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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Tuesday 5 April 2022

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mardi 5 avril 2022

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PRIVATE MEMBERS'  
PUBLIC BUSINESS

NORTHERN HEALTH SERVICES  
SERVICES DE SANTÉ DANS LE NORD

**Ms. Judith Monteith-Farrell:** I move that, in the opinion of this House, the government of Ontario should immediately develop and implement a strategy to address the physician shortage in northwestern Ontario that includes a plan to increase training opportunities at the Northern Ontario School of Medicine (NOSM), recruit new doctors to the area and retain those already serving the community to better meet the needs of the region.

**The Acting Speaker (Mr. Percy Hatfield):** Ms. Monteith-Farrell has moved private member's motion number 37. She will have up to 12 minutes for her part in this debate.

**Ms. Judith Monteith-Farrell:** Northwestern Ontario has a long-standing physician shortage and we need to address it immediately. This is an issue of fairness and health care equity. I've spoken to many constituents about this issue. In fact, having trouble finding a doctor is an issue I hear about constantly, and it causes fear and anxiety. Now with the recent news of the emergency room having temporarily closed in Red Lake, this issue is becoming an even more urgent issue. We need to do much more to address this problem, because there are solutions.

Excellent work has been done researching this problem and identifying ways to fix it. There is so much that we can build on and that we can support that will help end the physician shortage in northwestern Ontario and ensure all residents have access to primary care. We need to listen to the people that are on the ground today.

Before I continue, I want to highlight that access to primary care is not just an issue of physician shortages. Doctors do incredible work and quite often they do it as part of a team of medical professionals. This ecosystem of care is critical for delivering excellent health care to patients, with registered nurses, registered practical nurses, nurse practitioners, PSWs and all the other health care professionals who work together. Each professional works within their scope of practice and is so very important.

I would be remiss not to mention the nurse-practitioner-led clinics. I had the privilege of visiting with one last week in my riding. The vital work nurse practitioners are

doing in this province is a crucial part of ensuring access to primary health care, the work of family health teams that work so well in small communities but have had their funding frozen since 2018 and are struggling in some communities but still try to continue to do the work that needs to get done.

But today, simply put, northwestern Ontario needs more physicians. We need them to improve health care outcomes. Last week on CBC Radio in Thunder Bay, there was a long story on the Red Lake emergency room closure. Dr. Sara Van Der Loo, the chief of staff of the Atikokan hospital, spoke to the CBC about this ongoing crisis she describes as dire:

"There are multiple hospitals across the northwest that have very narrowly avoided the same situation that Red Lake was in.

"The reality is this is going to happen at other locations. It's just a matter of time."

To paraphrase, this is a problem across the northwest—many function with only primary-care physicians who also work in the emergency room, in-patient care, long-term care and primary care in the community. She spoke about the pressure that the physicians place themselves under because they care so deeply for their community and patients. There is a risk that many of the physicians are overworking and are at risk of burning out. Physicians may have to retire or cut their hours or leave the community altogether.

As Dr. Van Der Loo pointed out, a regional approach or system-wide solution is required rather than relying on individual communities to recruit doctors or have piecemeal solutions that might pit community against community.

The estimates we have right now are that we have a current shortage in excess of 300 physicians. Now that number continues to change as the circumstances change. It also doesn't take into account the doctors that are retiring or moving or leaving because of burnout. That's a large number, and what I have heard from experts is that it's a complex issue to solve.

NOSM, the Northern Ontario School of Medicine, has issued a physician workforce strategy. To try to put it into context, they detailed the situation:

"We need rural physicians to keep rural populations healthy, to keep rural health care infrastructure running and to keep local rural economies vibrant, particularly in northwestern Ontario where the distance between communities is vast and ability to access care elsewhere" is very "limited. We need to stabilize the current physician workforce and sustain them to ensure that these physicians

are available and able to train and grow the next generation of physicians.

“Rural and remote people are, generally, older, sicker and poorer than the rest of the” Ontario “population. Northern Ontario citizens have a greater burden of illness complexity and mental health and addictions challenges than the rest of the province. Indigenous citizens are particularly impacted by these challenges and by limited access to health care resources. We know that in northern Ontario people have a shorter life expectancy by 2.5 to 3 years than in the rest of the province. Indigenous populations have been historically significantly underserved for both general health care services, but also in terms of the areas of high importance like mental health and addictions supports. We can” do better, we “must do better if we are at all serious about health equity.

“Locums can fill a need in the short term to keep hospitals and emergency departments open”—for those of you who don’t know, locums are doctors that come from other areas and service areas that need doctors—“but are becoming more scarce and difficult to schedule. 7,000-plus hours of locum coverage have been requested by physicians across the north for March 2022 alone, the most since the pandemic was declared two years ago, and in fact the most in the history of the emergency department locum program.

“We need short-, medium- and long-term solutions to ensure that the health care needs of northerners are taken care of.”

I completely agree with NOSM. We need solutions, and we need to start moving quickly on this.

The Ontario Medical Association has also recognized the situation. They released a five-point plan for better health care to address the health human resource needs in northern Ontario, and I’ve spoken in this House about this before. According to the Ontario Medical Association president, Dr. Adam Kassam, the five points are the result of the broadest consultation in the OMA’s 140-year history.

My caucus has a strong history and commitment to health care access and equity across Ontario, and I strongly appreciate that the OMA is making equitable access to care their number one point. This government has to do more to solve the problem.

Every single day I hear from constituents, Speaker, who have been having trouble accessing primary care. As I said before, we need to start moving on solutions to the physician shortage. I’ve spoken to many doctors and other health care professionals in my riding. According to them, the major components of this are training, recruitment and retention. All of these components together will help us address this problem.

Training new doctors received a recent boost with additional spots for training at the Northern Ontario School of Medicine. This is a much-needed improvement and will pay dividends over the years. However, the results will not be felt for several years. In addition, there is a need for more clinical placement spaces for medical students to complete their studies. We can create programs to provide

incentives for students who do their placements in northwestern Ontario, and this increases the likelihood they will stay and work in local communities.

I applaud the work that the Northern Ontario School of Medicine is doing, and they are doing so much to help address the physician shortage. Solutions could include things that have been suggested by Dr. Sarah Newberry, the associate dean of NOSM. She proposes:

- providing real-time and virtual access to specialists in emergency rooms and in hospitals, ensuring that doctors feel confident that they can provide the care they need when they’re by themselves;

- funding for travel and accommodation for residents to take elective rotations in rural and northern communities. It’s expensive to travel to northern Ontario, and we need incentives for them to come. It’s proven that when a resident comes and works in northern Ontario, one in five stay, so it’s encouraging;

- ensure locums travelling to the region bring a resident from their home institution and provide funding for travel and accommodation, again incentivizing that and getting an extra pair of hands in the field;

- make it easier to license international medical school graduates; and

- return-of-service obligations to bring physicians north. That’s a program similar to the military where your tuition is paid and then you are obliged to work in the north for several years after that time.

#### 1810

In addition to training is recruitment, bringing physicians from elsewhere. Recruitment isn’t easy, and it needs to be done in a more organized way. We can’t leave it up to each individual community to find a solution. We also have to think about the quality of life for the physician and their family. Will their spouse have work? What schools will their children attend? These are big questions, and we want to do all we can to bring people to our region and have them stay for the long haul. There is a need for a coordinated response and a unified recruiting system.

That brings me to retention. We have many amazing physicians doing incredible work across our region. We have to do all we can to retain them. We also cannot forget that we are in a pandemic now and we have been for over two years. Physicians have been on the front lines during this pandemic, caring for patients. They have gone above and beyond, as they have done for so many years. We need to make sure they are able to have sustainable workloads. We don’t want them to burn out and then have to leave the region. We have to look at equitable funding between physicians and locums, and incentivize nurse practitioners to work alongside doctors in communities, similar to the residents that I spoke about. There are many possible solutions to these issues, and if we do more to address them, it will improve health care access and outcomes in northwestern Ontario.

One final thing I want to include in the crucial role that addressing the physician shortage and ensuring great access to primary care will play is in our economic development. Access to health care is a key part of attracting

new business and new residents to our region. We all want to see increased economic development and prosperity in the northwest. Businesses know that their employees need to have access to doctors and health care, and that it is critical that they get it. We know that things must change and that we must move towards solutions. This isn't something I've raised on my own. Many others are calling for us to address the physician shortage, as well as to improve access to primary care. The Federation of Northern Ontario Municipalities recently issued a statement on this issue, and this remains an issue of concern for them.

We know what solutions look like, and we know we need to get started immediately. There is no time to waste. The residents of northwestern Ontario deserve better health care and now is the time for bold solutions, so let's work together to make that happen.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. Norman Miller:** I'm happy to rise today to speak to the motion brought forward by the member from Thunder Bay—Atikokan. As you know, this is a vitally important issue to those who live in the north. That's why I'm happy to say that our government agrees with the member opposite and, in fact, we will be support this motion.

This government is already saying yes to better health care in the north after decades of neglect from the previous government. Ensuring access to care wherever you live is something the government takes seriously. As someone who represents a riding that spans from central Ontario to the more rural north, I understand the unique health care challenges present in all northern communities, not just the northwest. I've worked closely with the village of Sundridge as they've faced immense challenges in hiring a doctor. The village of Sundridge council passed a resolution in November 2021 asking that "the provincial government and the Ontario Medical Association expand NOSM's capacity to meet the needs of northern Ontario, and find ways to bring additional health care support from other areas of the province." I want to thank the village of Sundridge council and Mayor Lyle Hall for their advocacy on this, and I'm pleased to say that our government listened to this request.

Just a few weeks ago, we introduced a plan to expand medical education by 160 new undergraduate and 295 new post-graduate positions over the next five years, including 30 undergraduate seats and 41 post-graduate positions at the Northern Ontario School of Medicine. Expanding medical school education is an important part of our strategy to ensure a consistent supply of doctors for all Ontarians.

As the Premier recently said, "As our province grows, our government has a plan to build a stronger, more resilient health care system. We've already shored up domestic production of critical supplies like PPE and have added thousands more hospital beds. Now, building on our work to recruit and retain nurses and personal support workers, we're launching the largest expansion of medical education in ten years."

Ever since the beginning of the COVID-19 pandemic, our government has taken deliberate action to ensure that Ontario has the health human resources required to meet the health needs of Ontarians, including those Ontarians who live in northern and rural communities. Physician supply across Ontario is projected to consistently exceed population growth, leading to an average annual net increase of approximately 581 physicians each year until 2029.

But we know there are northern communities that have trouble recruiting and retaining physicians. This is an issue the opposition correctly points to as an issue in need of a solution. This is why our government has worked tirelessly to invest in initiatives to help improve access to physician and health care services across the north, investments that include: \$32 million this year for resident salaries and benefits, medical education and training, allied health programs and the remote First Nations family medicine residency program at the Northern Ontario School of Medicine; and \$752,600 to the Lakehead Nurse Practitioner-Led Clinic in Thunder Bay to help more patients in the community access primary care services such as family doctors, nurse practitioners, nurses, social workers and other front-line professionals. Through this funding, we are ensuring that patients in Thunder Bay have access to the care they need when they need it in their community.

Last month, the government invested \$500,000 through the Northern Ontario Heritage Fund Corp. to expand the Whitestone and Area Nurse Practitioner-Led Clinic in my riding. This clinic supports the health and well-being of Whitestone residents and cottagers in the surrounding region, and not only creates local jobs, but also ensures that the infrastructure is in place for northerners in my riding to receive the exceptional health care they deserve. I'm glad that our government recognizes the importance of clinics like the ones in Whitestone and Thunder Bay in building a health care system that works for all Ontarians.

Our government is investing \$7.36 million for 77 new physicians through the Northern and Rural Recruitment and Retention Initiative, which offers financial incentives for physicians to establish practice in rural and northern Ontario. This program is a means to attract family physicians and medical specialists to establish practice in communities where patients would otherwise not have access to primary and specialist health care.

We're offering distributed medical education programs which provide clinical education opportunities outside of traditional settings to promote physician practice in rural and northern communities. We are also investing \$142 million to launch the new Learn and Stay grant, beginning with \$81 million to provide tuition reimbursement to 1,500 nurses in the next two years in exchange for their commitment to work in an underserved community.

Another innovative program that we are supporting is the Community Paramedicine for Long-Term Care Program. Last year, the government invested \$2.9 million to expand this program in Parry Sound district. This program allows seniors to stay in their homes longer and alleviates pressures on our hospitals by leveraging the skills of paramedics to provide care. Paramedics can make scheduled

at-home visits to help keep seniors safe and provide them with care services without having to travel. This program includes non-emergency home visits and in-home testing procedures, ongoing monitoring of changing or escalating conditions to prevent or reduce emergency incidents, and connections for participants and their families to home care and community supports.

Earlier this year, our government expanded this program from 33 communities to include an additional 22 communities across the province, including Kenora in northwestern Ontario. I've seen the positive impact this program has had in my riding, so I can imagine the impact that this expansion is having in communities all across the province. These are just some of the ways that our government is ensuring everyone can access health care no matter where they live.

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In addition to these measures, the government is providing \$6.2 million across 32 primary care teams to improve access to primary care in high-needs communities across the province. These interprofessional primary care organizations and nursing stations bring together a diverse group of health care professionals to help meet the needs of patients. The investments I mentioned will help improve access to comprehensive interprofessional primary care for thousands of vulnerable patients, including Indigenous people, seniors, individuals with complex or chronic conditions, and those in the north.

Our government is building a stronger and more resilient health care system, especially in underserved communities such as northern Ontario. This is why the strong voice that the Northern Ontario School of Medicine has in advocating for the north is a centre point to address the inequity in health care facing northern Ontario. Our government is the one putting forward solutions for all Ontarians. The government of Ontario is saying yes to ensuring a stronger, more resilient health care system, and saying yes to medical students trained in northern Ontario to serve northern Ontario residents.

Unfortunately, if the opposition had their way, NOSM would not have a voice. The opposition voted against making the Northern Ontario School of Medicine a stand-alone institution. Dr. Sarita Verma, dean, president and CEO of the Northern Ontario School of Medicine, said, "We are grateful to Minister Romano and the Ford government for this incredible transformation, as the first medical school in Canada founded with a social accountability mandate we are now the first medical university of its kind in the country."

As the Minister of Health said, having a stand-alone medical school in the north "will offer students education closer to home, enabling them to better serve and provide health care that best meets the needs of the communities in northern Ontario."

The government of Ontario continues to build on the commitment to improve access to primary care services for those living in rural and northern Ontario. The opposition responds with no each time.

This government is correcting the mistakes of the previous government that made cuts to residency programs

and put caps on medical schools. The Liberal government also froze hospital spending for years, while eliminating 50 medical residency positions across Ontario.

Mr. Speaker, our government will be supporting the motion of the member opposite. As is clear, our government has been and will continue to say yes to the north. While the opposition offers words, our government offers actions to ensure quality and equitable access to health care across Ontario.

Thank you for giving me this opportunity to speak to our government's record, a record I am proud to stand behind, in how we are helping the people of northern Ontario.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. Michael Mantha:** I just want to start where the member left off. What the people at home need to understand is the definition of poison pills, and this government is notorious for introducing those poison pills inside of certain bills. So when the government stands and says that we oppose the education and the good things that are happening over at NOSM, I think you should look at what they were referring to as part of that legislation that was introduced, find the poison pill, and you'll understand why we are in this position, with this government fully knowing why we had to stand in our place and proudly say no to that particular piece of legislation.

I want to start by saying that I have a very short period of time tonight where I'm going to have to rush out to deal with—what? The doctor crisis across my riding, particularly in the community of Thessalon, where they have been, over the Christmas period, on the cusp of having been challenged to look at finding doctors in order to keep their emergency department open, dealing with and recruiting locums in order to keep that open so that people don't go without care.

I've been working very closely with the East Algoma Primary Care Work Team. Just a couple of weeks ago, I presented this proposal to the minister, which is the Expansion of Huron Shores Family Health Team: Modernizing the Delivery of Primary Care: An Integrated and Collaborative Model. I presented it to the minister. It's not going to fix everything, but it certainly will lay down a path in order to get to an area where we're going to be able to continue to provide primary care. This is what's happening on the North Shore in my riding of Algoma-Manitoulin: Because there are no doctors and we only have the locums that are covering the needs for the emergency room, primary care is non-existent.

Primary care is the gold standard of what we have always had in this province. It frustrates me, Speaker, because I've been here for over 11 years now, and each year I've come back talking about the need to find a real recruitment and retention program that will get doctors to northern Ontario. Yes, it's great that over the course of those years we've seen the successes that have happened over at NOSM. But if we don't get those placements that we need in northern Ontario when we have doctors—because a doctor has to take one of those placements under

their wing. This is the challenge that we're facing: We have no more doctors.

There are many communities that are without that primary care. What happens when you don't have that primary care? You get more people who are going to the emergency room. They're taking up beds, they're taking up time, they're clogging up the system and it's taking away from care, from other urgent needs that we have in our community.

You don't have take it from me. This is Dr. Stephen Cooper. He's a family physician on Manitoulin Island. Here are his words. He says, "Ontario's large geographical and cultural nature presents a challenge for health care leadership. Nowhere is the challenge greater than in northern Ontario. Fortunately, Ontario has the right people and resources to meet the challenge of building a world-leading health care system that is equitable, effective and accessible. Though progress has been made, Ontario still has much left to do, especially in northern Ontario."

Here's another headline that we had. I would encourage everyone—and I want to make sure that this is on the record. I want you to find Dr. Sarah Newbery. This article was in [healthydebate.ca](http://healthydebate.ca) on January 6, 2022. The headline is "Shortage of Physicians, Support Systems Puts Health Care in Northern Ontario in Jeopardy." She is a fabulous doctor out of the community of Marathon, just on the outskirts of where I am. Here's what she says: "The solutions are known, but the pandemic has shown we need to reinvigorate our approach. We need to continue to decrease the barriers to training in northern Ontario through medical electives, and we need to expand the Northern Ontario School of Medicine. And then there is an 'ecosystem' of support necessary to ensure that clinicians can thrive in rural health care settings. Foremost, we need to continue to offer the ongoing, funded training and education they need to competently and confidently do the work and we need to support them with new virtual tools to decrease isolation from specialist care."

She goes on—it's a fabulous article, but here's the catch in the article. It's her last sentence: "We have the solutions in Ontario. We need the will." Coming from one of our doctors.

The mayor of Blind River: "Northern Ontario is growing and it is also aging. We are in crisis mode without the complement of physicians required. And I believe that communities need to be able to engage medical students, residents and locums to show them that there is so much more to a community than what they see at the clinic/hospital where they are working. It takes a community to engage our visiting med students, residents and physicians so they will come back and possibly stay!" That's from Sally Hagman, Her Worship in Blind River.

"We have the answers" is what is the repeated message that we get from many who are in the health care field in northern Ontario. However, there are restrictions. The processes are very different. We need some flexibility in order to move certain things around in order to provide the care that we need in northern Ontario.

I just want to touch on one last area, on Manitoulin Island. Particularly, it's the Gore Bay medical clinic staff,

which is Drs. Bob Hamilton, Shelagh McRae and Chantelle Wilson, along with their team, which is Taryn Strain, Kim Robinson and Gloria McAllister. They've been doing a fabulous job for many years there. However, they are struggling. They are tired. They are overloaded. It's time for them to retire as well, and the problem is we still don't have any doctors coming to northern Ontario. Speaker, we need to do better.

1830

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**M<sup>me</sup> Lucille Collard:** Il me fait plaisir de prendre la parole ce soir pour parler de l'importance d'avoir accès à des médecins dans le nord de l'Ontario. Spécifiquement, je veux souligner le défi additionnel que la pénurie de médecins francophones représente pour la communauté franco-ontarienne, de façon importante dans le nord de la province, oui, mais également partout en Ontario.

L'accès à des services de santé en français est la priorité numéro un de la communauté francophone. L'importance de l'équité dans l'offre et l'accessibilité des services en français n'a jamais été aussi importante à considérer. Le Réseau du mieux-être francophone du Nord de l'Ontario, dont je souligne la contribution, a travaillé sans relâche pour réfléchir à de nouvelles façons de faire les choses pour assurer que les acteurs clés du système reconnaissent la pertinence et l'importance de l'équité dans l'offre et l'accessibilité des services en français. Le manque de ressources humaines francophones et bilingues et le problème de rétention sont présents partout, mais encore plus dans les hôpitaux, les foyers de soins de longue durée et les services à domicile et en milieu communautaire.

L'accès à des services en santé mentale et le traitement en toxicomanie font également cruellement défaut, et ces lacunes causent des préjudices importants à la communauté francophone. Il y a de très grandes disparités régionales sur l'accès aux soins de santé, et on retrouve des régions désignées au sein desquelles les fournisseurs de services n'offrent que peu, voire pas, de soins en français.

Pour les francophones plus vulnérables qui sont obligés de décrire leurs problèmes de santé dans une langue avec laquelle ils ne sont pas à l'aise, les conséquences peuvent être importantes. Une mauvaise compréhension de la part du professionnel de la santé peut mener, par exemple, à de mauvais diagnostics, des traitements inadéquats et des dépistages tardifs, sans parler de l'anxiété des patients et patientes.

L'impact se fait alors ressentir sur l'ensemble du système de santé. Le manque de services de santé en français contribue aux soins de santé de corridor et à la détérioration de la santé d'une partie de la population. L'importance d'avoir une offre active de services en français n'a jamais été aussi cruciale.

Heureusement, il existe des solutions qu'un gouvernement engagé peut mettre en oeuvre, comme :

—développer un plan d'action de formation et de recrutement de main-d'oeuvre francophone et bilingue en santé et en santé mentale;

—financer la création de carrefours multiservices et de centres de santé communautaire;

—élargir et développer les points de service dans les régions peu ou pas desservies en français, comme le nord de l'Ontario;

—assujettir les bureaux de santé publique locaux à la Loi sur les services en français; et

—saisir les opportunités offertes par le numérique pour permettre aux francophones de consulter des professionnelles et des professionnels de la santé via des plateformes de télésanté.

Cependant, afin de pouvoir embaucher et attirer plus de professionnels de la santé, nous devons commencer par les traiter avec respect et dignité, et adhérer au principe de la négociation collective. Les infirmières méritent mieux que d'être la cible de l'austérité budgétaire, et le projet de loi 124 qui restreint l'offre salariale est une embûche sérieuse au recrutement de nouveaux professionnels de la santé. Les francophones doivent pouvoir considérer les professions dans le domaine de la santé comme un domaine dans lequel ils seront bien traités et rémunérés équitablement.

La certification des travailleurs de la santé formés dans d'autres juridictions offre également un fort potentiel pour adresser la pénurie de personnel, mais il nous faut résoudre les obstacles bureaucratiques pour leur permettre d'exercer en Ontario.

Les villes du Nord comptent parmi les communautés francophones les plus dynamiques de l'Ontario, et la pénurie de travailleurs de la santé les frappe particulièrement durement. J'appuie donc cette motion que le gouvernement de l'Ontario devrait immédiatement élaborer et mettre en oeuvre une stratégie pour remédier à la pénurie de médecins dans le nord-ouest de l'Ontario qui comprend un plan pour accroître les possibilités de formation à l'École de médecine du Nord de l'Ontario, recruter de nouveaux médecins pour la région et retenir ceux qui desservent déjà la communauté pour mieux répondre aux besoins de la région—et j'ajouterais une considération spécifique pour les francophones dans cette stratégie.

Comme je l'ai énoncé, il existe des solutions. Il n'en tient qu'à la volonté politique du gouvernement pour les mettre en oeuvre.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. Sol Mamakwa:** Meegwetch, Speaker. I rise today to speak on behalf of the people in Kiiwetinoong in full support of the member for Thunder Bay–Atikokan's motion on physician shortages in northwestern Ontario.

Before I became an MPP, I had a lot of involvement with health policy and health boards, and when we talk about the Northern Ontario School of Medicine, when we talk about Sioux Lookout First Nations Health Authority, when we talk about Sioux Lookout Meno Ya Win hospital, when we talk about Sioux Lookout Regional Physician Services Inc., at that time, it was a big learning curve for me.

A lot of people would tell me that the system was broken, and, an example is, I remember back in, I think it was—I was born in a federal hospital, and down the road is a provincial hospital. That was for non-Indigenous

people. The First Nations hospital was for people like me. So a white hospital, a First Nations hospital—Indian hospital. We were forced to amalgamate those hospitals. We were promised that access to health services would be better. That was 1997. The more I got involved with health systems, health policy, the more I understood that the system that is there was not broken; it is working exactly the way it's designed to, which is to take away the rights of our people to the lands and the resources as First Nations people.

I think as northern municipalities, northern First Nations work together—we know last week the Red Lake Margaret Cochenour Memorial Hospital had to close its emergency room for 24 hours because there were no physicians available. If that happened down the street over here in a hospital, would that be an issue? No. Because there are other emergency hospitals. They had to travel 200 kilometres by ambulance to Dryden to receive care. Imagine going on an ambulance for two and a half hours? It's not an exaggeration to say that the physician shortage in northwestern Ontario will cost lives—unnecessary suffering, needless deaths. The system in the north is not a health care system, it's a sickness system, because you do not access the health services until you are sick.

We also see the ripple effect in the physician coverage in northern fly-in First Nations with the service agreements that allow a set amount of physician coverage per year for First Nations. Example: If you're a fly-in community of 600 people, you get five days of physician services per month; two of those days are travel, which is three days. That's 60 days per year. That's how inequitable that is.

So when we talk about hospitals in the north, the government says, "We're doing this," but that's five years down the road, that's 10 years down the road. That does not fix the issue that we need today. Like the member for Thunder Bay–Atikokan said, the government has to do the right thing. At this point, the Ministry of Health must begin to recognize the credentials of internationally trained physicians, recognize that they are invaluable and yet an untapped resource.

Again, the government should actually come up with a comprehensive plan to be able to recruit physicians to the north who will help the crisis we are having now—again, not 10 years down the road, not five years down the road. The government needs to be able to take responsibility for the shortage of physicians in the north. It's time to end the substandard—and the unnecessary suffering and the needless deaths for the people across the north. The time to do it is now. Meegwetch.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Thunder Bay–Atikokan has two minutes to respond.

**Ms. Judith Monteith-Farrell:** I thank the members from Parry Sound–Muskoka, Algoma–Manitoulin, Ottawa–Vanier, and Kiiwetinoong for their comments on this important issue.

I will never apologize to anyone for bringing this up again and again, because I really have to echo that I could have talked for two hours about the problems and the

solutions that people are proposing that aren't getting done. We have some programming that is being announced—but those are programs, and they can be withdrawn. So that's one of the things that I heard.

It's great that we have a few more seats, but we need far more than that if we are ever to catch up with the retirements that are coming up.

I heard about the burnout, especially up in the northern communities, where people are at the end of their rope, where they have had no health care. They only get health care if they're very sick. You can't be healthy, you can't have a family physician, you can't have health care in northwestern Ontario, and this has been the case for many years—and I don't disagree that it has been from governments past. But I wasn't asking for that.

What I'm asking for is that we address this urgent need immediately, that we get things immediately, that we get

people health care immediately. So I will not stop. I will continue to listen to people in my riding and across northwestern Ontario who are desperate, and I encourage the government to do the same.

At this point, I'd really like to thank the health care professionals in my riding, who are going above and beyond every single day.

**The Acting Speaker (Mr. Percy Hatfield):** The time for private members' public business has expired.

Ms. Monteith-Farrell has moved private member's motion number 37. Is it the pleasure of the House that the motion carry? Carried. Congratulations.

*Motion agreed to.*

**The Acting Speaker (Mr. Percy Hatfield):** There being no further business to conduct this evening, this House stands adjourned until 9 a.m. tomorrow.

*The House adjourned at 1842.*

**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

Lieutenant Governor / Lieutenante-gouverneure: Hon. / L'hon. Elizabeth Dowdeswell, OC, OOnt.

Speaker / Président: Hon. / L'hon. Ted Arnott

Clerk / Greffier: Todd Decker

Deputy Clerk / Sous-greffier: Trevor Day

Clerks-at-the-Table / Greffiers parlementaires: Valerie Quioc Lim, Wai Lam (William) Wong,

Meghan Stenson, Christopher Tyrell

Sergeant-at-Arms / Sergente d'armes: Jacquelyn Gordon

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
<b>Arnott, Hon. / L'hon. Ted (PC)</b>	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (IND)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	Pickering—Uxbridge	Minister of Finance / Ministre des Finances
Bisson, Gilles (NDP)	Timmins	
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister of Legislative Affairs / Ministre des Affaires législatives Minister of Long-Term Care / Ministre des Soins de longue durée Government House Leader / Leader parlementaire du gouvernement
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
<b>Cho, Hon. / L'hon. Stan (PC)</b>	Willowdale	Associate Minister of Transportation (GTA) / Ministre associé des Transports (RGT)
<b>Clark, Hon. / L'hon. Steve (PC)</b>	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	Simcoe North / Simcoe-Nord	Minister of Colleges and Universities / Ministre des Collèges et Universités
<b>Elliott, Hon. / L'hon. Christine (PC)</b>	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
<b>French, Jennifer K. (NDP)</b>	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
<b>Fullerton, Hon. / L'hon. Merrilee (PC)</b>	Kanata—Carleton	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
<b>Gill, Hon. / L'hon. Parm (PC)</b>	Milton	Minister of Citizenship and Multiculturalism / Ministre des Affaires civiles et du Multiculturalisme
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
<b>Gretzky, Lisa (NDP)</b>	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
Hardeman, Ernie (PC)	Oxford	
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
<b>Hatfield, Percy (NDP)</b>	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Solicitor General / Solliciteuse générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (NBP)	Cambridge	
Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>MacLeod, Hon. / L'hon. Lisa (PC)</b>	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
<b>McKenna, Hon. / L'hon. Jane (PC)</b>	Burlington	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
Miller, Paul (IND)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports
Natyshak, Taras (NDP)	Essex	
Nicholls, Rick (OP)	Chatham-Kent—Leamington	
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (IND)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	Deputy Government House Leader / Leader parlementaire adjoint du gouvernement
Pettapiece, Randy (PC)	Perth—Wellington	
<b>Piccini, Hon. / L'hon. David (PC)</b>	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs
Rakocevic, Tom (NDP)	Humber River—Black Creek	
<b>Rasheed, Hon. / L'hon. Kaleed (PC)</b>	Mississauga East—Cooksville / Mississauga-Est—Cooksville	Associate Minister of Digital Government / Ministre associé délégué de l'Action pour un gouvernement numérique
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	Kenora—Rainy River	Minister of Indigenous Affairs / Ministre des Affaires autochtones Minister of Northern Development, Mines, Natural Resources and Forestry / Ministre du Développement du Nord, des Mines, des Richesses naturelles et des Forêts
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa-Ouest—Nepean	
<b>Romano, Hon. / L'hon. Ross (PC)</b>	Sault Ste. Marie	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	Brampton South / Brampton-Sud	President of the Treasury Board / Président du Conseil du Trésor
Sattler, Peggy (NDP)	London West / London-Ouest	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Laurie (PC)	Haliburton—Kawartha Lakes—Brock	
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
<b>Smith, Hon. / L'hon. Todd (PC)</b>	Bay of Quinte / Baie de Quinte	Minister of Energy / Ministre de l'Énergie
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Minister of Infrastructure / Ministre de l'Infrastructure
Tabuns, Peter (NDP)	Toronto—Danforth	
<b>Tangri, Hon. / L'hon. Nina (PC)</b>	Mississauga—Streetsville	Associate Minister of Small Business and Red Tape Reduction / Ministre associée déléguée aux Petites Entreprises et à la Réduction des formalités administratives
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	
<b>Walker, Bill (PC)</b>	Bruce—Grey—Owen Sound	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
Yakabuski, John (PC)	Renfrew—Nipissing—Pembroke	
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
Vacant	Ajax / Ajax	
Vacant	Don Valley East / Don Valley-Est	
Vacant	Elgin—Middlesex—London	

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Teresa J. Armstrong, Toby Barrett  
Lorne Coe, Rudy Cuzzetto  
Goldie Ghamari, Randy Hillier  
Christina Maria Mitas, Judith Monteith-Farrell  
Michael Parsa, Randy Pettapiece  
Peter Tabuns  
Committee Clerk / Greffière: Thushitha Kobikrishna

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Vice-Chair / Vice-président: Ian Arthur  
Ian Arthur, Will Bouma  
Stephen Crawford, Catherine Fife  
Ernie Hardeman, Mitzie Hunter  
Logan Kanapathi, Sol Mamakwa  
Jeremy Roberts, Dave Smith  
Vijay Thanigasalam  
Committee Clerk / Greffier: Michael Bushara

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Chris Glover, Mike Harris  
Logan Kanapathi, Sheref Sabawy  
Amarjot Sandhu, Mike Schreiner  
Daisy Wai  
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité permanent des organismes gouvernementaux**

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Deepak Anand, Aris Babikian  
Gilles Bisson, Lorne Coe  
Wayne Gates, Robin Martin  
Norman Miller, Billy Pang  
Amanda Simard, Marit Stiles  
John Yakabuski  
Committee Clerk / Greffière: Tanzima Khan

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Lucille Collard, Christine Hogarth  
Daryl Kramp, Natalia Kusendova  
Jim McDonell, Suze Morrison  
Randy Pettapiece, Gurratan Singh  
Donna Skelly, Effie J. Triantafilopoulos  
Kevin Yarde  
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Rima Berns-McGown, France Gélinas  
Goldie Ghamari, Mike Harris  
Faisal Hassan, Jim McDonell  
Sam Oosterhoff, Laurie Scott  
Vijay Thanigasalam  
Committee Clerk / Greffière: Tanzima Khan

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Stephen Crawford, Rudy Cuzzetto  
Christine Hogarth, Michael Mantha  
Taras Natyshak, Michael Parsa  
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John Fraser, Vincent Ke  
Laura Mae Lindo, Paul Miller  
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Dave Smith, Daisy Wai  
Jamie West  
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**Standing Committee on Social Policy / Comité permanent de la politique sociale**

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Vice-Chair / Vice-présidente: Bhutila Karpoche  
Aris Babikian, Jeff Burch  
Amy Fee, Michael Gravelle  
Joel Harden, Mike Harris  
Bhutila Karpoche, Natalia Kusendova  
Robin Martin, Jim McDonell  
Effie J. Triantafilopoulos  
Committee Clerk / Greffière: Vanessa Kattar

**Select Committee on Emergency Management Oversight / Comité spécial de la surveillance de la gestion des situations d'urgence**

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Vice-Chair / Vice-président: Tom Rakocevic  
Robert Bailey, Gilles Bisson  
John Fraser, Christine Hogarth  
Daryl Kramp, Robin Martin  
Sam Oosterhoff, Tom Rakocevic  
Sara Singh, Donna Skelly  
Effie J. Triantafilopoulos  
Committee Clerk / Greffier: Christopher Tyrell