safety and future of all Ontarians.

With just 127 days before the election, you're running out of time, and if you've failed to act before then, rest assured: Ontarian workers and their families will take all the action they need on June 2. Thank you for your time.

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

Our next one is Small Ownership Landlords of Ontario, SOLO. The rules are the same as the other presenters: seven minutes, and we'll let you know when you've used up six. Before you speak, make sure you introduce yourself.

**Mr. Boubacar Bah:** Good afternoon. My name is Boubacar Bah. I represent Small Ownership Landlords of Ontario. We are a small, incorporated, non-profit association which consists mostly of mom-and-pop landlords—people who are your working-class neighbour, your friend, your cousin, your parents. We help the housing crisis by providing affordable housing to people, and that's the reason we are here, because we are hurting like everybody else during COVID.

Since COVID started, most of the tenants were unable to pay their rent. The reason is because they lost their income. So the government, in its wisdom, came out and helped these tenants, and allowed them to get some financial help to go forward. Small landlords never got anything in order to be helped, in order to face the crisis. The small businesses got some help, the medium businesses got some help, the students got some help, even the unemployed got some help. So what we are asking here is to help the government tackle the housing crisis, which is getting worse and worse.

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Many small landlords are leaving the rental business because it's getting too expensive to collect the rent, it's getting too expensive for them to operate. All the costs

have increased, and they just can't keep it up. To add to that, we have difficulty getting access to LTB processing, which is nobody's fault, because what is happening here is that, because of the pandemic, everything has changed. So we want to be a partner with the government to tackle the housing issues. That's why we are addressing this committee, to see what they can do in the budget to encourage small landlords to stay in the rental business, before we find a permanent solution to the shortage of affordable housing here in Ontario.

What we are asking for is financial assistance for all the thousands of small landlords who have unpaid rent owing, and who have even been granted an eviction, but are unable to collect it. It's not the tenant's fault; it's not the landlord's fault. It's just that the pandemic has made life difficult for everybody.

We would like to be considered as some other organizations. The Canada Emergency Business Account was given to small businesses, which meant residential property did not qualify. If you take the Canada Emergency Commercial Rent Assistance, that does not qualify for us as small landlords, only for the commercial landlords. If you look at the Canada Emergency Rent Subsidy, it was given to big buildings, big corporate landlords. If you look at the Canada Emergency Wage Subsidy, it was given to companies that have a payroll, which the small landlords did not qualify for. If you look at the Tourism and Hospitality Recovery Program, you look at the Hardest-Hit Business Recovery Program, the COVID assistance to individuals like the Canada Worker Lockdown Benefit and the Canada Emergency Response Benefit—all these were given to help these people, these organizations, these groups, for the economy to go through the pandemic. Nothing—I repeat, nothing—was given to small landlords.

So what's happening now is that those small landlords are basically exiting the rental market, which makes everything worse. Here we're not talking about the corporate landlords that have thousands of doors. If you have one or two tenants who cannot pay for whatever reason, then you're going to be losing only 1% or 2% of your income, while if you're talking about the small landlord who is renting his basement or a duplex, if he loses the income from the rent, basically he's losing 30%, 80% or even 100% of his income. So that's the reason we are in this committee. We are forgotten, because we are invisible. We don't have a big corporation to lobby on our behalf. But according to Statistics Canada, small landlords represent close to 55% of all the rental stock here in Ontario. We are part of the economy and we want to be part of the solution.

We are coming to this committee to ask for a dialogue. We have a solution. We have the data to provide. We have members who are hurting; not only financially but they are hurting mentally, and we're talking today with the mental health day. So, again, one more time, the Small Ownership Landlords of Ontario are small and medium landlords who are looking for this committee for help. Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation. That concludes the three presentations.

We will now go to the questions, and we will start with the official opposition.

**Mr. Ian Arthur:** Good afternoon, everyone, and thank so much for being here today.

Patty, I want to start with you and the list of requests that you have of this government. I think it was really important how you pointed out—I've been here for your presentations for the last three years, and now this one—how similar they are. We know what policies actually work, and pandemic has totally changed things, but those underlying policy approaches and the effect that they can have on people don't really change. You've been calling for these things for a long time. If anything, the COVID pandemic has actually made it more important that we pursue some of them.

I want to talk about the minimum wage and the changes. I know Unifor supported the move to \$15, but even in their support said it would need to be higher to actually make up for all the lost ground that workers have had in Ontario. If we raise it to \$15, workers are still starting from behind. They still don't have enough. Even if it's pegged to inflation, they're not going to have enough to get ahead of where they were going into this. Where do we need to go with the minimum wage to actually provide a livable wage to all Ontarians?

**Ms. Patty Coates:** Thank you, MPP Arthur, for that question. Raising the minimum wage is something that we have pushed for for decades and even harder over the past five and six years, because we know that so many workers in Ontario are working in minimum wage jobs, meaning that they can't just hold down one job; they have to hold down two jobs and sometimes three jobs just to make ends meet. In 2018, when the government decided to not move the minimum wage to \$15 an hour, that meant a loss for so many workers.

I'm going to actually turn it over to James to give us the numbers on where the minimum wage should be today if this government had implemented a \$15 minimum wage in 2018, but also if minimum wage was on the trajectory of keeping up with the cost of living. So, James, I'm going to pass it over to you to finish up.

**Mr. James Clark:** Thanks, Patty. As Patty indicated, the Ontario Federation of Labour supports a \$20 minimum wage in Ontario, and we want to spend some time talking about what the impact was in 2018 when the government decided to cancel the increase to a \$15 minimum wage and then to freeze the minimum wage for two years. As Patty indicated, that resulted in an average loss in income for minimum wage workers of \$3,200. In total, the cost for all those workers over those years was \$1.7 billion. That's a staggering loss for those workers at a period of time when they are already facing precarity and, in many circumstances, not able to get full-time hours in one job and so forced to look for employment in others.

One point I'll make about a low minimum wage in Ontario and the fact that many low-wage and minimum wage workers can't get full-time hours in one position is that they often are forced to seek employment in multiple workplaces: two, three or four jobs. Because of low wages

in numerous health care settings, many health care workers who are near the minimum wage have had to work in multiple health care settings. Imagine what the impact of that is in the condition of COVID, where people have to move from workplace to workplace to workplace to make ends meet. And then what happens when those workers don't have access to paid sick days?

One of the things we want to emphasize in this discussion, as the government contemplates priorities for the budget for 2022, is how all these decisions have a knock-on effect. A low minimum wage, the fact that these workers don't have stable employment or stable hours and the absence of paid sick days actually creates a toxic mix that fuels the spread of COVID-19. When those workers don't have the choice to say, "I can stay home safely to isolate if I'm feeling sick," and not be at risk of spreading COVID-19 to residents or to patients or to other co-workers or of being infected, that keeps all of us safe. But when all those other work conditions come together, it creates that kind of toxic mix that actually fuels the spread of COVID-19. So public health measures in Ontario actually have to take into consideration decent work conditions for every single worker in the province. That's why the issue of the minimum wage and paid sick days is not just a decent work issue, it's a public health issue, especially in the context of COVID.

**Mr. Ian Arthur:** That number you have—was it \$1.7 billion out of the Ontario economy? That money is very likely to go directly back into the economy if it had been moved up. That is not money that is being exported out of Ontario. I've lived on minimum wage. I wasn't taking holidays when I was doing that. Every penny I earned was going back into just paying for what I had to live on. So I think it's really important to understand that, yes, it's an increase of the minimum wage, but the vast majority of that money would actually have been fed directly back into Ontario's economy. So rather than the vicious cycle or the combination you talked about, when you pair that with paid sick days, when you pair it with child care, you actually create a virtuous cycle that allows us to accelerate economic activity in the province.

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**Mr. James Clark:** And actually, I could quickly add that all the data, all the research supports entirely those observations. When the minimum wage was increased previous to 2018, the prediction from the chamber of commerce was that tens of thousands of jobs would be lost in Ontario; I think the number was 85,000 would be lost in Ontario. Actually, the opposite happened: Over 130,000 full-time jobs were created in the wake of the increase to the minimum wage. So everything you're saying is true; it's backed up by the data. Those low-wage workers who suddenly had a bit more money in their pockets were able to spend more on small businesses, in their communities—

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

**Mr. James Clark:** —in their neighbourhoods in a way that stimulated the economy for everyone. So the data, the research actually reinforces all those observations.

**Mr. Ian Arthur:** That's great. I haven't looked at the Ontario data but—shout-out to a local professor—that data

has held out across the world, and studies of the effects of increasing minimum wage. We're coming to understand it much, much better, and our previous understanding—frankly, rooted in neoliberalism—is turning out not to be accurate at all. It doesn't have real-world examples that play out in the way that we made decisions based on theories without supporting data for years and years and years. I'm happy to see that's changing. I'm happy to see that the data is there to support it. I think the NDP knew it the whole time. I think Unifor knew it the whole time. But it's great to start having those real-world examples.

I think I'm out of time.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for that. That takes up the time for that question. But, Mike, could you introduce yourself for the record?

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** James, is it?

**Mr. James Clark:** Yes. My name is James Clark.

**The Chair (Mr. Ernie Hardeman):** That's the one, yes.

**Mr. James Clark:** I'm the interim director of research and education at the Ontario Federation of Labour.

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

With that, we will now go to the independent member. MPP Hunter.

**Ms. Mitzie Hunter:** Thanks so much to all of the presenters today. We really appreciate the input you're providing to this committee as it relates to the budget and what should be prioritized.

I'm wondering if I could go back to the Ontario Federation of Labour. One of the comments that you made in your submission was just the deplorable state of workers who are in health care and who are being asked to take on everything, really. They are being asked to do that, but they are not being treated respectfully when it comes to their wage negotiations. We've heard from various nursing groups who have come forward to talk about their members in particular. I'm sure there are others as well who are facing the same level of challenge.

Bill 124 should have been repealed. Certainly, the Ontario Liberals have asked the government to bring back the Legislature to do that work because of the crisis in the health care system right now and the need for staffing. They have not responded to that.

I just want you to talk a little bit about the state of health care from the worker perspective and how this pandemic could have been better contained had proactive measures been in place, like 10 paid sick days so people had the choice of not having to go to work sick because they needed to feed their families—and many people faced that dilemma. Some people could not be vaccinated, as they needed to be, because they couldn't take the time off work, and that's the reality. Can you talk a little bit about the state of health care workers in the context of this pandemic and the decisions that were made?

**Ms. Patty Coates:** There's a whole lot to unpack, and we only have a few minutes with these questions and answers.

We're in a crisis, and it's an emergency. It's an emergency because of measures that haven't been put into place, like proper PPE, recognizing that COVID-19, especially Omicron, is airborne.

We're hearing so many stories. We're hearing about code black. Code black is when one ambulance or less is available in an entire region. We've heard that Peel regional paramedics had to declare a code black, and we're hearing about that in other areas. In the hospital settings, we're hearing about code orange. That means that the pace of demand in a hospital far exceeds the resources, including staff, that are available. We've heard about hospitals in Etobicoke and Brampton that have had to declare code orange, and there are so many more that are on the verge, because they just don't have the staff.

If we had paid sick days, there would be fewer people in hospitals. They would be able to stay at home. Without permanent paid sick days, it increases the chance of other workers getting sick. We saw that in warehouses, in distribution centres. We saw it in postal sorting centres as well.

We've heard—it's really the stories that we're hearing from patients, from family members, but also from nurses from the front line. There was one GTA nurse who said recently, at the end of her shift—and this is just one; there are so many out there. She stated that yesterday—

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

The next one is from the government. MPP Smith.

**Mr. Dave Smith:** I'm going to start with Boubacar Bah.

I'm a little bit confused. What we have consistently heard from the NDP in the House is that all landlords are greedy and that they're trying to screw tenants over. What you've come out with—Chair, I'm going to have to turn my video off. I've just got a notice that my Internet connection is too slow. So I haven't left; I've just turned my video off.

What I heard from you is that 55% of landlords in Ontario are small mom-and-pop shops. It sounds to me like you're talking about somebody who has a duplex or a triplex, and possibly, they could be living on one side of it and they're renting out the other side.

**Mr. Boubacar Bah:** Correct.

**Mr. Dave Smith:** What kind of hardships have you guys experienced, where tenants haven't been able to pay or tenants have refused to pay when—it's not your principal income, but it is part of your income.

**Mr. Boubacar Bah:** Well, it's a very touchy subject, because it's about human nature. When you are a big corporation, you have a property manager who is dealing with hundreds of apartments, and it's very faceless. When you're a small landlord, due to the personal connection between you and your tenant—he's somebody you trust, because you give your property. Unfortunately, the way the system is right now, because there's not enough funding for the LTB, it's an adversarial system.

I can give you a very quick, specific example. For instance, a tenant has stopped paying rent as soon as he

moved, and I asked \$5,000 for what is known as a “cash for keys” deal. So the landlord went to the LTB. It took close to 10 months and \$50,000 in arrears in order to get it. So those are the things that happen.

Another one: We have an Ottawa landlord who lost her husband and father, so she wanted to go back to her house. She rented her home to a tenant, and she went through all the screening measures. When she wanted to go back to her house, she had to go through the LTB system, which was shut down, so she had to wait another 12 months with unpaid rent before getting her house.

So no, the small landlords are not greedy. We have no interest. We are not in an adversarial relationship with our tenants. We want our tenant to be helped. We negotiate with them. We don't go to the LTB all the time to evict. We are not here to gouge anybody. What we are trying to do is to work with them so it's going to be win-win. They're going to have a roof. We're going to have an income so we can pay the mortgage, we can pay yearly maintenance, we can pay the repairs.

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**Mr. Dave Smith:** It sounds like it's more of a personal relationship than it is a business relationship, and that you're trying to forge kind of a friendship with your tenants because it's personal. You're only talking about a couple of units, not hundreds or thousands of units with tenants in them.

If you don't mind, could you give me a little bit better of an understanding of some of the challenges you have with the Landlord and Tenant Board. Is it just the length of time it takes to go through it? Is it difficult to navigate the system as a small landlord? Is it a combination of things?

**Mr. Boubacar Bah:** Yes, it's a combination of things. The biggest issue is the length of delay to get a resolution. Again, we are transitioning from in-person to virtual and this is affecting both landlords and tenants. What it's creating is it's creating anxiety, both for the landlord and for the tenants, because while you're waiting for a resolution—the law is very clear. It's there for a reason. They don't want the landlord to abuse the tenants, and vice versa, the tenant shouldn't abuse the landlord. It's unacceptable to have 10 months, 18 months—we even have 26 months—waiting for a resolution to get access to justice.

Meanwhile, the landlord has to pay for basically everything. He has to pay the mortgage, he has to pay the maintenance, he has to pay for snow removal, and he has to pay for everything that needs to be done. Because it's his property, he has an interest to keep it. The tenant, too, is frustrated because the landlord is not getting his income so he can't fix things.

So our biggest issue is the delay, and the delay can be fixed. We made some proposals. We already contacted the LTB. We have been meeting with them, and there are practical ways of solving it while still respecting the tenants' rights.

As a small landlord, I have a few properties. I have no interest in getting rid of my tenant. I want a good tenant

who can look after the house, and I will look after the house from the landlord's point of view.

The second most important thing for a small landlord is financial help. As I said in my introduction, everybody and his brother got some type of financial help. It would be the unemployed, the farmer, the NGOs, the long-term care. The small landlord did not qualify for any of these programs. If this budget can look into it, then that would be great, and it will help alleviate the housing crisis, because what's happening right now is, when somebody goes through the LTB process—I'm telling you, some of our members say, “No way, I'm not ever going to rent.” They either take the house out of the market, increasing the housing shortage, or what's happening right now is some of them just leave it empty. They would rather pay the tax than have somebody there that they cannot evict if they don't pay.

**Mr. Dave Smith:** Thank you. I really appreciate that.

I'm going to turn to the Ontario long-term care group, if you don't mind.

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

**Mr. Dave Smith:** Donna, we've made some changes to long-term care. We've set a runway of a couple of years to get to four hours of care. There has been some pushback saying that that is not fast enough. Do you think it's reasonable and responsible to take a couple of years to get to that point, or are there enough PSWs and nurses available in the system that we could just jump to it right now and you could go out and hire them all?

**Ms. Donna Duncan:** That's a great question. Unfortunately, we don't have enough workers to support the full implementation of the standard right now. As we said in our remarks, we are calling for allowing for internationally educated nurses to work in long-term-care homes as nurses, with the appropriate supervision, to help them reach the standard to offset the shortage of nurses today. We have significant investments in training PSWs, but we are not there yet, and certainly not there in the middle of a pandemic, where we do have enormous numbers of staff off.

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

We'll now go to round two and official opposition. MPP Arthur.

**Mr. Ian Arthur:** I'm going to start with Mr. Bah and the Small Ownership Landlords of Ontario. You raised a really important part, particularly around the tribunal and how long it actually takes. The honest conversation is that there are great tenants and terrible tenants, and there are great landlords and there are terrible landlords. The tribunal, frankly, helps none of them, because for the good tenants with the terrible landlord, it takes them just as long to have an issue resolved. And the landlords themselves who have bad tenants, yes, they can't exit out of those bad tenants easily and they are faced with increased costs.

I hear your call for some supports for small landlords. It's reasonable while there are eviction bans in place. It's an issue of funding. We need the government to take this seriously, that the landlord and tenant tribunal needs a

massive increase in funding, not incremental increases. They need a massive increase in resources to be able to catch up with this backlog. It's not just putting it up a bit at a time.

And I think you're right: I think people are being deterred from being landlords and helping solve the housing crisis on a small scale because of all the complications. If they could eliminate the backlog and people were confident, both renters and owners, that they could have issues resolved quickly, what would you expect the increase to be? How many more people do you think would get into being small landlords in Ontario?

**Mr. Boubacar Bah:** Within our group, we have an informal survey, which we can give to the committee later, on how many people are exiting the rental market. Within our members, we have close to 5% that said right away they're not going to do it. My estimate—it's not scientific. If the process is very straightforward, if you can get a resolution within a maximum three to four months—one way or another, whether the landlord is right or is wrong, but if at least within that three to four months you get a resolution, I can tell you the increase is going to be minimum 15% to 25%. This is based off an informal survey that we have among ourselves.

Even myself, I had an apartment. I have to wait. I've left it empty for a while until I basically find the right tenant.

**Mr. Ian Arthur:** Thank you.

I'll switch over, because this is the last part. I don't have a lot of time for the Ontario Long Term Care Association. My question is kind of broad. I think the pandemic has shown us we have to plan for the worst of times. We talk about staffing shortages and we talk about the lack of beds, but so much of this crisis is the result of our pushing the system to its edge long before we ran into something like COVID-19 and the pandemic. Our only option going forward is to plan for those worst of times, even when they are not here. What would that look like? How do we need to start planning for the future to make sure that we don't end up in the same position in long-term care that we just experienced in this pandemic?

**Ms. Donna Duncan:** That's a great question. First and foremost, we need to make sure that we have people to work and support our residents and build a system around the complex care needs of our residents, and we need to do it within the context of a broader seniors ecosystem, not long-term care in a vacuum. We have 40,000 people waiting for long-term care today, so we do need to be investing in home care and community care as well, as we think about what the future looks like, as well as looking at differentiating what long-term care is.

We are seeing more specific mental health and addictions long-term-care proposals being developed by many of our members, including hospital members. We're looking at more hospital partnerships for complex continuing care, long-term care, as well as emotion-focused care models for those dementia populations and looking at how are we going to meet the needs in northern and rural communities across the province, as well as looking for

differentiated care models and campuses of care to support more specialized cultural populations as we move forward, whether that's First Nations, Muslim, Hindu, Jewish, Chinese or others, as we really look at a different model.

**1450**

The cookie cutter is not going to work anymore. We're going to have to be nimble and flexible in real time, and as we think about building the workforce, have a much more structured health human resource workforce strategy for the entire system and look at where long-term care fits in, so that we're not stealing from one another; and also being mindful of the role that agencies are now playing in our workforce and how we're going to make sure that we can recruit and retain people to make sure that we've got a workforce in place for that aging population.

It takes eight to 10 years to train a specialist, five to six years to educate a nurse practitioner, four years for a nurse. We really don't have a lot of time, so we're going to have to be creative today on how we're going to meet the needs, including over the coming weeks.

**Mr. Ian Arthur:** Yes, I think you called it a seniors ecosystem, or an ecosystem for seniors. I really like that term because I think it captures very much where we need to go.

My grandmother just entered into a NORC, a naturally occurring retirement community, that is part of a pilot project called the Oasis program. What it does is it provides a full-time support person in the building for the seniors living there, but there's some independence. In initial results from the study, it has delayed entry into LTC by an average of 15 months, which is significant.

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

**Mr. Ian Arthur:** It's a pretty incredible and cost-effective step in the right direction.

I think that's very much what we have to do. We have to look at it as a whole, as an ecosystem, and understand how we can bring different models into that ecosystem. They each have a different role to play. If we just go the traditional route, we're going to end up in the same place again. It's going to be unaffordable and we will end up right back where we are right now.

Thank you for your answers. That's all, Chair.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. We now will go to the independent member. MPP Hunter.

**Ms. Mitzie Hunter:** I wanted to ask Boubacar Bah from the Small Ownership Landlords of Ontario group: You mentioned tenants were unable to pay, in some instances, during the pandemic and the disruption. You recognized that there were some supports for individuals in terms of covering them, which helps, and I would say that it's the federal government that provided those direct supports, at least the majority of them. But one of the areas that was missing was support for tenants, in fact. We saw in BC, tenants were given \$500, and that would help them to not fall into arrears and to keep up with their payments. I'm wondering what your thoughts are on that, if that

would have assisted Ontario's tenants, which in turn, perhaps, would assist the small landlords.

**Mr. Boubacar Bah:** Yes, this is how the system was supposed to work. There was individual help, financial help to tenants, because tenants—either they are workers or they are self-employed or they are on social assistance or the Ontario disability benefit.

Every single municipality in Ontario has what they call a rent bank. Basically, if you have some financial issue to pay your rent, they will lend you—sometimes they will forgive the money for it. The issue is, how can that money go to the landlord? Some of the landlords, when their tenant has an issue, they are aware there is a rent bank. They just let them know, “Hey, you can go to this organization to get some help.” Unfortunately, what happened because of the delay at the LTB is there is a new phenomenon that has been popping up which most people are not aware of. Some people, very, very few people—knowing the system takes too long to get a resolution, what they do is they basically refuse to pay the rent, knowing that by the time it goes to the resolution 18 months down the road, they can live rent-free. We have cases that are documented on our website where we have what we call “professional tenants.” They play the system. They go into the house, they refuse to pay; 16 months down the road, they get the eviction, and they go to the next one.

My point is, most of the tenants get some type of financial help, and the majority of the tenants pay the rent on time. It's a matter of pride. It's a matter of personal responsibility. Unfortunately, the small, little minority that refuse to play by the rules is making landlords hesitant. If you go through the LTB process and 18 months haven't done it, either you quit or you just don't want to hear about renting again. The small number of people—

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

**Mr. Boubacar Bah:** —a single penny of financial help because they don't qualify.

**Ms. Mitzie Hunter:** Thanks very much, Mr. Bah.

Donna, it's very nice to see you. Thank you so much for the work you're doing in long-term care. There are outbreaks in many homes, putting workers as well as our vulnerable seniors at risk. I'm wondering about how you think the staffing shortage in the area is being exacerbated by that currently.

**Ms. Donna Duncan:** Thank you very much, MPP Hunter. It is great to join everybody today.

I'm going to actually ask Ruth McFarlane, who is the vice-chair of our board and the chair of our HHR task force, to comment on that. Thank you.

**Ms. Ruth McFarlane:** Good afternoon. It's Ruth McFarlane. I am the vice-chair of the Ontario Long Term Care Association board of directors. It's a pleasure to be here. Thank you for that question. We—

**The Chair (Mr. Ernie Hardeman):** I'd like to hear the answer, except we're out of time. We now have to go to the government. Maybe the government will let you finish the question. Who's on—

**Mr. Logan Kanapathi:** Thank you, Mr. Chair. It's Logan.

**The Chair (Mr. Ernie Hardeman):** Oh, Mr. Kanapathi.

**Mr. Logan Kanapathi:** Thank you for your wonderful presentations.

I'm going to start with the long-term-care homes. If I could start with Donna. Thank you, Donna, for your wonderful presentation. You covered so many things in regard to long-term care.

The government plan for long-term care involves funding for thousands of new nurses to be hired in the sector and pathways for training and upskilling health care professionals. In fact, our government is investing \$340 million beginning in 2021-22 to add over 5,000 new and upskilled registered nurses and registered practical nurses as well as 8,000 personal support workers. Do you agree that increasing the number of nursing professionals in Ontario is needed to improve the quality of care a resident receives? That's my first question. Thank you.

**Ms. Donna Duncan:** Thank you very much. I'm going to ask Ruth McFarlane to respond. I know she will agree that this is an important step. Ruth?

**Mr. Logan Kanapathi:** Please go ahead, yes.

**Ms. Ruth McFarlane:** Thank you, MPP, for that question. Our sector would like to thank the government for the significant investments, including the mental health supports for our front line. But we do also still need more staff to support the mental health and well-being of our residents and ensure that our homes can provide quality holistic care and improve the quality of life for our residents.

We've identified that the health human resources crisis is our number one concern. That's one of the reasons why we are suggesting the use of internationally educated nurses. We need boots on the ground now and not in three or four years. It would be greatly beneficial to our sector if we would be able to use those existing internationally educated nurses and permit them to actually do their training within our long-term-care homes, under nursing supervision. We also would really need to continue with that flexibility and the adaptability with our staffing models in order to make sure that we can take care of the needs of our more acute residents and their individualized needs.

**Mr. Logan Kanapathi:** Excellent. Thank you.

My other question is, building more long-term-care beds is a critical part of this government's agenda, as you may have heard, to invest so much money. Can you let us know from your experience as someone who managed—you are passionate about long-term care, Donna and Ruth and whoever wants to jump in. You've managed a long-term facility in Ontario. How will this help deliver care for the residents throughout the system?

1500

**Ms. Donna Duncan:** Brent Gingerich?

**Mr. Brent Gingerich:** Thank you for that question, MPP. It's Brent Gingerich, chair of the Ontario Long Term Care Association. It's critically important that we continue to invest in the redevelopment of our long-term-care homes. As we looked at some of the major issues and

challenges that homes had with COVID, the biggest challenges were those homes that were older, built in the 1970s. Their licences are expiring in 2025. That's about 40% of our homes in the province, so it's critically important that this investment has been made. We appreciate the government's commitment to build 30,000 new long-term-care homes and redevelop the older ones. It's just critically important. Again, it should have happened years ago, and many projects are under way.

**Mr. Logan Kanapathi:** Thank you. Also, my question to Donna: You mentioned that culturally appropriate long-term care would be a good model, and our government, we actually—we did one project in York region, I will say, in King–Vaughan, recently. [*Inaudible*] put the shovel in the ground, along with the [*inaudible*] minister. Elaborate on that. Our government is focusing very much, and I personally am always focused on giving my input to our government, and they are moving in that direction. I'd like to hear more about that, please.

**Ms. Donna Duncan:** Yes, certainly. Many cultures have different requirements for dining, for their dietary or religious purposes. They may need changes to the physical plant, whether it's a Muslim home for halal, with a special kitchen, or a First Nations home, which needs to accommodate spiritual ceremonies such as smudging for ventilation. We look at how we're going to build out a workforce to support those more diverse populations as well to ensure that we have individuals who can work in the homes who can speak the appropriate languages and are culturally responsive, and also how we support families in very, very different ways. In many cultures, long-term care is not familiar to them, and so how we support everyone with far more complex health care and medical needs and balance that living with care, but also balance some of the cultural and spiritual requirements, is going to be incredibly important for us as we go forward, including ensuring these campuses of care, and building out more culturally specific, to that earlier point, ecosystems of seniors' living, of seniors' care, with day programming, intergenerational programming and even how we support academic programming in these environments to build more culturally responsive care as we go forward.

So it is going to be even more important as we go forward, especially in more specialized communities, but also looking at more unique populations in the north and rural communities and what their needs are. So really, moving away from a cookie cutter.

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

**Mr. Logan Kanapathi:** Excellent. Thank you for that answer. I have a little bit of time left. I will switch it to Boubacar. Am I pronouncing it correctly? Can you talk about some of the issues—this is for Small Ownership Landlords of Ontario. Would you talk about the issues small ownership landlords face during these pandemic times, briefly? We only have one minute left.

**Mr. Boubacar Bah:** Yes, I think our main issue is the funding. Our small landlords are really hurting, and the pandemic hasn't been nice to them, like anybody else.

The second most pressing issue is to reduce the delay to find a resolution. That can be done by funding the LTB,

by allowing the members to use their discretion to make a timely decision. We are—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. We thank all the presenters for the presentations this afternoon. That does conclude this round.

ONTARIO ASSOCIATION OF INTERVAL  
AND TRANSITION HOUSES

ONTARIO CHAMBER OF COMMERCE

ONTARIO FEDERATION  
OF SNOWMOBILE CLUBS

**The Chair (Mr. Ernie Hardeman):** We will now start the next round. The first presenter will be the Ontario Association of Interval and Transition Houses. As with all the others, we ask you to come forward and make sure everyone who speaks during the delegation introduces themselves first. You'll have seven minutes for your presentation. I'll notify you at six minutes. The floor is yours.

**Ms. Marlene Ham:** Hello. My name is Marlene Ham, and I'm the executive director at the Ontario Association of Interval and Transition Houses. Thank you to the Chair and members of the committee for accepting my request to be here today.

OAITH is a provincial association representing 80 violence-against-women shelters, transitional housing and community-based organizations. Our vision is for an Ontario that is safe, equitable and just for all women, girls and gender-diverse communities. OAITH works towards ending all forms of gender-based violence and oppression through advocacy, education, research and training.

I do want to start off by acknowledging the investments made into the sector by the provincial government. These funds have kept the doors of shelters open for survivors across Ontario. Through the good working relationship with the minister, the Honourable Jane McKenna, and the Ministry of Children, Community and Social Services, we saw a new investment over three years in 2021-22 of \$18.5 million for the Transitional and Housing Support Program, and we've continued to see in-year funding, such as the rural and remote child and youth investments. On behalf of our member organizations, we thank you for listening to our needs.

The last two years have brought terrible tragedies from both COVID-19 and gender-based violence. It takes more than money to prevent further tragedies, but rather investments in system planning, measureable outcomes and budgeting based on actual and true costs, to ensure we remain sustainable. It should not be weighted against how much an organization can fundraise to offset or how they can do more with less. Our services centre on care and safety for women, for children, for infants and for your communities. We need quality and we need better outcomes.

Increased investment in community-based services creates early intervention opportunities to avoid costly

system entrenchment that takes years to untangle. This problem is not unique to shelters, but rather we see these pressures across various systems and services. Sadly, the results have been deadly for Ontario. When we examine the deaths due to COVID-19, trauma and mental health, the opioid crisis and gender-based violence, they are linked and interconnected.

When we compare 2020 to 2021, we've seen a 53% increase in the number of women killed by their intimate male partners, their sons and other men closely known to them. Indigenous women, Black and racialized women, and older women are overrepresented on the 2021 femicide list, which further solidifies our calls that the systems designed 40 years ago are failing those living today with gender-based violence.

In the last 26 days of this month, there have been five women murdered. There are an additional two women murdered who have yet to be confirmed as a femicide. It is my hope that the committee will connect these dots between the prevalence and societal impacts of gender-based violence and the positive social and economic outcomes that the 2022 provincial budget has the opportunity to deliver for Ontarians as we prepare for a post-pandemic recovery.

For today, I want to bring forward that gender-based violence shelters and programs are in need of stability and sustainability, with the following recommendations: Annualize all in-year investments, including the Rural Realities Fund, early intervention and prevention for children and youth and the Transitional and Housing Support Program in the 2022 core operating budgets of transfer payment agencies. Abused women and their children can't wait until the fourth quarter to know if their safety planning and counselling will continue.

Further, we request an additional \$30-million investment to the core operating budgets to match inflation and the rising costs of operating shelters, including wages, transportation, groceries, insurance, benefits, administration and accountability requirements. Innovation is born out of ideas and supported by special projects, but lives are saved through quality programs and require sustainable core operating funding to effectively deliver them.

Recruitment, retention and training needs have reached a crisis. On January 11, we heard from 70% of our members on their staffing crisis, and 84% indicated they were experiencing some level of staffing shortage, simply due to COVID-19. In the last 22 months alone, 30% of our executive leadership in shelters have moved on to different roles, creating instability and uncertainty for many organizations.

**1510**

OAITH hears regularly from our members that direct service staff are moving on to jobs where PPE doesn't have to be worn for 12 hours a day, and where the conditions and requirements are different. Some are leaving for more money. Some are leaving for less money, where there is less risk of contracting COVID-19. Our staff teams are diminishing as each day passes in this pandemic.

Operating funding for VAW transitional housing programs and organizations is required to sustain their

services. About 30% of our member organizations offer transitional housing programs, but with no funding offered to operate them, relying solely on fees from service users to sustain their operations. Transitional housing is foundational for survivors to move out of shelter, while still maintaining support and safety, before living independently. This will further assist with the bottleneck on housing wait-lists and emergency shelters.

COVID-19 infection prevention and control investments for shelters have been paramount to the success of remaining operational. As we look forward, we will need to continue to ensure shelters are able to adhere to public health requirements for the health and safety of staff and survivors accessing these services.

Repeal Bill 124, so that public services can effectively manage with autonomy and utilize their flexibility to respond to the compensation needs of our organizations. We employ an educated workforce, but that needs to be matched with fair compensation that reflects the conditions of their environment.

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

**Ms. Marlene Ham:** Survivors in Ontario deserve quality services. Invest into employment training and education, support and programs to help women return to the workforce.

Investing in the care economy and into non-profit organizations requires an understanding of their value to attract and retain them. Government needs to make considerations beyond women in STEM industries: Who will care for them or their children? Who will provide quality care to our aging population or advocate for them if we continue to diminish and undervalue the care economy?

And finally, income support programs, such as increasing OW and ODSP rates and ensuring 10 paid sick days a year, along with access to child care and a place to live, are foundational to lifting women and their children out of poverty and ultimately out of the violent homes they are living in today.

Thank you for listening.

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

The next presenter is the Ontario Chamber of Commerce. If you have more than one speaker, make sure everybody introduces themselves before they speak. The floor is now yours, Rocco.

**Mr. Rocco Rossi:** Thank you very much, Mr. Chair. It's a great pleasure to be with you today. I'm joined by two of my amazing colleagues, Michelle Eaton and Daniel Safayeni. Any virtue in my comments can be traced to them, and any errors are totally my own.

I do want to acknowledge that while we meet in cyberspace, I come to you today from the traditional territories of the Mississaugas of the Credit, the Anishinaabe, the Haudenosaunee, the Chippewa and Wendat peoples, and many other First Nations, Inuit and Métis people who have stewarded the lands and waters for generations. It's particularly important to acknowledge that in light of the

most recent of the discoveries, and to recommit ourselves to a true and just path to truth and reconciliation.

I really appreciate the opportunity to speak today. I do want to thank all of the members of government, opposition and staff who have collaborated in these unprecedented times. While clearly at times there have been “dynamic tensions,” as we put it, we all stand united in getting to the other side of this well, and even better than before.

Together with our 157 member chambers of commerce, boards of trade, and our network’s diverse 60,000 members, the Ontario Chamber of Commerce looks not just to underscore pro-growth strategies for the sake of business, but we feel it’s critical to community development.

In our submission we have 17 recommendations. I don’t want to propose going through all 17. I’ll take that as you can read at your leisure. I certainly encourage you to also all come and join us for our February 3 launch of our Ontario Economic Report, where we’ll go into far more detail and into the context. Let me focus on the three key pillars of those recommendations and some of the top-line asks—those pillars being economic recovery, resilient communities and modernizing our regulatory environment.

To be clear, all of us would love to see COVID-19 in the rear-view mirror, but it is not there yet. We are living with it, and so the budget should reflect that supports will continue to be needed—and additional supports for small businesses, in particular, that have been hardest hit. You know which sectors those are: tourism, hospitality, personal services, many in the not-for-profit. It’s crucial that that not be left behind, and also to acknowledge and understand that some groups have disproportionately been affected. This is not simply a request for more grants and supports, but also to use, strategically, public sector procurement to really encourage the growth of businesses led by under-represented groups: BIPOC, LGBTQ2, women entrepreneurs, racialized newcomers etc.

While lots of attention has been focused on supply chain bottlenecks caused by COVID-19, we want us to not lose sight of the fact that the single biggest supply chain issue is something that predates COVID-19, will continue after it and requires total focus by the government, and that is the supply of labour.

Key elements that need to be focused on on that front—not only, but certainly high on that list: encouraging the province to join with other provinces and territories across the country in signing a bilateral child care agreement with the federal government. It’s absolutely crucial to growing the participation rate, particularly among women in the economy, who disproportionately still bear the burden of child rearing to this day. It’s really important that we focus there.

Design skilling, upskilling, reskilling programs: The government has done some admirable work on that front. That needs to continue to be a focus, as well as continuing to partner with the federal government on the strategic use of immigration, on doubling from the current 9,000 to 18,000, at least, the number of immigrants allowed to the

province through the Ontario Immigrant Nominee Program. We need those current pilots in regional immigration to be made permanent and expanded. Work with our federal partners on that front.

And continue to look not just at augmenting the very appropriate work being done by the government with respect to the skilled trades, but continuing to expand our work with colleges and universities to be far more entrepreneurial with things like micro-credentials—having the funding and the runway to work on those fronts.

With respect to resilient communities, it starts with having a healthy society. We all know that one of the other supply chain bottlenecks is all of the backup in procedures, in testing, in our health care system—

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

**Mr. Rocco Rossi:**—and understanding that we need to expand that capacity rapidly. That was not created by the government, but by multiple generations of government, and needs to be focused on, along with using all of the benefits that come from virtual health care and expanding upon that—also, ensuring that we continue to speed up and fast-track our commitments to broadband expansion, to bridge that digital divide that has been so underscored by the crisis.

Finally, with respect to modernizing regulation and fiscal policy, I would focus primarily on lowering and eliminating interprovincial trade barriers. Ontario can play a national role on this front that will unleash a tremendous amount of lost productivity.

I’m happy to take any questions.

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

We’ll now go to the Ontario Federation of Snowmobile Clubs.

**1520**

**Mr. Ryan Eickmeier:** Thank you and good afternoon. My name is Ryan Eickmeier and I’m the CEO of the Ontario Federation of Snowmobile Clubs, otherwise known as the OFSC. I want to thank this committee for the opportunity to speak today and commend you for the robust consultation you are conducting to help formulate the next budget.

The OFSC is a volunteer-led, not-for-profit association that provides the voice for organized snowmobiling. We also deliver two programs on behalf of the province of Ontario and the Ministry of Transportation: the snowmobile trail permit program and the motorized snow vehicle operator training program. Through these programs, we support 16 regional snowmobiling districts and 183 snowmobiling clubs in their efforts to roll out nearly 30,000 kilometres of trail each and every winter.

The snowmobiling industry is the largest contributor to Ontario’s winter tourism economy. Last year, the OFSC generated \$20.5 million in revenue from the sale of trail permits, and the latest economic impact study shows the snowmobiling industry delivers up to \$3.3 billion annually to this province. The study also shows that snowmobiling contributes to the creation of over 11,300 direct, indirect and induced jobs, primarily in small and rural communities.

What is perhaps the most unique part of our organization is that this impact is driven almost entirely by more than 6,000 volunteers, who spend countless hours each and every year ensuring that Ontario's premiere winter tourism product remains world-class. I would also be remiss not to mention the 18,000-plus private landowners who generously provide us access to their property for our trails. Without both of these groups, we would not have the impact we have today.

With all that in mind, it is really my pleasure to sit before you today and share some of the realities our industry is facing, both positive and negative. The COVID-19 pandemic has actually had a somewhat unique effect on us. Last winter, we had a record year in permit sales, which has been again surpassed this season. Snowmobile sales are through the roof and our ridership along with it. And while this has indeed resulted in increased revenue for our organization, it has also provided some minor relief to help us offset the rapidly rising costs we are facing. It has also put increased stress and demand on our trail network, requiring more grooming and resulting in additional wear on our trails and infrastructure.

From a grooming perspective, the OFSC has a fleet of nearly 300 industrial groomers and steel drags to ensure the trails are safe and enjoyable for the 100,000-plus snowmobilers who venture out annually. Each and every year, the OFSC commits millions of dollars to replace aging equipment and refurbish those units worth investing in. To put this in perspective, a single new groomer and steel drag will cost us about \$400,000 before we even turn a single track or sell a single trail permit, and we need to purchase between 10 and 20 each year to keep up.

To further challenge us, these new units are rapidly changing and becoming more sophisticated. Where we could once roll a broken unit into one of our club groomer sheds and fix it with some volunteer elbow grease, these new units are all computer-based and much more expensive to fix, if the labour and skill is even available.

From an infrastructure and trails standpoint, I am sure you can appreciate how the cost increases of lumber and steel impacted our industry across 30,000 kilometres. To put that into perspective for this committee, we could fit all 400-series highways in our network 15 times over, and with that comes approximately 16,000 bridges, some big and small, but all of which need to be repaired or replaced at some point.

This year, alongside the \$500,000 investment in trail infrastructure from the Ministry of Transportation, which we are certainly thankful for, the OFSC released an additional \$1 million from our reserve to help chip away at this infrastructure backlog. This is of course on top of our annual spend of around \$20 million to support normal trail maintenance and grooming operational costs. And while these infrastructure-specific projects are supporting a dozen or so projects each year, we are not catching up. This year alone, we had a need to fund at least an additional 17 major infrastructure projects, estimated at a cost of about \$1.3 million. We did not get to them. This means critical trails around the province will stay closed until

such time that we can fund the work. It also means disappointment for volunteers, permit buyers and impacted communities.

So the question that may be asked, and I think it's a fair one, is, what is the OFSC doing to address these challenges? I'm happy to answer that.

First, we have put in place the people and processes to apply for funding through all available sources, like FedDev, FedNor programs, our Trillium grants, our regional economic development grants and the Northern Ontario Heritage Fund Corp. We were also very pleased to receive support for three projects through the Investing in Canada Infrastructure Program. These are all in addition to projects our clubs have successfully applied for, every penny of which helps alleviate the overall financial strain. Said differently, we are chasing every opportunity available to us.

But we are also in the midst of seeking approval from our membership on a new three-year strategic plan which prioritizes the development of a multi-year infrastructure and grooming asset program. We are investing in technology to support the organization to ensure we are operating as efficiently and effectively as possible and putting as many resources on the snow as possible. While our budget for the upcoming fiscal is set to be reviewed and approved by our board in March, I can confidently say that the OFSC will be in a position to make a multi-million-dollar investment in infrastructure leading into next season. We simply have no choice.

This season, we also raised permit prices by \$5 on our seasonal classic trail permits—

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

**Mr. Ryan Eickmeier:** —a modest increase in the greater scheme of things. As this is our primary revenue source, increasing permit fees further would indeed increase our revenue, but it could also decrease sales if we set that price too high. We've set this price in conjunction with our partners at the Ministry of Transportation and are keenly aware of consumer price elasticity and keeping the sport affordable for Ontarians.

Finally, we are seeing partnerships with other like-minded organizations like trails or recreation groups, forestry, logging and utility companies, and municipalities to co-fund and co-maintain mutually beneficial infrastructure moving forward.

In closing, snowmobiling is a little bit of a unicorn. We are an industry that has been supported by governments of all stripes and parties, both provincially and federally. We are an industry that economically touches every part of the province, and we welcome in people from all walks of life to our trails each year. We are a tourism product that volunteers have placed on their backs and carried for more than 50 years, and we are privileged to have the network we do. For those reasons, the OFSC believes—

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

We now will start with the questions. We'll start with the independent member. MPP—

**Ms. Mitzie Hunter:** Do you want me to help you out, Chair?

**The Chair (Mr. Ernie Hardeman):** Yes. It has been a long week. Good afternoon.

**Ms. Mitzie Hunter:** It has been a long week, I know—a long couple of weeks.

I'm MPP Mitzie Hunter from Scarborough–Guildwood. I want to start off with the Ontario Association of Interval and Transition Houses, because this is the silent pandemic. I hope everyone heard you when you said five women in this province have been murdered, and two—we're not sure yet if it was femicide. I can tell you that, two nights ago, a woman in Scarborough–Guildwood, at Markham Road and Ellesmere Road, was stabbed to death. A male was arrested, and we don't know all the details yet. But when I saw that story, I thought about that woman. Did she have the supports? We do have the Scarborough Women's Centre, located across the street.

I wanted to ask you about—and you've been very specific in your asks. There are dollars associated with your request. But I'm just wondering, in terms of—often-times, with the nature of the pandemic, a lot isn't being reported, and we're not seeing the risks very clearly. So I'm just wondering what more you believe we should be doing for women who are in vulnerable situations, in addition to the asks that you've had today in terms of funding the shelter system and bringing it up to match inflation and other pressures. Are there other aspects that we should be doing?

**Ms. Marlene Ham:** Thank you for the question. Like I said in my presentation, we have investments that we're here to ask for, but we also ask for a plan, because we need to be able to monitor and measure investments, and we need a path to really figure that out. We know that there are a number of systems, provincial ministries and government ministries that are involved and invested in this issue of gender-based violence. But we don't all understand gender-based violence under the same framework. If we could do that, if we could move towards finding a way to measure outcomes across all of these systems in a way that's much more interconnected, I do believe that we could reach better outcomes.

1530

We can't simply throw money at a societal problem and think that something good is going to come out of that. We do need a plan and a path to be able to get from A to B. So in addition to the investments, that's why we've included that in my remarks, around needing a plan forward to be able to get some different outcomes.

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

**Ms. Mitzie Hunter:** I'm wondering if you're supporting as well of the \$10-a-day child care program that all provinces and territories across Canada have now signed onto. Ontario has not done that yet, but how would that assist women who are in potentially vulnerable situations and worried about child care?

**Ms. Marlene Ham:** Yes, for sure, we support \$10-a-day child care. We have to connect pieces around the economy—access to child care, access to jobs, a safe place to live, adequate income supports—all together. We can't look at these as individual social programs. They are interconnected. When we create these independent of one

another, then we're just kind of going in a circle. So yes, we obviously would support—

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

We now go to the government. MPP Roberts.

**Mr. Jeremy Roberts:** Thank you to all of our presenters today for your deputations. Just quickly, Ryan, I noticed you got cut off at the end. Did you want to take a moment to finish your remarks?

**Mr. Ryan Eickmeier:** Yes, thank you. I was a little long-winded and being blinded by the setting sun.

Our ask is for a \$3-million investment in snowmobile trail infrastructure, which we are prepared to match dollar for dollar. It could be a multi-year, but it is a much-needed investment in a tourism project. Thank you.

**Mr. Jeremy Roberts:** I appreciate that. Certainly around Ottawa, we benefit from a lot of wonderful snowmobile trails. I know there are a lot of my constituents who appreciate the good work you're doing.

I'll start off, Ryan, with one question for you. Two summers ago now, the finance committee went around and we did a whirlwind tour of consultations at the start of COVID to look for ideas on how we could help support businesses across a variety of sectors. When it came to the tourism and hospitality sector, one thing that came through was the desire to see the staycation tax credit, which was something that our government introduced.

Walk me through. Do you think this is going to be something helpful to continue to grow and expand snowmobile use across the province? As you say, you guys are one of the few, I guess, who have benefited from a growing membership, but we obviously want to see that growth continue. So walk me through a little bit on whether that's been a worthwhile investment and something you'd like to see continued, going forward.

**Mr. Ryan Eickmeier:** Yes, it certainly has, and this season even more so, because we had early snow in our northern districts, and folks are obviously drawn to that. In your area, we didn't have snow until about two weeks ago, a week and a half ago, and trails weren't available.

The ability to trailer, to go, and to receive a tax credit and support local businesses where the trails are available has been a really strong incentive for people to make that commitment. I would say, broadly, that any incentive that can help get people outside, help get people on the trails in our case, and ultimately support the restaurants, the hotels, the gas stations, the service departments—all of those things that are out there in these communities that our trails intersect—is an absolutely worthwhile initiative.

**Mr. Jeremy Roberts:** For sure. I appreciate that and appreciate the good work you're doing. I have definitely taken note of your request for the committee.

I'll pivot over now to Marlene. Marlene, good to see you again, albeit virtually. Hopefully, we'll get a chance in person before too long. As you well know, as I think I've told you before, when I look out my constituency office window, I look down and see Nelson House in Nepean, which I believe is one of your member organizations. I know the phenomenal work that they've been

doing there, both throughout COVID and before the pandemic.

One of the things I'd like to ask you about is, during the pandemic, I sat as the provincial representative on the United Way of Ottawa's community response table, which tried to identify different gaps throughout the pandemic for vulnerable groups and come up with innovative solutions. At the end of 2021, the United Way met with a number of ministers and presented some of those findings of some innovative solutions that had come out of the pandemic, one of which was around gender-based violence and the use of encrypted texts throughout the pandemic to try to allow women who were in dangerous situations to reach out and ask for help. That certainly seemed to be a good lesson learned.

I'm wondering if your association has looked at anything like that, in terms of lessons learned from the pandemic, that we should take going forward and beyond, to best support some of the vulnerable populations that your member organizations do on a daily basis.

**Ms. Marlene Ham:** Great. Yes, thank you for the question. They've come up with a variety of different strategies. I think what's important to understand is that violence-against-women shelters have stayed open this entire pandemic. They've gone through every single pivot, every single public health measure change over and over and over again. What they're doing has to fit the context of the time.

As we know, every single wave has brought with it different challenges. So certainly they've innovated. They've found new ways to reach women, to connect with them, to provide service to them; they've found ways to reach them in their communities. They've evolved. They've done all of those pieces. That's everything from—we now have text support lines. They've digitized in particular ways that some of them didn't have to really think about before. So they're trying to meet those needs the best that they can.

But I think an important piece for the committee to understand is that survivors are living in an environment that is about power and control, right? And shelters provide freedom from that environment of power and control. But in this pandemic, they are having to come into environments that are very, very challenging and very, very difficult. It is the absolute opposite of how shelters, at our core, are designed to operate.

The public health measures have been extraordinarily difficult. It's been extraordinarily difficult for survivors to even get out of their current situations—

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

**Ms. Marlene Ham:** —let alone be able to figure their way through our very complicated gender-based violence system.

**Mr. Jeremy Roberts:** For sure. No, I appreciate that.

Sorry, Chair. You said less than a minute remaining?

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

**Mr. Jeremy Roberts:** Okay. Well, Marlene, I really appreciate that. I think your comments on staff retention are certainly very important pieces that the committee will

take note of. I know we're facing staffing challenges across social services sectors, and this is something we need to approach. Again, I appreciate all the work that you are doing and that your organizations are doing to help support some of our most vulnerable. It's so, so critical, especially during these difficult times, so thank you.

Rocco, I didn't get a chance to get to you, but I'm sure my colleagues will have some questions. Thank you for the advocacy work that your organization has been doing, as well.

Chair, I'll turn it back over to you.

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

We now go to the official opposition. MPP Fife.

1540

**Ms. Catherine Fife:** Thanks to all presenters. I appreciate the information you're sharing today.

I'm going to start with Marlene. Marlene, thank you very much for the presentation. We have Anselma House and Haven House here in Waterloo region, and they are busy. They are full, and they are stretched thin. I just wonder how much longer we can fundraise to keep women safe in this region, in this province and in this country.

I want to thank you for giving a presentation that specifically outlines what your funding asks are, particularly around employment supports and training opportunities, because we've heard from various delegations from across—this is our seventh day of this committee. If you empower women, if you support women, then you support children. I wanted to give you an opportunity to address the employment supports and training opportunities that could be part of a more hopeful solution, with targeted programs specifically for survivors of gender-based violence, so that women and children can get out of poverty, first of all, and also so that they can live a violence-free life. Please go ahead.

**Ms. Marlene Ham:** Great. Thank you for the question. I think we have to look at some of the pathways that occur when women are trying to get out of a violent situation. That traditional pathway of leaving, going into a shelter—we need to have more employment and training opportunities available at the beginning of that process as much as possible. We do have some employment and training programs focused on women, but we certainly don't have enough of them, so we need more of them. And this does help to reduce barriers.

A woman coming into a shelter and having to go onto OW and ODSP and then having to rely on going into subsidized housing—that's not going to produce very good outcomes, because OW and ODSP rates—

**Ms. Catherine Fife:** They don't work.

**Ms. Marlene Ham:** They don't work. This doesn't work. If we want to create different conditions and different outcomes, we've got to change the way we're doing that, because it is not working for them. They are living in poverty, and they are left with very few to no choices. We're not going to see our return there, and we're not going to see safe communities, and we're not going to see women and children who are safe when we don't have the conditions to create those outcomes.

We would definitely call for very targeted employment and training programs specifically for survivors that can be made available through women's organizations, which we have a range of. It's not just shelters, but there are women's centres. There are all kinds of women's organizations that could be working together to be building these bridges so that people have different opportunities. That is really what we need. We need some different opportunities to ensure women are safe—

**Ms. Catherine Fife:** And the not-for-profit sector is poised to be part of that solution. They just need the sustainable funding that removes the waiting for that fourth quarter of funding to see if you can retain staff. That whole funding model has to change, right?

I just saw this quote about how trauma can be life-changing and so can healing. Healing is—I know that it happens at Anselma House and Haven House, with mental health supports so that women can actually move forward and also lift up their children along with them.

Thank you for your presentation, and we'll bring that forward during report writing.

I want to just move over to the chamber. Rocco, last week, you made me very happy when you basically called the government out by saying you can't be dangling this steak in front of restaurants and businesses. We need certainty. We need clarity on timelines and the rules of engagement, and I still think that message needs to come forward. I know that the restaurant sector has really just been struggling with maintaining stock and planning for the future. I have other questions for you; I'll try to get them in the next session. But can you just speak to the importance of clarity on a go-forward basis so that businesses can plan and try to stay viable?

**Mr. Rocco Rossi:** Yes, when you're in businesses that have been treading water for the better part of two years, that have missed key revenue-generation periods or have been restricted during key revenue-generation periods—in particular, for restaurants, halls etc. in the Christmas and New Year's period—they don't have a lot of room to manoeuvre. For them to plan, they need clarity about when and how, in order to make the necessary investments.

We applauded the government's saying that schools were going to be closed for a certain period of time and then on this date they would open, and a week before that date, they gave notice. Yes, it's a very complicated construction to be able to reopen the schools, but at no time during restrictions do schools have to fill out applications for aid from government. At no time during restrictions do schools have to let employees go and then look to find them at the end of it when they're allowed to reopen. Certainty is crucial.

And it's not just about this period; it is about how we move forward.

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

**Mr. Rocco Rossi:** Why we're so insistent on a plan is, it's how we move forward to the stage when it does become endemic and we're living with COVID-19, and we need to know what those milestones are, what they trigger, what supports happen, so that people can plan.

**Ms. Catherine Fife:** The transparency piece: We've heard from several businesses from across the province during this committee session. The fact that the independent travel agents were completely left out of any support when their sector was completely shut down by the government—the government was literally saying, "Don't travel," and yet they were left out of there. So I think that there still, at 23 months in, needs to be some consistency around messaging. I think the CFIB told us that we've heard 23 different definitions of "shutdown"—so it's stage 2, this stage, that stage. We need to—

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

We will move on now. We're going to the independent. MPP Hunter.

**Ms. Mitzie Hunter:** I want to thank all the presenters today.

Ryan, I want to thank you for coming here, repeatedly, actually, and advocating on behalf of your members and the efforts that they're making in our tourism sector. I guess you're loving the amount of snow we're having this year in Ontario.

I want to focus on the OCC for some comment around Ontario's economy and business resiliency. I want to recognize how tough it has been for our small and medium enterprise sector in Ontario. They're weathering everything, from lockdowns and shutdowns to supply chain disruptions that are global in nature, and so much uncertainty. You said that you have your priorities, the 17 submissions that have been made. What we've heard here in some of the submissions—I'm thinking of when we started off in the north, in particular—is about liquidity. Some of the responses that have been made are to defer taxes and fees, but that still accumulates on the books.

I'm wondering if you have any comments on what the government could do to really ease that burden, particularly for the small and medium enterprises, which we need if we're going to have a thriving economy coming out of this.

**Mr. Rocco Rossi:** I'll say a few words, and then perhaps my colleague Daniel Safayeni can add some further detail.

Number one, I would point out that despite all of the programs—and many have been incredibly generous, at all levels of government—Ontario has lost tens of thousands of businesses to the pandemic, to bankruptcy.

**1550**

I want to be clear: Not everyone has been able to pivot. Not everyone has been able to survive. For many who have—and it is a tale of two Ontarios, because if you were in technology, in a number of essential services, in larger companies with deeper balance sheets, you've actually done quite well. The TSX put up a plus-20% year-over-year stock increase last year, so not everyone has suffered in the same way. Targeting particularly the small and medium-sized, and in particular in those areas hardest hit—MPP Fife made an excellent point: There are a number that fell through the cracks of all programs. What they need at this stage is cash. The grants program has

been crucial for many of them. Simply deferring was fine as cash-flow help early in the pandemic, assuming it was going to be relatively short.

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

**Mr. Rocco Rossi:** Two years in, it's not good enough. Dan?

**Ms. Mitzie Hunter:** We need to unmute Daniel—there we go—and you need to state your first and last name.

**Mr. Daniel Safayeni:** Daniel Safayeni, Ontario Chamber of Commerce. Yes, we'll echo everything Rocco has said, and we'll add to that improving access to public procurement opportunities for small businesses by addressing some of the barriers that limit their access, and particularly taking a look at targeting some of those procurement opportunities, or at least opening them up to more diverse entrepreneurs and small businesses, as well, because that's the other piece of the puzzle in addition to the liquidity part, which is obviously top of mind and the most important part of it.

**Ms. Mitzie Hunter:** Thank you for the work you're doing on BIPOC—and you said that in your submission. And Michelle Eaton, thank you so much for your advocacy in that space, as well as for women, for economic opportunity in the she-cession, as well as support for child care.

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

We'll now go to the government. MPP Crawford.

**Mr. Stephen Crawford:** Thank you to all of our presenters today. I'd like to focus my questions on the chamber of commerce. I'd first like to thank the Ontario Association of Interval and Transition Houses for being here today. I know my colleague asked you some questions, and I've been in quite a bit of contact with our community house, the Halton Women's Place, which does fantastic work for our community, so we've certainly made notes of your comments and appreciate your input today.

In terms of the chamber of commerce, I have a number of questions. My first one is focused on education. Rocco, you touched on education a little bit, but I want to hear a little bit more, because you are correct in that we have a labour shortage in the province. This was even pre-COVID; I think it has been exacerbated. But on the education front, could you expand upon what the province can do to make sure we get people in courses and programs that are going to fill the jobs of tomorrow? You touched on universities and colleges, but I'm talking even high school.

**Mr. Rocco Rossi:** Thank you, MPP Crawford. Look, I think Minister McNaughton has been doing very important work, going right down into elementary school and high school in trying to remove the stigma long held around skilled trades, because the skilled trades are a phenomenal career path and opportunity for many. That's part of a much longer-term opportunity.

The other area, where you make the transition from the high schools into colleges and universities—Minister Dunlop is very focused on this, because she also has a real

personal passion for skilled trades, which I love. But it's the, in effect, reinvention of the education model. Two- and four-year degrees, while an important part of the education model, cannot be the sum total of it going forward, because the market is moving, changing and adapting in a far more accelerated way.

And so, lifelong learning, which used to be something you would think about when you get into retirement and you go take a few adjunct courses at the university—that's old school. Right now, it is a necessity to be responsive to the market and to give people the necessary skills to take advantage of the many job openings that exist now and will continue to exist.

And to exactly your point, this was a problem prior to COVID. It was accentuated during COVID and will continue to accelerate. We're looking at massive retirement as the population bubble goes through. And if you think of key projects, from Bruce Power's refurbishment to OPG to Metrolinx to transportation to residential housing, having skilled trades journeymen's average age be almost 60 is a clear and present danger for the Ontario economy that needs to have incredible focus that goes across ministries and is supported.

**Mr. Stephen Crawford:** Okay. Thanks. And your assessment of the Ontario economy today and businesses is absolutely correct in that it's a bit of a tale of two cities. There are some companies and industries that have done exceptionally well through the pandemic, and there are some that have been hit horrendously hard: obviously restaurants, travel, tourism. Our goal as a government is we want all business to succeed. We want small businesses, large business and medium-sized businesses—they're all important. They're all important players. They're all employers. They all pay tax revenue, which helps our economy. For restaurants, for example, I know we recently reduced the wholesale price for restaurants for alcohol. I think that will help restaurants. There's more that can be done. We've obviously done some.

I know there was one witness today who mentioned they would like to see the minimum wage go from \$15 to \$20. I'm just wondering what your thoughts would be on that kind of wage increase on the small businesses that perhaps have been hit the hardest through this tough time. I'd like to hear your perspective. Thanks.

**Mr. Rocco Rossi:** It's back to the comment that you made about it being the tale of two cities. For our large members and in many sectors, the real minimum wage is well beyond \$20, so the question becomes, how do you target particularly the segments that have been hardest hit and that are in recovery mode? And is that the appropriate time in those sectors, many of which are populated by part-time, by students, typically with a small percentage that are the prime breadwinner for a family, to basically take businesses that are already on their knees and make increases that are unrelated to their ability to pay?

We're very much believers in and strongly support a notion of planned, regular increases to minimum wage that tie to actual growth and that aren't suddenly thrown upon industries, particularly those businesses least able to deal

with it, without any time to plan, any time to organize. That, to us, is a recipe for ensuring that more of those businesses will go under.

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

**Mr. Stephen Crawford:** Okay. Thanks, Rocco. We have just one more minute, but one of the success stories in Ontario has been the number of manufacturing jobs created in the province over the last 24 months, which is a bright spot. I just want to get your perspective on what's creating that environment for manufacturing jobs to come back to Ontario and how we can expand upon that, because clearly we want that success to expand so we can create more high-paying jobs in the province.

**Mr. Rocco Rossi:** It is part of a good-news story, and certainly the lowering of electricity cost was a big part of that. We know, though, that that is moving it from the ratepayer to the taxpayer, so in the long term there has to be a plan to make it sustainable and reliable. Also, you look at a number of the big announcements that were made in automotive that are really around EVs, and it's part of our thesis at the OCC that the climate challenge is also a climate opportunity for Ontario to take advantage of with the proper framework.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for this questioning.

We will now go to the official opposition. MPP Fife.

1600

**Ms. Catherine Fife:** Rocco, I just want to finish this minimum wage point, because I think I heard you say your members are already paying over \$15—it's a competitive labour parity issue, I think—and that you would want predictability. Take the politics out of the minimum wage. Let businesses know when the minimum wage is going to be going up, by how much, and then build in some measures, actually, to support those businesses. I think that that makes a lot of sense. Is that correct?

**Mr. Rocco Rossi:** I think you've characterized it well. There has often been criticism of us for criticizing the significant package that the former Liberal government put at the end of its term, and it was because everything was bundled together at one time, with no time to plan, and significant costs. That kind of response that's not tied to specific measures and growth so that those businesses can pay is not the recipe for going forward. But lookit, all of us benefit from an improving economy and improving wages at all levels of the economy.

**Ms. Catherine Fife:** Absolutely. And the return on the investment to the economy, actually, is well documented. We will have to figure this out on a go-forward basis, taking into measure that businesses have been hit hard and are back on their heels right now because of the pandemic.

I do want to also mention that you had talked about immigration in your presentation. Thank you very much for bringing this up. You will know that we have a human resources health crisis in the province, which obviously impacts the economy. We know this right now, especially after 22 months of this pandemic. It took a long time for the government to move on allowing internationally educated nurses, for instance. It just opened this small

window for almost 20,000 trained nurses in Canada right now—but in Ontario, specific to Ontario, to work in our long-term-care system, to work in our home care and to work in our health care.

However, they are not, at this point, counting that time that these trained nurses, internationally trained nurses—they're not counting that work time towards their credentials in Ontario. Do you think that this is fair? We're at a tipping point in Ontario, and we need a quick solution. We have the human resources here, we need to train them up, but we shouldn't be exploiting them, in our opinion. Can you please comment on how important it is to get this right?

**Mr. Rocco Rossi:** First of all, I would salute the government for taking the step, because, quite frankly, we have been talking about the foreign worker credential issue for decades—the doctor who's driving your cab. And so this is part of a measure that's gone forward.

But you're absolutely right: Clarity around that, fairness around that is crucial. We cannot have this Kafkaesque reality where potential immigrants get points and check marks for skills they have in their own country, and then they come to this country and don't actually get to leverage the skills that they got points for to come into the country. It makes no sense whatsoever and is really crucial—as well as the barriers we put between provinces on credentials, because your point about time is the same for a carpenter apprentice in Fort Frances or Atikokan who spends a couple of summers working construction in Winnipeg, and those hours don't get counted to his path or her path to Red Seal because, somehow, a two-by-four in Winnipeg is different from one in Thunder Bay.

**Ms. Catherine Fife:** Yes, I know. Those are really good points. I just wanted the government members to hear it at this last finance committee meeting before budget 2022 is tabled. And I just want to thank you for your support on your messaging around the public sector procurement and diversifying that. If we form government, you know that that's going to happen because we're passionate about it and it's long overdue.

With that, I'm going to send it over to my colleague MPP Mamakwa. Please go ahead, Sol.

**Mr. Sol Mamakwa:** Meegwetch. Thank you, Marlene, Ryan, Daniel, Michelle and Rocco for being here. I want to say kitchi meegwetch. Thank you very much, Rocco, for acknowledging the possible 93 unmarked graves that were found. Thank you very much for that.

I think maybe I'll go to Marlene. I know that in northwestern Ontario in 2018—and Sioux Lookout is a town of 5,000 people—I know we lost, I believe, about 10 people without homes within that community. I know the importance of transitional homes and how important they are. I'm just wondering if you can articulate and maybe go into detail on some of the work that needs to be done, especially in northwestern Ontario, of your knowledge and the people that you work with. I know the Kenora services board is working hard to do that. If you can share some of that.

**Ms. Marlene Ham:** Thank you for the question. Yes, and we do have some members in northwestern Ontario.

Transportation, dealing with some pretty significant barriers, working within fly-in communities, trying to reduce these—definitely—we can't compare what happens in northwestern Ontario to other parts of the province. We also have fewer availability of shelters, particularly Indigenous shelters—

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

**Ms. Marlene Ham:** —that are available in northwestern Ontario. We also have fewer transitional housing organizations in northern Ontario—very few, actually. We actually seem to have more of that in southwestern Ontario. So there are definitely many more barriers that are faced, particularly in northwestern Ontario and particularly for Indigenous women. We continue to see this disproportionate number of Indigenous women showing up on our femicide list. We know that's because of the systemic failings, the systemic barriers that are present today, not about what happens prior to today. It's real. It's today. It's happening now.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That does conclude all the time for this panel. We want to thank all the presenters this afternoon.

CHRISTIAN LABOUR ASSOCIATION  
OF CANADA

ONTARIO PUBLIC HEALTH ASSOCIATION  
ASSOCIATION OF MUNICIPALITIES  
OF ONTARIO

**The Chair (Mr. Ernie Hardeman):** With that, we will go on to the next panel, the first of which is the Christian Labour Association of Canada. If the presenter will start by introducing yourself, and if there's anyone else who's going to speak, make sure they introduce themselves as that speaking happens. With that, the floor is yours.

**Mr. Ian DeWaard:** Great, thank you. Good afternoon, Chairperson and members of the committee. My name is Ian DeWaard and I am the Ontario director for the Christian Labour Association of Canada, or CLAC. Our union represents more than 60,000 workers across the country and is this year celebrating its 70th anniversary.

Nearly 9,000 CLAC members work at the front lines of Ontario's health care sector. Over the last two years, they have amassed countless stories that demonstrate their selfless determination, heroism and unimaginable persistence. Although exhausted by the ravaging impact of outbreaks and, for some of them, the significant number of lost lives in their care, they remained at their posts, committed to providing dignified, humane care to the residents and patients that they're called to serve.

We're very grateful for this government's commitment to achieve a four-hour daily standard of care in the new Fixing Long-Term Care Act. This will improve both resident quality of life and working conditions, but the workers in that sector need help and much more of it.

The province estimates that 27,000 more PSWs and RPNs are needed in the next four years alone to achieve this new standard. This number doesn't account for the

routinely high attrition and turnover or the new hires needed to support the 15,000 new beds that have also been committed to the system. Front-line workers need this government to commit to a proper lasting wage adjustment as well. Normal labour market supply and demand forces are already impeded in this, a government-funded essential service environment. But for 12 of the last 14 years, this has been made even worse, as successive governments have imposed wage caps and freezes on these workers. For too long, wages have eroded relative to the cost of living, all while working conditions and demands have become much, much harder.

CLAC is asking for three measures that will serve as a wage correction to address more than a decade of systematized wage suppression and that address today's pressing labour market needs.

**1610**

First, we'd ask that the current temporary \$3 and \$2 pandemic wage adjustments for PSWs—personal support workers—and disability support workers be made permanent, and that there be an extension of a similar adjustment of at least \$2 to all other publicly funded front-line health care workers in long-term care, home care and residential care environments.

Second, we ask for the elimination of the 1% wage cap for health care workers that's imposed by Bill 124.

Third, to ensure that these wages can't again fall behind, that in this budget you require and then fund a minimum annual wage increase—to be clear, a minimum increase—that would be based on the same consumer price indexing formula that's contemplated in the Employment Standards Act and that will adjust the minimum wage for all Ontarians, which will be adjusted annually.

Making permanent wage adjustments, removing the Bill 124 wage cap on health care workers and ensuring that wages don't erode in future will support staff retention and attraction, something that both the Ministry of Long-Term Care's 2020 staffing study and the province's 2021 long-term-care commission have flagged as significant challenges.

Our second area of focus and fourth request is that the WSIB, workers' safety and insurance, be extended to retirement home and group home workers. These workers are presently exempt from Ontario's public workplace insurance system. Today, a retirement home worker has the same chance of experiencing a workplace injury as that of a construction worker. Private workplace insurances are inadequate and offer limited protection relative to WSIB. Throughout the pandemic, when most of those workers were at risk of experiencing a workplace illness, they had no income protection at all.

Ontario has established a strong no-fault worker insurance program, but the system needs updating and expansion to classes of workers that the original designers of the public system could not have foreseen to include. In 2020, an operational review of the WSIB commissioned by the then Minister of Labour pointed out that there are anomalies in Ontario's workplace safety and insurance system that justify immediate action. WSIB legislation has

not developed in step with the modern workplace, and the authors of that report specifically recommend that retirement and group home workers be brought under the public insurer system. We urge you to adopt that recommendation with this budget so that these front-line care workers have meaningful protection against loss of income due to workplace injury or illness.

I'd also like to take a minute to make a few remarks on behalf of CLAC's 6,000 members working in Ontario's construction sector. We congratulate the government on the recent launch of the Skilled Trades Ontario organization. Also, in its effort to grapple with the ongoing and looming shortage of construction workers, CLAC welcomed the government's creation of the Skills Development Fund in 2021. We've utilized this fund to create new training initiatives focused on upskilling the existing workforce and on creating new entry pathways for workers looking to make a career in construction.

We believe that the combined effort of industry stakeholders, supported by this fund, the SDF, will provide opportunity for positive, productive and rewarding work for the next generation of Ontarians, while also ensuring that the workforce is able to tackle the challenges of the modern construction workplace, so we ask the government to continue the Skills Development Fund in the 2022 provincial budget.

In closing, if ever there was a time when strengthening Ontario's health care system and construction sector was needed, that time is now. While monumental challenges are still in front of us, there are also opportunities to strengthen our health care system and our construction sector by making meaningful improvements—

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

**Mr. Ian DeWaard:** —that support the essential workers in these sectors. We thank the committee for the opportunity to present today and welcome any questions that members may have.

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

We now go to the Ontario Public Health Association.

**Ms. Pegeen Walsh:** Good afternoon. My name is Pegeen Walsh, and I am executive director of the Ontario Public Health Association, a member-based non-profit charitable organization created 73 years ago to champion preventative medicine. We bring together groups and individuals from various backgrounds—from public health, health care, academe, non-profit and the private sector—and we act as the voice for those who are concerned about issues affecting the public's health and who want to strengthen the impact of those who are active in public and community health.

For budget 2022, we urge your committee to recommend investments in three areas: a provincial chronic disease prevention strategy, a well-resourced public health sector, and income supports and other measures to reduce health disparities.

Benjamin Franklin coined the phrase, "An ounce of prevention is worth a pound of cure." By properly funding prevention now, we can keep people healthy and ward off

higher costs down the road. For more than a decade, OPHA and others, including Ontario's Auditor General and the Standing Committee on Public Accounts, have urged the provincial government to invest in a chronic disease prevention strategy. We've even outlined what that could look like. Sadly, during this pandemic, we have seen that those who have been affected by various chronic conditions and diseases such as cancer, heart disease, type 2 diabetes, obesity—that that has increased their chance of severe illness, complications and even death from COVID-19.

Before the pandemic, chronic diseases were the leading cause of death and disability in Ontario. They took a high economic toll on the health care system—some \$10.5 billion a year. People with such diseases were more likely to develop a mental health condition and, amongst the poorest of us, twice as likely to have multiple chronic conditions. Yet chronic diseases are highly preventable. Strategies that target tobacco use and healthy eating, physical activity, alcohol misuse, mental health and income have the greatest potential for reducing these diseases.

I'd like to refer to a study that was done in 2016 that showed that \$4.9 billion was saved in health care through interventions such as the Smoke-Free Ontario Strategy. There's also research, for example, in the States showing that \$1 invested in healthy eating and physical activity leads to \$6 in savings. We see a study from Health Quality Ontario that those with lower incomes are more likely to have disease and premature death, so those need to be considered, too. Just think of the benefits if these investments had been made over a decade ago. Sadly, Stats Canada data is showing that there have been increases in these risk factors around unhealthy eating, food insecurity, eating disorders and alcohol consumption.

There are certain groups, also, that are more disproportionately affected, including Indigenous populations, and those mortality rates of cancer, heart disease and COVID are much higher in low-income neighbourhoods. So we urge legislators to safeguard and increase investments in health promotion strategies. We also can look to that example of the Smoke-Free Ontario Strategy to see that these strategies can work. Not only can they work and reduce those chronic diseases, but they will create a more resilient population that will be better able to weather future pandemics.

My second recommendation is about the critical need to invest in our public health system and return to that 75-25 funding split between the provincial and municipal governments. When we think of Ontario 34 health units, they are very much those guardians of our community's health, and they're prevention agents. Yet in 2018-19, the Ministry of Health's funding to these health units and health promotion strategies represented less than 2% of total health care spending. Worse, in budget 2019, the province announced funding cuts to public health and an increase in funding, to 30%, to municipal governments. Then we had COVID arrive, and now we're relying on less than 2% of our health care system to prevent the spread of this deadly virus.

Of course, we're all concerned about that surgical backlog, but less well known is the backlog of prevention services that aren't being done by our health units due to their lack of capacity. I know our members are very concerned that they're unable to offer their usual array of prevention services to support expectant and new parents, or whether it's oral health, sexual health, mental health, regular school immunizations, work on climate change and more.

The Association of Local Public Health Agencies has suggested in their recent report that something like 70% of those usual prevention activities have been put on hold. Yet, we are asking you to ensure that funding for public health not be eroded in budget 2022, that that provincial share return to 75% and that we make strategic investments in a prevention agenda. As the Association of Municipalities of Ontario has stressed, municipal governments can't be expected to pick up that provincial funding that's been reduced, and now more than ever, we need that sustained, reliable funding to public health.

A really disturbing part of this pandemic has been this increase in disparities that we have seen for those who are more likely to get infected, have more severe outcomes, are unable to get as quickly vaccinated or are not able to stay at home. We already have these inequities in our community, and now COVID has exacerbated them and there's been a ripple effect on all of us. People living in poverty, in inadequate housing, who are racialized have been disproportionately affected by COVID, and this is unfair and it's unjust.

**1620**

We know that more than 50% of our health is affected by factors way beyond the health care system, so putting more money in health care and care treatment is not necessarily going to resolve these issues. We know the key role of social determinants of health, including racialization and colonization. Investing in areas such as income support programs, affordable housing, child care, employment, post-secondary education—

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

**Ms. Pegeen Walsh:**—will really help us save lives and reduce health care costs.

What your committee recommends and what the provincial government will do will go a long way to determining how many people will suffer from illness or will die because of insufficient health promotion and disease prevention programs, and how many will enjoy healthy, productive lives.

Thank you for considering the three recommendations from the Ontario Public Health Association.

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

The next presenter is the Association of Municipalities of Ontario.

**Mr. Jamie McGarvey:** Good afternoon. Thank you to the Chair and members of the committee. My name is Jamie McGarvey. I'm the president of the Association of Municipalities of Ontario and the mayor of the town of Parry Sound. With me today are Brian Rosborough,

AMO's executive director, and Matthew Wilson, AMO's senior adviser on fiscal policy. Thank you for the opportunity to speak with you today. We were pleased to provide the committee with our written submission in advance.

AMO is urging a general theme of fiscal stability for 2022. The provincial-municipal relationship is important and complex, and we depend on one another. Financial stability matters to municipalities and it matters to property taxpayers. Municipal services have been at the core of Ontario's pandemic response. Public health, including vaccination rollout, homelessness, child care and paramedicine, are just a few of the COVID-related services delivered and cost-shared by municipalities. I could list more. In short, we are protecting lives and livelihoods.

For 2022, municipalities seek a provincial budget that does three things: (1) coordinates to address COVID-related costs with ongoing financial assistance; (2) a budget that builds for the future without adding new financial responsibilities; and (3) a budget that accounts for inflation in provincial funding, including the Ontario Municipal Partnership Fund.

I'll start with COVID. The degree of co-operation in the past two years is inspiring. Such measures have sustained municipal finances, leaving us in good shape to assist with recovery. To date, municipalities have received more than \$5 billion in federal and provincial financial assistance to offset the financial impacts of COVID-19. Additional federal and provincial support will be needed again in 2022. There's an urgent need to continue to support transit and the social services relief fund until COVID is over.

My second key point is to continue building for the future while respecting the limits of the property tax burden. Property taxes are a major factor in housing affordability and the cost of living for Ontarians. AMO is calling on the government to make the investment needed to avoid the additional pressure on property taxes. With a stable fiscal relationship with the province, municipalities can play their role in building a strong and vibrant Ontario economy.

My third key point is about inflation. Inflation is taking a big bite out of grants to municipalities. The provincial government has been a generous partner when it comes to infrastructure. But beyond ribbon cutting for new or improved roads and bridges, there's a need to fund basic municipal services. I'll give you two examples. The \$500-million OMPF has not changed in many years. If we look into the 36 municipalities of northwestern Ontario, from 2015 to 2020, OMPF allocations declined by almost 15%, and inflation has taken a \$59-million bite out of the OMPF's value since 2014. AMO calls on the provincial government to begin annual inflation increases to the OMPF and to signal that commitment in 2022 with its budget.

My second example is the so-called "heads and beds" levy, which is unchanged since 1987. These payments in lieu of property taxes for provincial facilities such as colleges, universities and hospitals have not increased in

over 30 years. If pegged to inflation, the levy on a per-student or per-patient basis would be more than twice the value it is today.

Inflation affects all programs. Provincial funding must keep pace. These are just two examples of provincial support where it has declined because of inflation.

I do want to add one more item before I close. It relates to the local share of hospital capital funding. AMO applauds the increased investments to rebuild Ontario's provincial hospital system, but under the current arrangements, communities are required to contribute 10% of construction costs and 100% of furniture, fixtures and equipment costs, including equipment such as MRIs. This contribution is referred to as the local share. But when community fundraising reaches its limit, municipalities are expected to fill the gap. That policy cannot work for the hospital system, and it can't work for the property taxpayers. It needs to be re-examined.

In conclusion, I will say the provincial-municipal relationship is delivering results. Together, we protected lives and livelihoods. Together, we will recover. Financial stability matters to municipalities, and it matters to Ontario.

Thank you for the opportunity to comment. We look forward to the committee's questions.

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

With that, that's the three presenters. We will now start with the questions. We will start with the government at this point. MPP Smith.

**Mr. Dave Smith:** Jamie, I'm going to start with you, if it's okay. I appreciate some of the comments that you were making about some of the specific funding programs. Correct me if I'm wrong, though: When you do your municipal tax raises, your municipal budget is X amount. Whether it's a program from OMPF or from what you referred to as the "heads and beds" program, isn't it really the total amount of money that's coming to the municipalities that's going to make the difference on whether or not you're going to have a significant increase on the taxes? So if we have one program that maybe isn't as effective as it once was a few years ago but we're giving you money in another area that makes up for that shortfall, isn't that really a wash?

**Mr. Jamie McGarvey:** Well, some of it depends on the allocation. I can let Matthew or Brian jump into this as well, but some of it depends on the allocation and where it's going. We've seen increases in a number of areas, whether it's OPP policing, social services, a variety of different things. So again, depending on the allocation and where it's going, it could be, but it doesn't always work that way.

Matt, did you have anything you wanted to add to that?

**Mr. Matthew Wilson:** Certainly. I think one of the areas that we have to consider is that the government has been very generous with respect to capital and OCIF dollars, and that predominantly helps hard services like roads, bridges and community centres. But we can't forget about the enduring needs of soft services which Ontarians

rely upon their municipalities to deliver. So if there is a grant program that is declining in its value, then that just increases pressures on some of those service costs and affects how well those services can be delivered into the future—

**Mr. Dave Smith:** I'm going to interrupt you for a second, Matt, because—

**The Chair (Mr. Ernie Hardeman):** If I could just stop you there, and Matthew, if you could introduce yourself.

**Mr. Matthew Wilson:** Yes. My name is Matthew Wilson. I'm a senior adviser with the Association of Municipalities of Ontario.

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

Back to you, Mr. Smith.

**Mr. Dave Smith:** Thank you.

I'm not disputing whether or not there is a program here or a service there where there may be some changes in funding. What I'm getting at, though, is, when you as a municipality come forward and say, "We're going to have to increase taxes by 2.5%," it's just a number. Regardless of where the programming funding is coming in, the taxpayer themselves cares about that 2.5% increase. They don't care whether it's going to capital, whether it's going to operations or whether it's going somewhere else. They're looking at it from a perspective of, "I've got to pay 2.5% more on my property tax."

So if we have a program that isn't being funded at the level that you want but we have another program that's being funded at a much higher level, the two of them become a wash, because for the end-user taxpayer, their only concern on property tax is what the percentage increase is.

**1630**

Where I'm going with it is, you have said that we were very generous with some of the capital things—good. Thank you. I appreciate that. You're pointing that other things may not be as generous as you'd like them to be. But at the end of the day, isn't it really the total amount of money that you're receiving coming from the Ontario government, and shouldn't that really be where you're focusing, not necessarily on an individual program itself but the total dollar value that is coming to you?

**Mr. Jamie McGarvey:** Well, if you look at water and sewer, for example, water and sewer are constructed now so that they're supposed to pay for themselves, so it's not to come out of general tax revenue. If we get a really generous amount for, let's say, water and sewer and construction of a new road—that sort of thing—the water and sewer portion of that has to come out of the capital reserves, if you've got capital reserves for water and sewer. It can't come out of the general tax revenues. General tax revenue, then, is used for paving the road or some other fill or some sidewalks or whatever—that sort of thing.

But if money is earmarked a certain way—and this is what I'm getting at—then we have rules and regulations that we have to follow to spend that money, and use only certain pockets of money to be able to do that. We can't

use it as a general fund, in a way to offset one off the other. It's almost as though it's created so that you have silo reserves, silo bank accounts or whatever, so that you pay for certain things as you get them. That's the way the capital is structured when we get it, so we have to spend that on that amount.

**Mr. Dave Smith:** That makes perfect sense, so that you don't find yourself in a position where you're robbing Peter to pay Paul. I totally get that.

**Mr. Jamie McGarvey:** Yes.

**Mr. Dave Smith:** I want to make just a slight shift on things. I know that AMO has had some significant conversations with the province about broadband and about Internet access being not necessarily equal, but more equitable across the entire province. Do you mind touching a little bit more on that and what you see in some of the more rural and remote municipalities, about the challenges that they face? Because one of the things with COVID—

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

**Mr. Dave Smith:** —is that if you do not have good, high-speed Internet access, then you really are disadvantaged across everything that we're doing with COVID. When you haven't been able to go to school, for example, you needed to be able to connect to high-speed Internet to get some kind of education. Can you talk a little bit about Internet access for me?

**Mr. Jamie McGarvey:** Matt, do you want to take that one, or Brian?

**Mr. Brian Rosborough:** I'm happy to do it. It's Brian Rosborough. I'm the executive director of AMO. This government's investment in broadband is incredibly important in terms of access to the economy, access to health care and access to a range of services, and it really does deal with a question of equity, as MPP Smith suggested. The pandemic has demonstrated the absolute reliance that we all have on accessible Internet and broadband access to access any number of services, and so it is a bit of an equalizer—

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

We will now move on to the opposition. MPP Fife.

**Ms. Catherine Fife:** Thank you to all the delegations. I hope to get to all of you. I am going to start, though, with the Ontario Public Health Association, Pegeen, because it's very topical. Your presentation is so topical, given the fact that you're actually coming to this finance committee in the throes of the fifth wave, one could argue, and basically asking the committee not to further erode public health funding.

We saw the demise of public health: the flat-lining of that funding, that cost-sharing instability, and then also cuts to public health, especially given inflation. When you don't keep pace with inflation, you see cuts. Certainly this government has demonstrated that they do not value—even now, during a pandemic—the important role that public health can be playing in prevention and in keeping the population safe. Obviously, this has an impact on the

economy. We should know that fully at this stage in the game.

I really wanted to ask you a question about vaccinations. Vaccinations were public health's core business. It's your specialty. You know how to do it, you know how to document it, and you know how to access these vaccines and to do the outreach for it. We have seen, under this government, privatization accelerated around distributing vaccines. In fact, the story that was just out today is that FH Health received 10 contracts in the GTA to distribute vaccines. All of the board members of FH Health also donated the maximum to the PC Party.

Can you talk generally—you don't have to talk specifically about this—about how this undermines confidence in public health? We certainly see investment in public health as an equity issue, an overall health issue, an economic issue. As you see these trends playing themselves out, be it with the GTA vaccine clinics or the booster clinics, specifically, by the same company, getting sole-sourced contracts to do vaccinations in Ontario—is this worrisome for you? And how does that connect to the whole public health directive?

**Ms. Pegeen Walsh:** Wow. You've covered a lot of aspects there, so I will do my best to comment on the range of things.

First of all, I did talk about the cuts that were anticipated before the pandemic, and concerns about not getting inflationary increases, and concerns about municipalities having to pay more.

On a very positive note, the government did recognize, during a pandemic, that there needed to be investments. The concern is that those investments around vaccine rollout and what have you—that those are short-term. I'm here to talk about what happens after that. But I do want to recognize that there have been additional investments so that public health can be well equipped to respond to what's happening.

I believe you've spoken with the Association of Local Public Health Agencies. Their members have played that leadership role around rolling out vaccines. Many of our members have been more on the front line. So I don't feel well equipped to talk about what's happening with the range of players. But I do want to mention that it has been helpful, in order to reach as many communities as possible, to draw on different, for example, pharmacists and others who can play a role. Obviously, public health needs to continue with that leadership role and ensure the integrity and what have you. For example, it has been fantastic having community ambassadors who can do outreach to really vulnerable communities. There have been terrific partnerships.

I'm not aware around these contracts that you're referring to.

**Ms. Catherine Fife:** Fair enough. I just wanted to get it on the record, obviously, because it's a huge concern for us that this is happening. We see public health as the primary source of vaccinations. Investing, in a pandemic, to ensure that vaccine availability and accessibility is a priority is something that's really important to us, as is

testing. The PCR testing that you can get now for \$350 at the Eaton Centre is not accessible to a majority of Ontarians. So for us, this is a health equity issue that deserves more attention. Fortunately, the Auditor General, hopefully, will be investigating.

Thank you very much, Pegeen, for your presentation today.

Moving over now to AMO: I know that housing is one of the key issues across the province. I will tell you that it has dominated the finance committee. This is our seventh day of committee meetings. I know that the Premier had a half-day housing summit last week and that some streamlined options around reducing some red tape and fast-tracking some options are on the table.

Jamie or Brian, I wanted to give you an opportunity to address the need for provincial leadership. Also, what do you specifically need, as municipalities, to meet the needs of a growing population and the approximately two million houses that need to be built?

**Mr. Jamie McGarvey:** I can start, and then I'll let Brian pick up afterwards.

I think we heard, certainly, two different opportunities with people right across the province. Some of the take-aways that we really need to take a look at—number one, we need to get rid of NIMBYism. Somehow that has to be eliminated. There's a new term out there, BANANA, as well, but we won't go into that.

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

**Mr. Jamie McGarvey:** Addressing skilled trades—because we have construction that needs to happen and be built. We're short of supply of workers. We need materials for building.

We need to look at affordable and guarantees that affordable is going to be built. There was definitely a show that there were thousands and thousands of units across the province that are shovel-ready, ready to go, but the developers aren't putting the shovels in the ground yet. So we've got to get those shovels in the ground, and we've got to get the guarantee.

Another one that's really important is the end of operating agreements. That needs to be looked at. We need to make sure that there are funds from the federal and the provincial governments to be able to fund those end of operating agreements.

1640

**Ms. Catherine Fife:** Thank you, Jamie.

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

We now go to the independent. MPP Hunter.

**Ms. Mitzie Hunter:** Thank you so much to all of the presenters this afternoon. Jamie, I wonder if we can continue with AMO's request. Certainly, you are working with municipalities across various sizes and needs and in different stages. I'm just wondering about how we can accelerate, from your perspective, in terms of supporting municipalities, the need to meet this affordable housing crisis. We have a major crisis for families in cities and towns of all sizes in Ontario. If you could speak to that, I would appreciate it.

**Mr. Jamie McGarvey:** Sure. I'm going to say it's a broad stroke for Ontario: It's rural, it's cities, it's towns. We've got to get houses built and people in them, which is really important.

It's got to be a co-operative agreement between the federal government, the provincial government and the municipalities. Moving forward, we need money to come from both upper levels of government. Municipalities cannot do it alone. We're doing a lot of the legwork on the ground or whatever to try and make this happen, but we need to be at the table with the provincial and the federal governments to make sure that there's going to be funding there so that we can get these units built.

Again, I mentioned the take-aways, whatever—some of that we talked about. I'll turn it over to Brian. Brian may have some more to delve into as well. But this is something that's driving AMO. We're going to be discussing it tomorrow at our committee of the whole. We want to make sure that all Ontarians are represented in this. Brian?

**Mr. Brian Rosborough:** Thank you, Jamie. Brian Rosborough, executive director of AMO.

Yes, the issue of housing affordability is a profoundly complex one, as you know, and requires a nuanced response. Currently, there's a lot of discussion around supply in the market, which is certainly one aspect of affordability, but I think we all understand that affordability goes beyond that. We have a housing market in which homes are financial instruments and investment strategies for people. We have developers who have interests in some sorts of housing over others. So we need the kind of supply that generates affordable housing that isn't simply a 400-square-foot condo in a city centre—

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

**Mr. Brian Rosborough:** —but the kind of housing that's available to families.

It's not simply a question of municipalities approving more units; it's a question about all of the very complex reasons that go into housing affordability and the need for a comprehensive response—federal, provincial, municipal and the housing industry—to take on that task and see how we can find creative solutions.

**Ms. Mitzie Hunter:** Perfect. What is AMO's position on \$10-a-day daycare for Ontario families?

**Mr. Brian Rosborough:** We look forward to the conclusion of the Canada-Ontario agreement, hopefully in the very near future. We have asked both the Premier and the Prime Minister to work to get that done, and we are confident that will happen soon.

**Ms. Mitzie Hunter:** Excellent. Thank you so much. Thank you both.

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

Now we'll go back to the government for the second round. MPP Bouma.

**Mr. Will Bouma:** Thank you, Chair. Through you, just a couple of quick questions: I wanted to start with Pegeen quickly. I'm wondering what your thoughts were, Pegeen. I've witnessed here locally some decisions by a local medical officer of health that could sometimes be viewed

as questionable and tough to take. I know my neighbour—in Norfolk, some farmers were put in some very difficult positions. What struck me was the lack of the medical officer of health working with other stakeholders to come up with a plan that could address those concerns. I'm very pleased that—a similar situation just happened in Windsor Essex, but we were able to avert that pretty quickly, looking at \$200 million of food loss with a decision made.

A medical officer of health can just do a section 22, and there's really no recourse. I was wondering if you would be in favour of any types of checks and balances put on medical officers of health in a pandemic situation.

**Ms. Pegeen Walsh:** I know that you met with the Association of Local Public Health Agencies, and they do represent those medical officers of health, so I'm really not well suited to speak on behalf of medical officers of health. I—

**Mr. Will Bouma:** No, just you personally. Would you be in favour of some sorts of checks and balances?

**Ms. Pegeen Walsh:** I think, in a pandemic, we need to make sure that we're drawing on science and we're making decisions that are going to protect the public's health. The challenge is often that things are moving quickly, and being able to quickly convey the reason behind the decision. So I look to that leadership. They're very well trained, skilled and knowledgeable and are always putting the public's health first. That makes it very challenging, because there are so many other interests at stake.

**Mr. Will Bouma:** Okay. Good, but they should be founded on logic.

Moving on, something I picked up, Jamie—just a quick clarification. You mentioned, I think, and maybe I heard wrong, that paramedicine was jointly funded by municipalities and the province, but I don't believe paramedicine is jointly funded; it's fully funded by the province. I was just wondering if you could clarify.

**Mr. Jamie McGarvey:** The whole paramedic system is jointly funded by the province and the municipalities.

**Mr. Will Bouma:** Okay. Sorry, I thought you were just talking about paramedicine.

**Mr. Jamie McGarvey:** No, no.

**Mr. Will Bouma:** Okay. Good. I appreciate that clarification.

I wanted to have a chat with Ian next. Thank you, Ian, for appearing before committee. Just so everyone knows, I did some good work with CLAC in my post-traumatic stress disorder private member's bill that was passed.

Ian, what struck me when I toured your facility in Cambridge, just in conversations, is that CLAC does things differently. I was wondering if you could explain to committee a little bit more about what sets CLAC apart from a lot of other unions.

**Mr. Ian DeWaard:** Thanks for the question. As I mentioned, we've been around for about 70 years, founded by folks who were somewhat dissatisfied with the labour movement as they found it in the early 1950s and 1960s, and so built an organization on a set of principles that understood co-operation and the pursuit of partnership to

be as important as achieving workplace fairness and justice. So throughout our operations today, and in terms of the programs that we try to build and the advocacy that we bring, that remains as paramount today as it did back with our founders.

**Mr. Will Bouma:** And that's what has really struck me, that you managed to find a balance between the business owners' needs and the labourers' needs and come up with a compromise that works well for everyone, as opposed to—you kind of lose some of the adversarial approach, which I really appreciate, from what I've seen before.

I was wondering if you could clarify, because you had mentioned that it's important that we adequately pay people who work in the health care industry. Obviously, that comes from employees—they've done remarkable work here—but is that also on the administration side of caring for people on the medical side? You're carrying that same message from them?

**Mr. Ian DeWaard:** I think that stakeholders within the system—certainly long-term care, home care and those who deliver disability support services—would agree that in our spaces, the resources have been strained, certainly for longer than a decade. It gets harder and harder to provide the same level of care with the appropriate level of staff when wages and resources remain stuck or frozen in an ever-increasingly expensive world.

As I noted and as front-line workers will tell you, the work in this space gets heavier and heavier as the average age of residents increases, as it has over the last 10 years. The acuity of needs is more pointed. The challenges that come with an older resident are more pointed. But with resources being constrained, that means there are cuts. Perpetually, we're having to do the same or more with less resources.

And so it's not a problem that's unique to workers; it's across the spectrum of stakeholders that are in the space. But certainly workers have felt that, and that has impacted the ability of the sector to attract and retain staff.

**Mr. Will Bouma:** I appreciate that. If I could just shift gears in the last little bit of time that we have, obviously you've been cognizant of the changes that we have made to the Ontario College of Trades—Skilled Trades Ontario now.

1650

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

**Mr. Will Bouma:** I'd be curious, in the last minute, to hear your report card of how we're doing and where we're going, both positive and negative, on these changes.

**Mr. Ian DeWaard:** Yes. We applauded the arrival of Skilled Trades Ontario this year and this week's announcement of the leadership and the folks that will manage that organization. We think the province has, on a bunch of fronts, hit the right notes, in particular on the reassignment of enforcement and the removal of some of the inner politics on how scopes of work are designed. We think that the new organization is well poised to deal with the matters that matter most, which are the credentialing and the training of future journeypeople in the trades. So far, so good.

**Mr. Will Bouma:** Thank you very much. I appreciate that. Mr. Chair, I turn it to you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That is the time, so now we'll go to the opposition. MPP Fife.

**Ms. Catherine Fife:** I'll direct some of my questions to CLAC. Welcome to finance committee. I was set to come and tour your new facility in Cambridge about two and a half years ago, and so we're still waiting for that to happen.

Looking at your presentation today, I just want to ask you a couple of questions about it. Your focus, obviously, is upgrading health care with making the \$3- and \$2-an-hour wage increases for PSWs permanent. You are asking for a new annual health care wage increase, a new method to calculate this wage increase. You cite that it would be the same as what's used in the Employment Standards Act, part IV or V, section 23.1. Can you articulate more on this minimum annual health care wage increase and why you tied it to the Employment Standards Act?

**Mr. Ian DeWaard:** Yes, thank you. Firstly, the invitation still stands. We look forward to having you come for a visit.

On the wage increase proposal, it's a complex problem. But for, certainly, 12 of the last 14 years, wages have been capped or frozen, which means that they have been at substantially lower increases than the cost of living. Wages have receded relative to their previous worth as a result. The province has promised to make the \$3 and \$2 an hour permanent for PSWs. We think that's a good start. But all of the workers in the space have experienced that suppression, and so we're asking that it go a bit further, to be expanded to those beyond PSWs who have also been working hard in this space for these years and certainly throughout this pandemic.

The system is complex in that this is an essential service, so free collective bargaining doesn't happen in the normal sense. These are essential service workers and so bargaining is referred to third-party arbitration when the parties can't achieve an outcome. That system has also kept wages suppressed. So even in years where there haven't been regulated wages, we've not been able to keep up with the cost of living.

Our suggestion, fairly simple, is to tie it to the same—as a minimum, not as a maximum or cap, but as a base minimum, that the province commit to funding cost-of-living adjustments or CPI adjustments that are consistent with the same formula that's contemplated in the Employment Standards Act that would and should be applied to the minimum wage each October.

**Ms. Catherine Fife:** Thanks, Ian. You also mentioned, under your third recommendation, to revise Bill 124 so that all health care workers are exempt from the 1% cap on wages. We have heard overwhelmingly how—in fact, this morning, it was called a despicable piece of legislation, Bill 124—it has definitely contributed to our health care human resources crisis that we are seeing in long-term care, in home care and in our hospitals. You're asking finance committee to exempt only health care workers

from this 1%. Is that specific to your association in that your focus is, in this presentation, just on health care, or are you joining the rest of the province calling for the repeal of Bill 124?

**Mr. Ian DeWaard:** Our position from the beginning has been consistent in that applying a 1% cap on workers that are earning substantially less than might be the case for those in the \$100,000-plus club has a different effect or different impact. Today's focus has been on health care workers, but when a cap is applied across the broader public service, it's often without regard for the fact that there are \$20-an-hour, \$21-an-hour employees—or even less—who are impacted by those kinds of caps. As we have said from the outset, caps of that nature, if necessary, should be applied with greater precision with regard to those on the lower end of the earning scale or earning spectrum. Today's focus—because of the very pressing need in health care and particularly long-term care, our focus has been on those workers where the pain is being felt most pointedly.

**Ms. Catherine Fife:** You also mentioned, in your fourth recommendation, around recruitment. Recruitment and retention in the health care sector is at a tipping point, essentially. We are seeing a mass resignation of informed, intelligent, experienced health care workers. The government has slightly opened this window, finally, to embrace internationally educated nurses. Ian, I know that you probably have heard about this. However, they are phasing in these—it was a surprise to me to learn that there were some 20,000 educated health care professionals in Canada who have not been permitted or allowed to work in their chosen profession even though they are credentialed.

What we have been told is that the government is not going to be recognizing the hours worked by these internationally educated nurses in long-term care, in health care, in the hospital setting. RNAO has called this exploitive. In the long run, from my perspective as the finance and Treasury Board critic, this doesn't provide a long-term, sustainable solution to the health care crisis. Do you think that it is fair and just to have trained international nurses working in our hospitals and not provide them the hours to count towards their credentialing?

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

**Mr. Ian DeWaard:** Generally, on the staffing crisis, the staffing shortage, for those in long-term care and in the health care sector more broadly, we've advocated that programs that allow people to earn the credit while they work—so while they're employed, earning a wage, achieving the experience that goes toward their credentialing—are means that are deployable and that would expedite people's path towards receiving those credentials, whether that's as PSW, RPN or RN. We have a system not much different from that in the construction world, where workers earn a living while they're achieving those credentials. We think that those models are replicable in this case, with a bit of careful thought. It's complex, we know it requires change, but those are some of the simple solutions that might be deployed—

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

**Ms. Catherine Fife:** Thank you very much, Ian. It's much appreciated.

**The Chair (Mr. Ernie Hardeman):** We will now go to the independent. MPP Hunter.

**Ms. Mitzie Hunter:** I do want to thank all the presenters. I want to continue with Mr. DeWaard in terms of the PSWs and the essential work that they provide. I would say that, in terms of fairness, we cannot have internationally trained and educated people who come into our health sector not be able to be appropriately recognized for the hours of work, especially given the fact that they've been kept out of the system for so long. Now that we are at a point of crisis in the system and need that skilled and trained labour, we've got to recognize that. I know that many organizations have come before this panel and this committee, where their members are agreed to pair up and partner up and transfer the learning and knowledge. Well, the government has to do its part, in terms of the recognition of those workers.

I do want to ask you about your members in long-term care, in particular around their working conditions, because part of retaining personal support workers and those essential individuals in their roles is the conditions in which they work—whether or not they're supplied adequate PPE, whether or not they receive the IPAC that they need in terms of keeping those facilities as best as possible. Can you speak to the working conditions and how that needs to really come up to pandemic standards in terms of the lessons learned in the first, second, third, fourth—and now we're in a fifth wave, where long-term-care facilities are spiking again in terms of the infection rates.

1700

**Mr. Ian DeWaard:** Certainly, the most difficult days for any worker in long-term care are the days when you end up working short, when you're on a team of six people and one of those or two of those or three of those can't be found because there aren't enough people in the system to provide support. These outbreaks have exacerbated that and put on display how tough that can be. Some of our facilities, we know, are working with 30% or more of their staff being out on isolation requirements. These last months and, certainly, the impact of Omicron have decimated our workplaces.

I will say that the introduction of four hours a day is a seismic shift in terms of the amount of staff that employers will be able to put on as our members do their work—

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

**Mr. Ian DeWaard:**—and that is going to significantly alter working conditions, which we think will be a good first instalment in creating a more attractive work environment.

The other is that these have to be competitive labour rates. Wage rates have to be competitive for the labour market which we're in. The focus of our presentation today is that we need to catch up for years of wage suppression.

**Ms. Mitzie Hunter:** Absolutely, and get rid of Bill 124, for sure. That's something we're calling for, the Ontario Liberals.

Ms. Walsh, we're almost out of time, but definitely, a lot of the responsibility from the province has been downloaded onto public health in this pandemic. I wondered about the 30% cut initially in public health dollars, how that affected the 34 health units' readiness to respond.

**Ms. Pegeen Walsh:** As I mentioned, you've got 2% of some \$60 billion that is supporting public health units—

**The Chair (Mr. Ernie Hardeman):** Well, you're right; that does conclude the time available. Thank you very much. We thank all the presenters for a great job presenting in this panel. We have another panel to do, so we must move along.

I do want to introduce—MPP Singh is here. If she would introduce herself and where she is, that would be quite helpful.

**Ms. Sara Singh:** Good afternoon. It is indeed MPP Singh, and I am here in Ontario.

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

ONTARIO CATHOLIC SCHOOL  
TRUSTEES' ASSOCIATION  
COUNCIL OF CANADIAN INNOVATORS  
CITY OF BRAMPTON  
AND HOMELESS HEALTH PEEL

**The Chair (Mr. Ernie Hardeman):** We now will go to the next panel. The first presenter is the Ontario Catholic School Trustees' Association. Again, we ask you to come forward. There are seven minutes to make your presentation. We will ask anyone who's going to speak to introduce themselves prior to speaking—well, not quite prior to speaking; the first thing you do when you're speaking. Introduce yourself for the Hansard. At six minutes, I will notify you that your time is nearing the end.

There we go. The floor is yours.

**Mr. Patrick Daly:** Thank you, and good afternoon, Mr. Chair and committee members. My name is Patrick Daly. I'm the president of the Ontario Catholic School Trustees' Association. It is a real pleasure to have the opportunity to speak to the Standing Committee on Finance and Economic Affairs. I'm very happy to be joined today by Nick Milanetti, the executive director of our association, and Stephen Andrews, the director of legislative and political affairs.

We would like to share with you some of the key financial priorities of the Catholic school boards. We know that we've sent a copy of our more extensive written submission, which I would invite all of you to read at your leisure.

Our association represents 237 Catholic trustees, who collectively represent 29 English Catholic boards throughout Ontario. Together, these boards educate approximately 545,000 students from JK to grade 12 and many, many more thousands of adults in continuing education programs.

Inspired by the Gospel, our mission is to provide leadership, service and a provincial voice for Catholic school

boards in promoting and protecting Catholic education. Each year, we submit a pre-budget submission to the government with recommendations for improvements to the funding of education. The recommendations are made on the basis that the education funding system in Ontario must respond to four essential principles:

(1) It must be equitable and distribute dollars fairly among all Ontario school boards and students.

(2) It must be adequate—the level of funding for education must be sufficient to ensure quality education for today’s students.

(3) It must provide sufficient autonomy and flexibility in spending so that school boards are able to achieve the distinctive goals of each of their systems and meet local needs.

(4) It must be accountable to all parties—in our case, Catholic ratepayers—and transparent to all.

The recommendations contained in our brief are important issues to our member boards. At the outset, I want to acknowledge the heroic work of Catholic school trustees, system and school leaders, teachers and support staff throughout these complex and challenging times. Collectively, they have placed priority on the health and safety and well-being of students while continuing to provide excellence in Catholic education.

I want to acknowledge and express our appreciation to the government for the significant amount of funding that’s been provided throughout the pandemic. Clearly, it has been of great use and has been very much appreciated by our member boards. Saying that, as you would understand, the financial impacts on Catholic boards in the current context of reopening and keeping schools open have been significant and will remain an ongoing challenge.

Key areas of operations that have been impacted by the pandemic:

- the large purchase of information technology resources, creating virtual schools and the hiring of staff associated with that;

- significant funding and expenditures in HVAC and ventilation improvements;

- student transportation; and

- the costs related to staff sick leave and accommodation.

We therefore recommend the government provide additional required investments to assist school boards in managing the extraordinary costs associated with the pandemic, and that the government restore school board reserve funds for expenditures related to pandemic planning and response.

One of the key areas that we wanted to bring your attention and strongly recommend is the need for adequate and long-term funding to support student mental health as well as staff mental health. This clearly is a major, major priority for our member boards. Beyond the real need to address learning gaps associated with the pandemic, we can’t stress enough the importance of providing sustained and adequate funding for student mental health and well-being.

We could speak at length about special education funding for students. In the context of the pandemic, Catholic school boards remain committed to and are working hard to ensure that the needs of their students with special education requirements are supported. In that regard, we wish to recommend that the government establish a special working group to review the adequacy and flexibility of special education funding, that the government review needs-based funding models for high-needs special education students to supplement the overall funding model, and finally that the government continue to survey and monitor the current pandemic situation with boards to ensure we’re providing the appropriate funding to all of our special-needs students.

Mr. Chair and committee members, we wanted to conclude with a recommendation strongly urging that the government repeal the regulation freezing executive compensation. We do so, first, as a matter of fairness, as the salaries of senior officials of Catholic school boards have been frozen for 10 of the past 11 years.

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

**Mr. Patrick Daly:** You would know that over that time, all other staff have received a number of increases. We do so, as well, understanding that the compression between the levels of salary between principals and vice-principals and senior staff is seriously impacting school boards’ ability to retain and recruit these valued system leaders.

In conclusion, we want to thank you the opportunity to share with you some of the key challenges facing our Catholic boards and our recommendations to address these matters. Obviously, time has only allowed us to present a few. Again, I invite you to please review our submission, and we would be happy to respond to any questions.

1710

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

The next presenter is the Council of Canadian Innovators.

**Ms. Alanna Sokic:** Good evening, Mr. Chair and members of the Standing Committee on Finance and Economic Affairs. My name is Alanna Sokic. I’m a manager of government affairs for the Council of Canadian Innovators, a national business association representing more than 140 of Canada’s fastest-growing technology companies.

More than half of CCI’s members are proudly headquartered here in Ontario, employing more than 30,000 workers and contributing nearly \$7 billion to Ontario’s economy. All of our CEOs are job and wealth creators, investors and philanthropists, and experts in their fields of health technology, clean technology, financial technology, cyber security and more.

First, I want to thank you for the opportunity to present today. As a representative of the province’s high-growth firms, CCI stands to provide a critical perspective to inform Ontario’s road to economic recovery. Our members are eager to work hand in glove with the government of Ontario to position the province for success in the

global data-driven economy and to ensure a prosperous future for all Ontarians.

As we kick off the 2022 budget season, I do want to reiterate something that our members have said both to this government and its federal and provincial counterparts: Without a strong base of domestic, high-growth companies in Ontario, this government will not have the critical public wealth necessary to pay for the essential public services Ontarians depend on.

For the purposes of today's presentation, I want to hit on three key points: the talent crisis, regulatory harmonization and accelerated execution. To the first: Increasing access to talent has always been a core concern for CCI, but it has become ever more critical in the last year. Accelerating digital adoption and growth in the Canadian tech sector is leading to an increased demand for highly skilled professionals, and CEOs and HR leaders are struggling to find enough people to sustain their growth. Ontario's own tech sector has been growing rapidly, and by 2025 the province is forecasted to employ more than one million people in the digital economy. To ensure Ontario's tech companies remain competitive in the global race for top talent, CCI has worked closely with our members to enhance our talent advocacy and create a suite of proposals intended to fill labour gaps and solve pressing, on-the-ground issues. The provincial side of this equation includes working with post-secondary institutions to establish a sustainable pipeline for domestic innovators and to incentivize the creation of corporate upskilling and reskilling programs. Regardless of the specific measures employed, one thing is certain: Ontario must adapt its policies to remain competitive. CCI strongly recommends that the government of Ontario apply a proactive, whole-of-government approach to address the labour demands of tomorrow.

The second item I mentioned at the outset of my deputation, harmonization, is an idea that's certainly not new to the members on the line today. A coherent regulatory approach across different national and subnational jurisdictions decreases the cost of doing business and allows for compliance expenditures to be reallocated, fuelling increased innovation and growth. As governments the world over seek to create guardrails for the 21st-century economy, it is critical to strive for as much consistency as possible in the myriad rules and regulations created.

In the Ontario context, the government has signalled its intention to create bodies to oversee intellectual property protection, provide oversight for provincially held data sets, and create a single entity to manage broader public sector purchasing. While CCI applauds the generation of these marketplace frameworks, shepherding these initiatives across the finish line in close collaboration with provincial partners will be critical. For example, the government of British Columbia is seeking to develop and implement a provincial IP strategy. Given Ontario has done much work in this regard, CCI urges the provincial government to share its outputs with the government of British Columbia. The purpose of this knowledge transfer

would be to emphasize the significance of interoperability in the knowledge economy and how it benefits domestic innovators. Avoiding a worst-case scenario—a patchwork of regulation from coast to coast to coast, creating an environment inhospitable to innovation and entrepreneurship—is of the utmost importance.

The last thing I will discuss here today is accelerated execution. Since the outset of its mandate, this government has announced a slew of policies aimed at bettering the provincial tech ecosystem. These measures include the creation of IP Ontario, a new agency to encourage the development, protection and commercialization of intellectual property, and Supply Ontario, a crown agency committed to transforming and modernizing public procurement.

At the time these initiatives were made public, CCI issued supportive statements, highlighting that they are meeting critical demand and contributing to the maturation of the provincial market. Now, while we understand the need to ensure these organizations scale and operationalize in a thoughtful and market-tested manner, it does not negate the fact that their services are sorely needed by the ecosystem at large. Every day that passes without these important marketplace frameworks in place is another day jurisdictions in competition for Ontario's talent, capital and IP gain a competitive edge. CCI urges the government of Ontario to proceed expeditiously and in close collaboration with domestic innovators to ensure they experience the full benefits of these initiatives as soon as possible.

It's not lost on CCI that this budget is an important one. Not only are we in the lead-up to a provincial election, but we are also facing a long road to economic recovery. It is CCI's belief that by working closely with our membership to—

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

**Ms. Alanna Sokic:** —co-develop the economic strategies identified in our budget submission, Ontarians from Kenora to Kanata will be better off.

As always, we appreciate your interest in our organization's advocacy and look forward to further dialogue about how we can increase Ontario's innovation outputs while building a stronger and more inclusive economy for all. Thank you for your time today.

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

Our next presentation is from the city of Brampton. The rules are the same. Mr. Mayor, welcome.

**Mr. Patrick Brown:** First of all, let me say it's great to be before you. I see many former colleagues, and you've got a great Chair in Ernie Hardeman. [*Inaudible*] his experience first-hand in a provincial Legislature. It's also a privilege to be here today with our local MPP, Sara Singh, who is very helpful with the city of Brampton.

I am sharing my last minute of my presentation with Ameet Singh from Homeless Health Peel.

I want to start off by talking about two issues that are critical to the city of Brampton. The first is on transit. Our city is exploding with growth. We have the fastest-growing transit system in the country, a transit growth of

153% since 2008. The province and the government of Canada have embarked on some pretty significant transit investments across the country that are making a difference. You see the transit investments in communities like Hamilton or Vaughan or Ottawa, where historic investments by the provincial government have made a real difference.

In Brampton, we're behind the eight ball. We haven't had a significant transit investment since the Züm funding in 2008. We were offered provincial funding in 2017 for the LRT to expand into Brampton, but council of the day couldn't agree on a route and we turned down much-needed provincial dollars. The good news is we're all on the same page now. We have a transit master plan that was ratified unanimously by council, 11 to 0. In the last round, there was one position from LIUNA and there was another position from our most prominent resident, the former Premier Bill Davis. With this new plan, we got everyone on the same page and they all supported this alignment. LIUNA came and delegated in favour of it; the Davis family came and delegated in favour of it. It will connect the LRT with our downtown GO and our rapid bus transit. It will change transit in our city.

We met with Dominic LeBlanc, the federal infrastructure minister, and he committed to us it would be on the federal list, where they would fund their 40%. This is a significant cost. It is \$850 million, but that is less per capita than we've seen the provincial government invest in Scarborough, in Vaughan, in York region, Kitchener-Waterloo, Hamilton, Ottawa—the list goes on. So our ask is less per capita than all comparative communities, and this would make a big difference for our residents.

The second issue I wanted to really flag for you, and our other big issue in the community, is health care. I know you're looking at the greatest challenges and there are lots of fiscal pressures, but I want the province of Ontario to know, during these pre-budget consultations, how there are critical investments that are needed in health care.

1720

I want to start off by thanking the government for the announcement at last year's budget of building the new hospital on the site of the former decommissioned Peel Memorial. When they decommissioned Peel Memorial in 2007, everyone thought that they would build a new hospital in 2008, or at least start the process. A year passed, and every year, people were hoping for that new announcement. So I have to say, I was elated when they announced the commitment for the new hospital in last year's budget. I believe there's a tender for \$1 billion that's on the Infrastructure Ontario's website. That's a home run for our community, and the fact that a med school was announced and committed to is the cherry on the top. I would say, though, because of growth, even the new hospital is only going to get us halfway to the per capita average of beds in the province.

One thing that I've been working closely on with our local minister, Prabmeet Sarkaria, is the Osler proposal for a regional cancer centre—the city is fully behind that; we think it would be wonderful—and a planning grant to start

the process on a third hospital. The city has already allocated land for that. If you give the planning grant for a third hospital, you know you're talking 15 or 20 years out, but you've got to start the process. Even as construction starts on the second hospital, we need to have an eye on that need.

Brampton is the fastest-growing big city in Canada. Our residents deserve the same equitable health care that residents would have anywhere else in the province. You've made progress on the health care front, but there's more work to be done. I'm hoping that those investments can certainly be considered.

I think we've seen during COVID what happens when there is inadequate health care infrastructure. It overburdens the system. We saw the system overburdened in Brampton. Hopefully, we never have a pandemic like this again in our lifetimes, but if there are future health care crises, we want to be prepared for them with adequate health care infrastructure.

So I hope those two big asks are considered. We're very proud to have a collaborative relationship with the provincial government. I think we've done a lot of great work together with the city of Brampton and the current provincial government. I hope that in this year's budget, we continue to see progress for our residents on transit and on health care.

I know there is one last issue that MPP Kusendova reminded me she hoped would be in my presentation. On that one, I'm going to pass it over to Ameet Singh to share an important issue in terms of homeless residents in the region of Peel and some of the great work his organization does.

**Mr. Ameet Singh:** Thank you, Mayor Brown. I would like to start off by thanking the committee for providing the time. Homeless Health Peel is an organization that—

**The Chair (Mr. Ernie Hardeman):** It's a limited time; you've got one minute.

**Mr. Ameet Singh:** Homeless Health Peel came in the guise of the pandemic funding. We provide medical services for individuals experiencing homelessness and who are precariously housed.

The model that is currently present will allow us to have a nurse in every shelter, which is needed, anchoring primary care services for our most vulnerable residents in Peel region, championed by the region of Peel and the city of Brampton as well as our federal counterparts in Peel region. The model that's created to have the homeless community in Peel region have homeless health care provided to them in a primary care context is needed and needs to be sustained post-pandemic as well. That model would include a centre much like the isolation hotels that are currently present post-COVID.

That is what we ask the government to consider: to provide Homeless Health Peel with a service provider designation with the Ministry of Health and the Ministry of Long-Term Care, and to see that the model and the outcomes that the government is looking for have been met in a cost-effective manner, in a dignity-centred manner and—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. You might be able to get the rest of your presentation in during the questioning, when the right people are asking the questions.

I would ask if both Mr. Mayor and the last speaker would introduce themselves for Hansard.

**Mr. Patrick Brown:** Patrick Brown, mayor of Brampton.

**Mr. Ameet Singh:** Ameet Singh, registered nurse, Homeless Health Peel.

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

We now will start questioning. The first round starts with the opposition. MPP Stiles.

**Ms. Marit Stiles:** First of all, can I thank all of our presenters today, or in this panel? Thank you so much for being here with us today. It's a very important budget, as I think you all know, certainly in this pandemic moment.

I wanted to direct a couple of questions to the Ontario Catholic School Trustees' Association, particularly to Mr. Daly. It's great to see you here, and thank you so much for your presentation. As I mentioned, this is a particularly important budget, and time, in terms of our recovery. I think one of the things that we've all noticed in this pandemic is that it has drawn attention to some of the cracks in our education system. It's not as if they didn't exist—they were there all along—but it focuses our attention on some of those issues.

I wondered, though, particularly, and maybe just because we have this opportunity, what is the status of personal protective equipment, particularly masks and also those rapid tests that we've all been pushing so hard for that were supposed to be shipped to Catholic boards? I'm just wondering if you wouldn't mind sharing with us your understanding of where that's at and whether your boards have been receiving them. I'd really appreciate your views and your observations around that. Thank you.

**Mr. Patrick Daly:** Thank you for the questions. It's a pleasure to see you, MPP Stiles. Just a couple of weeks ago, our boards, on various days, received the first shipment of the rapid antigen tests for the students and staff in our school systems. I used the word "heroic" before and I'll use it again: Because of the heroic work of staff, we were able to distribute them to all of the schools. To my understanding, the second shipment has yet to arrive. I can only speak to my own board that I know that is the case, and it is my understanding for other Catholic boards in the province.

With regard to the PPE, it has been consistently shipped throughout the pandemic and distributed to schools. The N95s, which, as you know, were a very helpful and important addition to PPE, were shared and distributed to school boards, again, a few weeks ago. To my knowledge, the second shipment has not yet arrived. But it will be critical that it does, because as you can understand, even though huge amounts have been shipped, they will be used up very quickly.

**Ms. Marit Stiles:** Absolutely. That's really helpful. Thank you. I forgot to just take a moment to thank you as

a trustee and to thank all of the trustees in your school boards for the extraordinary work they are doing. I want to say, having been a trustee before, I know that it's an extraordinary amount of work. It's often not acknowledged, or it's under-recognized, maybe, and so I want to say first of all that I know you've been bearing a lot of the brunt of that, and I appreciate it. Also, to the education workers out there who, I think—I've seen many posts to me flagging that they're working all weekend trying to sort these masks and these tests. I certainly don't think it needed to be this way. My experience with this government has been consistently that unless we shame them into doing something, they don't do it. So I'm glad to see that we're receiving some of these, but I think it's unfortunate it's been so late in the game.

I wondered if you could speak a little bit, as well, about what you foresee as some of the challenges that our students are facing going forward. You mentioned mental health challenges, and that's absolutely a crucial concern. I do think that as we move out of the pandemic, or even while we're still in it, one of the issues that we're not talking a lot about is academic well-being and the impact of the disruption on learning. I wondered if you could speak a little bit about why some of these asks that you've made—for example, even just dealing with restoring the reserve funds and things like that—are so crucial in this particular moment, with our children having suffered through—I think it's now 28 weeks of in-person closure.

**Mr. Patrick Daly:** Thank you again for an excellent question. I would repeat what I said earlier: We cannot overstate the importance of resources, funding, programming with regard to student mental health, and I think we all know the reasons why.

1730

But you raised another very, very important area—some refer to it as closing learning gaps, academic well-being. Again, we're going to need sustainable resources to support that. My greatest concern and, I think, that of the Catholic boards throughout the province: The impact both on mental health and academic achievement has been disproportionate in terms of communities. And I think particularly from an equity issue, socio-economic, Indigenous, racialized—those students, for sure, have been impacted to a greater extent than other students. So I think there really needs to be planning, obviously, and long-term funding. I do not see the gaps that have widened to be closed in a short period of time, so this is going to have to be sustainable funding from governments of the day and support by school boards, for sure.

The other point you raised with regard to the restoration of reserve funds: You and the other committee members would know that for school boards, to varying degrees, it's difficult to set aside reserves, but they do so to support specific projects and needs of students, and when we use resources like the reserves during the pandemic, it diminishes our ability to do that going forward. Whether it's technology or equity issues—whatever the issues are, that funding will not be available going forward. So we really do call upon the government to replenish those reserves.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the independent member. MPP Hunter.

**Ms. Mitzie Hunter:** Thanks so much to all of the presenters today—very specific requests in this final panel.

I want to start with Patrick Daly. It's very good to see you.

I do want you to know that, on the invitation of Reverend Archpriest Father Zareh Zargarian of the Holy Trinity Armenian Apostolic Church, I attended the Week of Prayer for Christian Unity this weekend, on Sunday, and I had the pleasure of seeing Cardinal Collins. It was great to be in Scarborough and to see everyone gathered in the spirit of unity.

I want to ask you about—and you can continue on, because I know that you were talking about this with the NDP member—that significant concern around the reserve fund, in terms of the financial stability of boards, moving forward, and the ability to actually execute the priorities that the boards would have. The government asking boards to dip into reserve funds in response to the pandemic takes away money from education, really, in the long term. So I wanted to speak to that, and then I have a question on mental health as well.

Please go ahead.

**Mr. Patrick Daly:** Thank you, MPP Hunter. It's wonderful to see you.

I hope you had an opportunity to wish His Eminence a happy birthday; he just celebrated his 75th. It's great to hear that you saw him.

I would just restate my comments in terms of the importance of reserve funds for school boards, and that is in no way to diminish the appreciation we have for the funding that the government has provided; for sure, that has been significant. However, like I said, the reserve funds are established for specific and important projects that would impact student learning or student well-being. When those funds are unavailable, that obviously reduces the opportunity for boards to respond to student needs the way that the Catholic boards would like to. This is a 15-, 20-, 25-year concern of mine. The increased centralization with regard to education funding has diminished the flexibility and autonomy at the local level, making those reserve funds even that much more important.

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

**Mr. Patrick Daly:** Thank you.

**Ms. Mitzie Hunter:** I'm glad you raised the local level, because that's where the impact will be felt. It is in boards across this province and in communities across this province, our rural communities, all of the communities that need that adaptability to their unique needs. It's going to hinder that.

Speak about the concerns about mental health and well-being and what you're seeing in terms of the Catholic schools that you represent.

**Mr. Patrick Daly:** Yes, thank you very much. I know you and other committee members would have been seeing, reading and been concerned about the extensive amount of research that has been released over the last six

months or so with regard to the impact of the pandemic on student well-being. Obviously, beyond students—

**The Chair (Mr. Ernie Hardeman):** Thank you. The time is up. We will now go to the government. MPP Kusendova.

**Ms. Natalia Kusendova:** I'd like to thank all of our presenters today.

I would like to give an opportunity to Ameek Singh to finish his very important presentation on Homeless Health Peel.

**The Chair (Mr. Ernie Hardeman):** Very good.

**Mr. Ameek Singh:** Thank you, MPP Kusendova. As I was mentioning, the pandemic provided an opportunity for individuals experiencing precarious housing—the health care challenges in Peel and specifically the challenges that the populations that are experiencing homelessness—their health access was very, very poor prior to the pandemic, and it got heightened during the pandemic. What we saw was that there is no access to primary care services.

We applaud the government for stepping in at the time and providing the avenue for the isolation hotels throughout the province. The model of that service delivery not only provided some cushioning to our hospital system, but it was profoundly felt here in Peel. We had the highest utilization rate of the isolation program, much to the planning and assistance of how the community was focused.

We anchored ourselves in evidence-based nursing, evidence-based health care in a culturally appropriate manner, and that is what is required. The learnings that are out of this pandemic, this post-pandemic, is what do we do with this infrastructure that we've built? We don't need another study. We don't need another way to understand the problem. We have created solutions and outcomes that the region of Peel is looking for, that the federal government is looking for and, more importantly, that the provincial government is looking for.

To sustain this innovation, we would require sustained funding to have a nurse present in every shelter throughout Peel. Mississauga Halton and Central West have a central agency where individuals who are quite vulnerable have somebody to connect with, have somebody to take accountability for these patients. This is what the Canada Health Act is all about. Accessibility to care is a fundamental right that all Canadians have. I think it is up to us to have that in practice.

MPP Kusendova can attest to her experience in emergency and discharging individuals to the street. That term means that after care is provided in a hospital setting and the individual no longer requires hospital-level care, they're now discharged to the street because there's no agency to take accountability for that patient. How disheartening is that for those individuals? And a couple of days later or a couple of hours later, those same individuals come back to the ER to start the whole process again. This costs the government \$4,000 to \$5,000 per day.

The care delivery that we have takes accountability for the patient. We can offer a nurse-in-every-shelter model for \$200 per day. For the individuals who are medically

fragile and experiencing homelessness, our medically fragile seniors and low-income seniors, they can have a centre much like the isolation centre for a cost of \$350 a day.

Taking accountability for these individuals requires some courage, it requires some understanding and it requires from government to sustain these models, rather than going with them with the pandemic.

The challenges of homelessness and housing capacity are very profound throughout the country and felt quite astutely here in Peel. But it needs a culturally appropriate lens. It needs an evidence-based lens. We have been providing care. We want to continue to do this work in the region and provide the province with a model that can be disseminated throughout the province. We could have a Homeless Health in Thunder Bay. We could have a Homeless Health in Sault St. Marie. The needs of the community need to be centred with the health care providers who are providing this care. The outcomes are quite profound. The accountability for the patients that are going into the ER, post-ER—that is what fundamentally needs to change. We have a solution. We've implemented it. We would like to continue doing this work.

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**Ms. Natalia Kusendova:** Thank you so much, Ameek. I can certainly attest to the fact that the province is reviewing this new, innovative nurse-led model of care, and I can certainly also attest to the fact that, as an emergency nurse, I've had the sad privilege of discharging patients back to the street.

I think a province like Ontario can do better. I'm committed to working with you and other levels of government, as we've also delegated to the region of Peel recently, to solve this issue, because our precariously housed and our persons experiencing homelessness often fall through the cracks and do not have a primary care physician or anyone to follow up on their care. So I really applaud the efforts.

I also have to say that Kamal Khera, the Minister of Seniors federally, and who is also a registered nurse, is also supporting this project. It's really heartwarming to see a nurse-led and nurse-supported initiative. I am really hopeful that there will be some results from this initiative and that it will be funded properly.

How much time do I have, Chair?

**The Chair (Mr. Ernie Hardeman):** You have about two minutes left.

**Ms. Natalia Kusendova:** Thank you.

Your Worship, Mayor Patrick Brown, thank you so much for presenting today. Transit and health care are very, very important in the region of Peel. I'm certainly glad that we are moving forward with the Hurontario LRT, which is a major investment that will connect our two cities. We were also thrilled to announce last year that new hospital in Brampton—650 additional beds. I think this is something that the community has asked for, for a very long time, and our government is delivering on that.

Further to that, I can say that this spring, Peel Memorial will be functional 24/7, so that's also really, really important. As you know, we are also building long-term care at

Guru Nanak, which is a very important culturally appropriate facility. Can you talk a little bit more—

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

**Ms. Natalia Kusendova:** I will give you some more time in my next round, but can you talk a little bit more about these much-needed health care investments and how they will benefit Bramptonians?

**Mr. Patrick Brown:** First of all, on the hospital, all we've heard is promises for years after years after years, so the fact that we actually made it into last year's provincial budget is, no matter how you put it, great news for our community. It's \$1 billion. I would say it's 350 beds, not 650 beds, and that's why we need a third hospital, at least. To catch up to the per capita average province-wide, we'd need a total of 750 beds. But given the fact that we've only had scraps over the last 15 years, the fact that we're making a dent in that shortage—a huge dent; 350 beds—is significant progress, and I never look down on progress. I welcome it, I celebrate it, and \$1 billion is wonderful news for our community.

In terms of the LRT, right now—

**The Chair (Mr. Ernie Hardeman):** We'll now go to the next round.

**Mr. Patrick Brown:** Oh. Okay.

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

We're now going to the official opposition. MPP Singh.

**Ms. Sara Singh:** Thank you so much, Chair, and thank you to all the presenters—lots of familiar faces here today. It's wonderful to see you all.

I suppose I will just maybe pass it over to Mayor Patrick Brown to just continue his thoughts around health care and potentially what is needed for our city as we continue to grow.

**Mr. Patrick Brown:** Well, thank you, MPP Singh. Prior to the COVID-19 pandemic, we actually declared a health care emergency, so we were in an emergency three months before the pandemic hit Canadian shores. One of the reasons that we declared a health care emergency is that when you look at the health care funding on a per capita basis, we were about half the provincial average.

I have to say, I'm glad the province has heard our call. We're making progress, so I'm not dismissive of that; \$1 billion, no matter how you slice it, is great news. But in terms of solving the health care crisis, we need to get that hospital built. We need to see shovels in the ground. I understand they're doing some environmental work on the property right now, so it's great to see that it has started. That makes me excited.

But we're also going to need a planning grant for a third hospital, because that would get us all the way to covering the per capita bed shortage. The regional cancer care centre that William Osler has put forward to the province would help with the challenges we have in not having adequate capacity for cancer care. That would really enable us to meet the health care demands that we have in our city. I think the pandemic really exposed the weaknesses of our health care infrastructure when, especially during the third wave, we weren't able to meet the demand. We

air-ambulated 100 patients a week during the third wave to other hospitals.

**Ms. Sara Singh:** Thank you so much, Mayor Brown, for just shedding a little bit more light on what the health care situation and the crisis really looks like in Brampton in particular. I would also say that even pre-pandemic, people in our community were leaving to go to other health care facilities in surrounding regions in order to access health care, so this has been a long-standing problem. But I think, as you point out, so much more needs to be done.

I want to pick up on some themes that Aameek has raised as well, because I think these two conversations are very much connected when we talk about the social determinants of people's health. We talk about housing and homelessness. In our community, we are at a very critical juncture of crisis as well. Aameek, you have been a health care advocate for as long as I've known you. Thank you so much for your leadership in that area. One of things we've heard from the region, from the city, as well as different social service agencies is a need to actually invest in housing to keep people from ending up in a crisis state, so those upstream investments.

I know that there's an ask from the region in terms of investments in housing. Can you maybe perhaps elaborate on the need for additional funding to sustain programs like Homeless Health Peel but to ensure that we are also building the infrastructure, the housing infrastructure, to support vulnerable populations in our community? Perhaps, Aameek, you can start, and I'd love to hear some thoughts from Mayor Brown, as I know there's a big push from the city to build transit-oriented communities, which are also very much reliant on housing opportunities.

**Mr. Aameek Singh:** Thank you for the question, MPP Singh. The #FairDealForBrampton is a city-led initiative that was started pre-pandemic. Mayor Brown put it very astutely: The bed capacity and per capita capacity and adding to hallway health care had already been a crisis for the city of Brampton. And the challenge is more profound, because the region of Peel has two health silos, if you will. You have Mississauga Halton and you have Central West. Central West had been poorly funded pre-pandemic, and the per capita levels had already been quite fragmented, and we felt that effect.

But more profoundly, the precarious individuals who are experiencing homelessness and our low-income seniors—there's nobody to advocate for them. So individuals who are being discharged to the street—they're likely to be discharged to the street if they don't have advocates. And who is the most vulnerable in that setting? It is individuals experiencing homelessness. That it is who we need to provide primary care for, and the reason why we want to connect these services together is [*inaudible*]. Astutely, at this point, we need to focus on what pragmatic solutions we can offer. This is a very pragmatic solution and a cost-effective way to be stewards of care, having accountability for individuals who are in hospitals who don't have a home.

Secondly, it doesn't add to hallway health care. We're proving that if we see people where they're at—if people

feel seen, they don't scream. The challenges we are seeing in our health care system and the burnout we're experiencing as health care professionals, even in the hospital setting: It's very challenging for a nurse or nurse practitioner or a doctor to see the same individual again and again—and seeing the frustration that they have because they invest all of their energy to get that person to where they need to be for the home setting, but unfortunately, that's not the case.

**Ms. Sara Singh:** Thank you, Aameek. Just really quickly before I move over back to Mayor Brown, I wanted to ask: The Homeless Health Peel program is very dependent on nurses. Right now, we have a critical shortage of nurses, and Bill 124 is making that even worse in the province of Ontario. Do you mind just sharing some of the implications that that bill might have on a program like yours?

**Mr. Aameek Singh:** At this point in time, nurses have been working very, very hard throughout the province. It is up to us to hear them. The asks are put forward by our leadership. Whether it's the RNAO, ONA or WeRPN, I think they have a much better, astute understanding of the challenges nurses are facing at this time. Speaking to my colleagues in hospitals, speaking to my colleagues in the home care setting, long-term-care setting, nurses are burnt-out.

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

**Mr. Aameek Singh:** Unfortunately, we're not given the same sort of credence as other health care professionals at this time. Having firefighters, having internationally trained nurses, having doctors doing work that nurses would be doing and paid quite more—or in terms of internationally trained nurses, paid quite less; it's quite exploitative.

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So if we look at gender equity, we talk about these things—nursing is a female profession, and it's profoundly challenging to hear that work that is literally at the same level that the other providers will be providing and would be done under the leadership of a nurse isn't compensated the way it should be. It's not at cost with inflation. It's not at cost with where other public health sector workers are at this time. So those are my comments on that.

**Ms. Sara Singh:** Thank you so much.

I know that I'm running out of time. I think that it's important, maybe, just in the final seconds that we have left, to talk about some of the budgetary pressures that municipalities are facing, Mayor Brown.

**Mr. Patrick Brown:** In the very brief time that we have left, right now, the COVID relief funding from the federal and provincial governments has allowed us to get through COVID. We didn't have any losses for the last two years because of that restart agreement—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. You have filled all the time very adequately.

We now go to the independent member. MPP Hunter.

**Ms. Mitzie Hunter:** It's good to see you, Mayor Brown. I certainly support your three asks for the transit

support, as well as the hospital, of course, and also this innovative model. Thank you for sharing your time with Mr. Singh to bring that forward to committee today.

I want to just maybe hone in on an aspect of your presentation and bring in Ms. Sokic, who has talked about innovation, talked about the categories of innovation, such as cyber security, and some of the challenges that are ahead to be tackled by innovation. We need one million people to fill that labour gap, and some of them are going to be coming from the community of Brampton, where, from my understanding from the Brampton Board of Trade and other presentations at this committee, you're looking to actually see education, and post-secondary education specifically, as a key component of growth in Brampton.

I want to make sure that we have time for Ms. Sokic, but I'd like Mayor Brown to just talk about why you see that as an important part of Brampton's future.

**Mr. Patrick Brown:** Well, I certainly agree with the premise of your question. In my opinion, the greatest Premier and Minister of Education we've ever had was former Premier Bill Davis. He said, in the late in 1960s, when he was the member of provincial Parliament for Brampton, that you need to align education with the jobs of tomorrow. The tech and innovation jobs you speak about, MPP Hunter, are exactly those jobs of the future.

We're trying to double down on that in Brampton. We've got the cyber security accelerator, the partnership with Ryerson. It will be great to expand that. There has been federal government support for that as well. It's a partnership with Rogers, Ryerson and RBC. Just today, Rogers announced they want to set up a campus on the Metrolinx property in downtown Brampton, which would be a \$100-million investment in innovation jobs. We've set up BHive, which is an international soft landing spot for tech companies. We're really focused on this, and I'm glad that you've taken an interest in this area. I would have wholehearted support for anything the province could do to encourage these innovation jobs of the future.

**Ms. Mitzie Hunter:** Excellent.

Maybe, Alanna, you can talk about why, really, seeing these types of partnerships is important and what else is needed to boost the tech sector and the innovation culture.

**Ms. Alanna Sokic:** Certainly. Thank you. I just want to clarify something first. That figure I quoted in my remarks, that Ontario will employ one million people in the digital economy, comes from the Information and Communications Technology Council of Canada, but that figure represents a 100,000-person increase from where we're at today. So I think we really emphasize at CCI that, presently, we as a province are not in a position to fill that gap. We need to do more.

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

**Ms. Alanna Sokic:** I used the term "talent crisis," and I do really want to put an emphasis on that crisis piece. CCI's advocacy foundations have been, since our inception, access to talent, capital, customers and marketplace frameworks. But in the past year, it has been talent, talent, talent from our members. This is exacerbated under the

work-from-home phenomenon, where firms from Silicon Valley are able to poach workers without having to put up the money for relocation costs. We don't have the data to surmise the impact of that phenomenon, but it is certainly one that's on the radar of our members and one that we wanted to emphasize in presenting for this year's budget.

I will say, to your point, though, that that building of the domestic talent pipeline, in conjunction with partners like post-secondary institutions, is a critical part of our talent advocacy going forward.

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

**Ms. Mitzie Hunter:** Thank you.

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

We now go to the government. MPP Kusendova.

**Ms. Natalia Kusendova:** I feel compelled to address several of the points on Bill 124. As a registered nurse who does work in a hospital, and I am a paying member of ONA, I think it's important to know that Bill 124 was put in place prior to the global pandemic, and it affects one million Ontario public sector workers. Firefighters and police, of course, are regional and municipal employees and therefore do not fall under this particular piece of legislation. Therefore, any statement that this bill is targeting female-dominated professions is simply untrue.

I do want to mention, though, that our government has done a lot of educational initiatives to train more nurses. We've increased by 20% the number of nursing student enrolments. We're also training about 16,000 new PSWs to enter the sector in long-term care and acute care. We have also recently announced our internationally trained nursing program. We need those nurses. We do know that CNO is kind of slow in approving some of these internationally trained professionals, and that's something that we are addressing with the college.

I would have to also remind the committee and members that, under the previous Liberal government, hospital budgets were frozen for four years, which also resulted in important inequities.

However, today I want to still talk with our mayor, Patrick Brown. I think health care is top of mind and these issues are very important. But I wanted to switch gears and ask about Highway 413 and whether he is supportive of our government building Highway 413.

**Mr. Patrick Brown:** Thank you for the question, MPP Kusendova. It's very appropriate given that it was something we discussed at council today. We are supportive of building that transportation corridor—we struggle with gridlock and believe that our residents deserve equitable access to the movement of goods and people—the one caveat being that the city of Brampton has advocated for an urban boulevard through the Heritage Heights subdivision. That's the new growth area of Brampton. We put forward a proposal that would allow more housing supply, that would cost less for that component of the 413, similar to what we see in many European countries. So we are continuing to lobby for our urban boulevard amendment as part of the 413, and are grateful the Deputy Minister of

Transportation sent us a letter yesterday saying they're willing to sit down and talk about our suggestions.

**Ms. Natalia Kusendova:** That's great news. I will certainly speak to Minister Mulroney as well about this.

I did want to ask you about the medical school in Brampton. I think it's super, super exciting. My father is a physician; unfortunately, he was unable to get his certification here in Canada so he now works in France. But I think this is great news for Brampton and for the region of Peel. Can you speak a little more to what this will bring for Bramptonians and for residents of Peel?

**Mr. Patrick Brown:** Let me say first of all, when we were pushing for that, we thought it was a long shot. A few people laughed at us that we were even suggesting it. So when the province announced support for the med school, I had to pinch myself. I couldn't believe it was real; the first med school in 100 years. Boy, will it be a big help in terms of the shortage of health human resources. We've got acute shortages.

You've obviously mentioned the work that's being done with internationally trained nurses, which I completely support, but there are shortages with physicians as well. One of the interesting things is Ryerson mentioned that a component of the medical school could be a pathway for internationally trained physicians as well.

There are so many exciting aspects to this med school, not to mention that medical technology companies like to operate in the vicinity of a med school. I've already met with one medical technology company interested in placing their operations close to the med school. So not only is it going to train more doctors to help with health human resources, but there will be an economic spinoff that will pay dividends for the city of Brampton. To say I was excited about that announcement would be an understatement.

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**Ms. Natalia Kusendova:** Thank you. Lastly, about the cancer care centre: We have a great hub at Princess Margaret, which is in Toronto. I think it would be very helpful to have such a centre in the region of Peel and to have that specialized treatment, so that patients don't have to travel all the way to Toronto, especially in winter conditions.

Can you tell us a little bit more about this particular proposal?

**Mr. Patrick Brown:** Right now, Osler has put forward a stage 1 proposal for a comprehensive cancer care centre at Brampton Civic. They have said that the conversations with the ministry and with the health minister have been very positive. We do need stage 1 of that proposal approved to get the wheels going, but it's very encouraging to know that they've been met with very positive responses from the ministry. If you could support that and give that that final push—I know when there's political will, things can happen faster—we'd be very grateful.

**Ms. Natalia Kusendova:** Chair, how much time is left?

**The Chair (Mr. Ernie Hardeman):** Two minutes.

**Ms. Natalia Kusendova:** Okay. I'll turn back to the nursing issue, just to say that we are hearing the voices of

nurses. The Premier is set to meet with ONA in the coming days, and we are reviewing nursing compensation, because we do recognize the fact that we are in a global pandemic and this is the fifth wave. I'm also proud of the fact that we were able to offer the most generous pandemic pay out of all the provinces in Canada. So I just want to say that it's important to have these conversations and it's important to have the voices of nurses heard, and that this is something the government is currently actively reviewing.

I also want to mention our PSWs and the temporary pay raise that we gave to them. The \$3 went a long way.

Ameeek, if you can comment on that very quickly, how this temporary pay raise for PSWs was an important investment in Peel.

**Mr. Ameeek Singh:** We have challenges in every sector.

I think that bringing the personal support workers under the fold of regulated health care professionals at this time provides a standard of care. That is what's needed in order for an unregulated health care profession to become regulated.

And to have that increase in pay would definitely have benefits and impacts. The challenges of a PSW working two jobs—having that increase allows them to have a full-time job, or the potential of having a full-time job, at one location, which would decrease the amount of transmission that's happening in the community.

It's those points that we've learned throughout the pandemic that we—we need to continue those learnings and insights in policy planning and implementation. As nurses, we have first-hand experience in what policy implementation looks like, the challenges in care and service delivery and nursing care delivery that we face. So if nurses and health care professionals are voicing concern—

**The Chair (Mr. Ernie Hardeman):** Thank you very much for that presentation. That concludes the time—and well used.

I just want to say that I was hoping that the last presenter of this consultation process would have been one I didn't have to cut off, but it was not to be.

We do want to thank the presenters on this panel and all the presenters, not only today, but through the whole process.

We want to thank the public, generally, for all the work they did to come out and talk to us, and the committee members who were here day in, day out to get the information out.

This concludes the business for today. Again, I want to thank all the presenters.

The committee will now adjourn until 9 a.m. on Wednesday—

**Ms. Catherine Fife:** Don't do it, Ernie.

**The Chair (Mr. Ernie Hardeman):** I see somebody with their fingers in the air like they're saying goodbye.

**Ms. Catherine Fife:** You almost did it, Ernie.

I just wanted to say, it has been a long seven days. I wanted to thank you for chairing the committee.

Also, I wanted to follow up on my request from this morning to see if I can access the minutes and notes from the Ministry of Finance's parallel service. So I hope to hear from you tomorrow.

**The Chair (Mr. Ernie Hardeman):** I'm just informed that it's a decision the minister will have to make, not the committee. So if you send a letter in to the committee, the

committee could forward it the minister to see if that's—I can't give you an answer of yes or no.

**Ms. Catherine Fife:** Thanks. I appreciate that.

**The Chair (Mr. Ernie Hardeman):** Anything else? In the real world, they say if there's nothing else for the good of Rotary, then this meeting stands adjourned.

*The committee adjourned at 1805.*







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