

Legislative  
Assembly  
of Ontario



Assemblée  
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**Official Report  
of Debates  
(Hansard)**

F-17

**Journal  
des débats  
(Hansard)**

F-17

**Standing Committee on  
Finance and Economic Affairs**

Pandemic and Emergency  
Preparedness Act, 2022

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

Wednesday 6 April 2022

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

Loi de 2022  
sur la préparation aux  
pandémies  
et aux situations d'urgence

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

Mercredi 6 avril 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 6 April 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mercredi 6 avril 2022

*The committee met at 1300 in committee room 1.*

PANDEMIC AND EMERGENCY  
PREPAREDNESS ACT, 2022  
LOI DE 2022  
SUR LA PRÉPARATION AUX PANDÉMIES  
ET AUX SITUATIONS D'URGENCE

Consideration of the following bill:

Bill 106, An Act to enact two Acts and amend various other Acts / Projet de loi 106, Loi visant à édicter deux lois et à modifier diverses autres lois.

**The Clerk of the Committee (Mr. Michael Bushara):** Good afternoon, honourable members. In the absence of the Chair and Vice-Chair, it is my duty to call upon you to elect an Acting Chair. Are there any nominations? Mr. Bouma?

**Mr. Will Bouma:** I'll nominate Mr. Crawford.

**The Clerk of the Committee (Mr. Michael Bushara):** Does the member accept the nomination?

**Mr. Stephen Crawford:** Yes.

**The Clerk of the Committee (Mr. Michael Bushara):** Are there any further nominations? There being no further nominations, I declare the nominations closed and Mr. Crawford elected Acting Chair of the committee.

*Interjection.*

**The Acting Chair (Mr. Stephen Crawford):** Thank you. It's good to be back.

Good afternoon, everybody. The Standing Committee on Finance and Economic Affairs will now come to order. We are meeting today to continue public hearings on Bill 106, An Act to enact two Acts and amend various other Acts. The Clerk of the Committee has distributed committee documents, including written submissions, via SharePoint.

Please wait until I recognize you before starting to speak. As always, all comments should go through the Chair. Each presenter should also state their name for Hansard before they begin speaking for the first time. Are there any questions before we begin?

Each presenter will have seven minutes for their presentation, and after we have heard from all the presenters, there will be 39 minutes for questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half

minutes for the opposition members, and two rounds of four and a half minutes for the independent members.

RYERSON UNIVERSITY  
CANADIAN UNION OF PUBLIC  
EMPLOYEES ONTARIO

**The Acting Chair (Mr. Stephen Crawford):** I will now call on Ryerson University to please come forward. Welcome. Please state your name for Hansard, and you may begin.

**Dr. Mohamed Lachemi:** Good afternoon, and thank you to the committee for allowing me the opportunity to speak at today's meeting. My name is Mohamed Lachemi. I am the president and vice-chancellor of Ryerson University. I'm here today to show my support for Bill 106, the Pandemic and Emergency Preparedness Act. This bill sets out a path forward for our province to not only protect people's health, but to also prepare for the future.

This pandemic has made clear the critical need for our province and our country to prepare and plan for the challenges of tomorrow. As we look to the future, it is more important than ever that our province is well equipped to fight future threats to the health and lives of our communities.

Health care systems around the world are undergoing major transformations to address challenges around a number of issues, for example access to care, integration, prevention and complex care needs. This is why I am pleased to see that this bill will empower and encourage health care transformation through the strategies and inter-professional programs of post-secondary institutions across our province.

One of the key pillars of this bill is to expand Ontario's health care workforce and increase capacity in Ontario's health care system. To accomplish this, post-secondary institutions will need to leverage their ability to prepare students for careers that address the needs of our society. Ryerson University, for example, will offer a new approach to medical education in Ontario, one that draws on the university's commitment to community, diversity and inclusion, and also innovation to address the changing needs of health care delivery and practice.

Even before the pandemic, it was clear that our health care system was challenged to address growing needs. The case for transformation is even clearer now. There has never been a better time to invest in projects that

strengthen our province's health care sector for the long-term.

Ryerson's new approach to medical education will not only equip the next cohort of doctors to think and work differently to improve health care outcomes, but will also address the unique challenges faced by the city of Brampton, Peel and the surrounding regions. Through the support of the provincial government, Ryerson has been empowered to build upon the strengths and foundation of our faculty, researchers and broad community and industry partnerships to help shape the future of health care.

Our doctors will also work to understand the social determinants of health. Working closely with other health care professionals like nurses and nutritionists, they will enhance patient outcomes across the community.

In preparing the proposal for our school of medicine in Brampton, we engaged in deep and full conversations and consultations with different communities. I can tell you first-hand that our communities want our province to take a more comprehensive and forward-thinking approach to health care transformation. I believe that this bill and its commitment to supporting and expanding Ontario's health care human resources does just that. Working together, I know we will be able to deliver a brighter, safer and more prosperous future for all Ontarians.

Thank you once again for inviting me to be part of today's meeting. I look forward to answering your questions.

**The Acting Chair (Mr. Stephen Crawford):** Thank you. We'll now move to our next presenter. It's the Canadian Union of Public Employees. If you could state your name for Hansard, please, and then you may begin your presentation.

**Ms. Wynne Hartviksen:** Thanks. Good afternoon. My name is Wynne Hartviksen and I'm the executive assistant to the president of CUPE Ontario, representing over a quarter of a million workers in this province across the broader public sector.

I'm here primarily to speak about schedule 7 of Bill 106. The government has made a lot of headlines claiming that this schedule makes permanent the temporary wage enhancements that have been paid to personal support workers and developmental support workers during the pandemic, but the truth of the matter is that schedule 7 doesn't do that. In fact, there is no mention at all about pandemic wage enhancements.

The position of CUPE and many other unions is that of course pay enhancements made through the pandemic should be made permanent. They should be folded into workers' base wages and count towards pensions and other benefits. CUPE Ontario believes that these wage enhancements should be extended to cover all the heroic front-line workers who got us through the pandemic and face historically low wages during a period of alarming inflation. As an example, in long-term-care, group homes and retirement homes, not only PSWs and DSWs, but also dietary aides, laundry aides, RPNs, cleaners and all other job classifications who work as a team in these facilities should receive permanent wage enhancements. But

schedule 7 of Bill 106 doesn't do that at all. There is no "the government shall provide for permanent compensation enhancements" in this bill, just that they "may," and that those enhancements could be permanent or temporary—which I haven't seen in any of the press announcements on this bill.

The pandemic has shone a light on the importance of care work across Ontario, from child care and education to nursing homes, hospitals, group homes and shelters. This critically important work, done predominantly by women, has been historically undervalued and woefully underpaid. This bad situation has been made worse by successive Liberal and Conservative governments, who have repeatedly used their powers, often in violation of workers' charter rights, to suppress the wages of these critical front-line care workers. From the Liberals' strategic mandates of net-zeroes to their unconstitutional Bill 115, which stripped education workers of their full bargaining rights, to the Ford Conservatives' Bill 124, which is currently being challenged in the courts, government interference has resulted in front-line care workers losing thousands of dollars a year against inflation, year after year, for most of the last 10 years. No wonder there was a staffing crisis in care work even before the pandemic, and not only in some job classifications, but across entire sectors.

**1310**

CUPE Ontario has said all along that the best way to address pay gaps during the pandemic was for the government to repeal Bill 124 and allow all public sector workers and their unions to freely negotiate. Instead, the government decided to cherry-pick winners and losers, determining which workers deserved a temporary top-up and which workers, often serving alongside the others, did not. This has created inequities and weakened morale in critical front-line workplaces.

And now, instead of taking a moment to address these issues and to finally take its thumb off the scale and allow normal collective bargaining over wages to occur, the government proposes in Bill 106 to make permanent its role as the pickers of winners and losers in the wages pool, and make permanent only its ability to interfere, not actually guarantee wage enhancements happen at all, let alone permanently.

The powers given to ministers under Bill 106 are unprecedented and nearly unlimited. They need no one's agreement, or even consultation. It can set any terms of eligibility it likes, and the bill goes so far as to foreclose the possibility of any disputes. Not even labour arbitrators, tribunals or the labour board will be able to question a ministry's decision about who should and shouldn't get a raise, on what terms or for how long. This allows for all sorts of favouritism, arbitrariness and discrimination.

There are real dangers of further entrenching inequities in workplaces. For example, schedule 7 specifies that wage enhancements won't count as salary increases for the purposes of the Pay Equity Act. So let's say you have two job classifications, one mostly worked by men and the other one mostly worked by women. The one worked by men could get a significant wage enhancement, while the

one worked by women could get nothing, and to add insult to injury, complaints that this violates the Pay Equity Act—which it clearly would—would be barred. The government is giving itself the power to widen pay gaps, while removing the recourse women and their unions have to address them.

Pay equity is not the only area that would be impacted. The Hospital Labour Disputes Arbitration Act, which lays out compensation principles for health care workers who do not have the right to strike, could also be undermined, as the power of arbitrators could be overruled by government.

Given the crisis we face, wages should be enhanced for public sector workers in general, and the pandemic wage enhancements should be made permanent and extended to all essential workers who didn't receive them. But on a go-forward basis, this is not the way to address the need to support public services through increasing the wages of workers. Instead, the government should simply increase funding across the public sector, so there are actually the resources needed to pay and retain staff properly. Governments have done this before without this type of legislation, with wage enhancements in child care, and investments in developmental services targeted to wages.

The provincial government should properly consult with all parties in public sector labour relations to determine the best way to increase public sector salaries in accord with the principles of pay equity, the Labour Relations Act, and the Charter of Rights and Freedoms. The Supreme Court has ruled on this, and it will again. Governments must stop disrupting free collective bargaining, but this part of Bill 106 enhances it and makes that permanent.

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Wynne Hartviksen:** Thanks.

We join with others like the Ontario Equal Pay Coalition in calling for schedule 7 to be removed from Bill 106, and we take this opportunity to reiterate once again our demand that the government immediately repeal Bill 124, which has done much to damage and restrain the wages of critical front-line workers.

I'm happy to take questions. Thank you.

**The Acting Chair (Mr. Stephen Crawford):** Okay. Thank you.

Our second presenter, Ontario Agencies Supporting Individuals with Special Needs, at this point has not shown up, so I'll ask the committee if you would like to take a five-minute recess or proceed with questions.

**Interjection:** Let's proceed.

**Ms. Peggy Sattler:** Yes.

**The Acting Chair (Mr. Stephen Crawford):** Okay. We'll proceed with questions right now, then, and we'll start with the independent member, who has four minutes and 30 seconds, please.

**Ms. Mitzie Hunter:** Thank you so much to the presenters. Mr. Lachemi, it's very good to see you, sir.

I wanted to pick up where we left off regarding worker rights and Bill 106. It is surprising to me that we have a

bill dealing with emergencies, dealing with how we respond, and yet we have sort of slid underneath that cover with this violation. Perhaps, Ms. Hartviksen—did I say that right? Sort of? If you could just expand on what aspect you think needs to be changed to fix this. Is it the complete removal of the schedule, or is it adjusting it?

**Ms. Wynne Hartviksen:** I just want to be really clear on this bill, which, by the way, has existed for—I think it's less than a week. There is a lot thrown in here, and there have been a lot of announcements and people perceiving this bill in one way. Yet when we look at it, we see all these potential problems with it.

We are asking for its removal. It is dangerous in its current form. That is not to say that workers do not deserve and need to have made permanent those pay enhancements. They do, and as we said, we believe they should be extended to many others who work side by side with some of those workers. But when you see a bill that could be overriding the Pay Equity Act, that could on one hand attribute pay enhancements for female-dominated classifications as going towards existing pay equity plans but on the other hand would overrule attributing ones to male-dominant classifications to existing pay equity plans or allowing the pay equity legislation to rule—that's just way too dangerous.

Workers have been told this will be permanent. It's not. It's only a "may." This bill doesn't have any guarantees that these wage enhancements go through at all. It's bad legislation that's being rushed through. It's hard not to get cynical and think it's being rushed through for purely political optics as we head into a provincial election.

Frankly, the front-line workers here who we're talking about—PSWs, DSWs, front-line child care, RPNs—deserve better than this. They deserve better than to be used as somebody's political ploy for an upcoming election. They deserve to be paid properly, and the best way to do that is to stop legislative interference in the collective bargaining process and in things like the Pay Equity Act, and allow workers to actually negotiate and achieve their rights through the acts that are there to protect them.

**Ms. Mitzie Hunter:** Thank you. I know how available CUPE Ontario is to speak to any matters that affect their members. Were you ever consulted, is a question, and do you believe that this would violate the Charter of Rights?

**Ms. Wynne Hartviksen:** We have a deep concern that this legislation would further violate front-line public sector workers' charter rights, as have been violated by—

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Wynne Hartviksen:** —legislation like Bill 124. We have rarely been consulted through the entire pandemic, let alone on this bill. We were not contacted about this bill.

We are always happy to speak to anybody, and in fact, we would recommend that this or any future government speak directly with public sector workers and their union representatives if they want to look at how to better improve the wages for these workers—which is something that is pressingly needed, and there are ways to do it,

including allowing free collective bargaining to go ahead. But no, we have not heard from the government.

**Ms. Mitzie Hunter:** Let's keep hoping that this committee is a forum to correct badly written legislation and maybe to withdraw that section that is violating those charter rights: the right to bargain. And unbiased—you can't have a gender bias in this legislation against women, female workers, as well. I've certainly noted that in terms of who on the front line is most—

**The Acting Chair (Mr. Stephen Crawford):** Thank you.

We'll now move to the government side for seven minutes and 30 seconds of questions. MPP Bouma.

**Mr. Will Bouma:** Thank you, Chair. Through you, I'd like to thank our presenters for being here with us this afternoon. I appreciate your time. I think one of the greatest gifts you can give another person is your time, and so for you to come here before us is very much appreciated, and I thank you for it on behalf of the people of Ontario.

1320

I wanted to start with Ryerson University. Dr. Lachemi, I appreciated your presentation. I was wondering if you could just explain—because it's news to me. I remember my brother went to Ryerson and got his engineering degree. This is a new medical school for Ryerson that will be in Brampton. If you could speak to that for just a couple of minutes, please.

**Dr. Mohamed Lachemi:** Thank you very much, and I'm happy to do that. I think you can see that we are very passionate about the idea to do something in the city of Brampton, the Peel region and beyond. Maybe I can give you the pillars of this new approach that we are using for the new medical school.

The first aspect of it is to focus on community-centric primary care and the social determinants of health.

The second pillar is to provide all culturally respectful care to communities. There is no better region than the Peel region or the city of Brampton to do this, given the diversity of the population there.

Number 3 is to leverage innovation in technology and practices to improve quality of care and patient outcomes. We need to learn from the pandemic, and the use of technology and innovation is key here.

Number 4 is to provide future physicians with the skills to develop interdisciplinary networks of health care to achieve better outcomes for patients in the community. So it's not just about medical doctors; it's about a network of [inaudible] in the area.

Number 5 is to focus on aging and supporting seniors as a growing portion of our society gets older. This is also part of our learning from the pandemic. There is a need for us to develop a strategy for our aging population and how we can better support them. I would say through innovation and technology, this can be achievable.

**Mr. Will Bouma:** Thank you for that. In my experience, Ryerson has an incredible reputation for innovation. I am very excited for you and this new challenge, and even the reasons for why you want this medical school to be

where it is: to be able to tackle so many different issues for different people groups in the province of Ontario.

Talk a little bit more about the impact that this new medical school will have for the people in Brampton.

**Dr. Mohamed Lachemi:** Another excellent question. I would say it's extremely important to work with the people in Brampton and the Peel region to identify also the local issues. I can tell you, a lot of people ask us, "Why don't you do it in downtown Toronto?" We told them, "We need really to focus on the local issues that are within those communities."

Brampton has, actually, some very specific issues to be addressed. I can tell you that the level of engagement with the community, where we met with all organizations in all communities—they have identified those local issues and they asked us to really work with them to address them.

Actually, our approach to community-centric primary care is key here. It is not only about hospitals. I know that all levels of government are always under pressure to put more support and more funding for hospitals, and I support that. But we need also to think about releasing pressure from hospitals and supporting community organizations that are helping with health care. I think this is the right approach for the future.

The other aspect that you mentioned is the community is very diverse: 74% of the population of Brampton is visible minorities. We know also that cultural practices have direct connection to the health care of those communities. This is why we need to provide culturally respectful care.

**Mr. Will Bouma:** So this isn't just big news in Brampton; what you're telling me is that this has a significant benefit for every single person who lives in the province of Ontario, with the ability to take a patient-focused, community-focused and culturally focused approach to medical training.

If you could talk a little bit more on how this can have an impact even in the north or in my community in Brantford—Brant.

**Dr. Mohamed Lachemi:** Absolutely. Actually, this could be a model for other regions, but also, I mentioned that one of the pillars is making sure that we leverage innovation technology. We have been talking to different regions in Ontario, specifically rural regions, where they said, "Can we also benefit from this?" Because in this case, you can implement a model that can serve other regions.

Of course, we need to start this in Brampton, but our commitment is really to have this for model all Ontarians. I am very passionate about it, but also the people who have been engaged in these discussions are extremely, extremely passionate about it.

It's about using the tools that we did not necessarily use before the pandemic. The use of technology and innovation will definitely open many doors to solve many issues that we're facing in health care in the province and in this country.

**Mr. Will Bouma:** If I could, the time, Mr. Chair?

**The Acting Chair (Mr. Stephen Crawford):** You've got one minute and 20 seconds left.

**Mr. Will Bouma:** Perfect. In the last one minute and 20 seconds, you did mention, and I wanted you to expand just in the last little bit of time we have left: Obviously, a lot of lessons have been learned about education, how to educate during times of pandemic, the isolation, the technology necessary, a lot of misery, a lot of tough times for students not being in class. But what are some of the positives that have come out of that that you hope to apply to this new medical school?

**Dr. Mohamed Lachemi:** That's another excellent question. As I said, we need to learn from the pandemic. For this medical school and for other initiatives, we need at least to combine that aspect of innovation and technology and also combine it with hands-on education. I think, in time, hybrid systems for post-secondary education—they will ask now to stay. We can also benefit from the power of technology to connect people to work together, but also the aspect of hands-on education is still powerful. So it's a combination of both that could really benefit this medical school, and this is why your question about can all the regions benefit from it—absolutely, yes. We can also share our experience in Brampton with other—

**The Acting Chair (Mr. Stephen Crawford):** That concludes our time with the government side.

We'll now go to the official opposition, and it's MPP Sattler.

**Ms. Peggy Sattler:** Thank you to both presenters. I can say to Mr. Lachemi that my daughter is a recent graduate of the master's in public policy at Ryerson and is happily employed with the OPS, so good job.

I want to direct my questions today to Ms. Hartviksen, on behalf of CUPE. You raise some very serious concerns with this legislation, and I just wanted you to elaborate a little bit more on why the provisions of schedule 7 are so concerning. The deeming of a wage enhancement as being made for the purposes of achieving pay equity, which is a provision that is in section 6 of this act: What does that mean for any ability to actually close the gender pay gap, and what does it mean for the upholding of the Pay Equity Act?

**Ms. Wynne Hartviksen:** I know that the Equal Pay Coalition—if they haven't spoken already, I believe they will be; I think they did already—has raised substantial questions about this just messing up pay equity plans already in existence and future claims going forward.

The idea that because of the broad powers, completely at the whim of a given minister on a given day, to go in and choose winners and losers by classification—and we do know that much care work is divided along classifications. There are gendered jobs within public sector workplaces, for sure. The idea that a minister could go in and determine a wage enhancement for a male-dominated workforce and not allow women in that workplace—who might already have existing pay equity plans in which those jobs were comparators, as an example—to use that wage enhancement to either amend their current plan or to

make a further ongoing claim is just outrageous. The Equal Pay Coalition is clearly telling us that this is unconstitutional and violates workers' rights, and in particular women's rights in the workplace.

**1330**

This is unnecessary. There are ways to go in and do enhancements—governments in the past have done them without legislation—in which dollar figures are given to child care agencies or developmental service agencies, as has happened in the past; and then those employers and those workers negotiate how those wage enhancements go in the workplace, in keeping with their collective agreements and in keeping with things like existing pay equity plans, in order to ensure that equity. Instead, this government wants to come in and do piecemeal—if at all, because, I would like to say, there is nothing in this schedule that actually guarantees anyone is seeing a pay enhancement ever. There is a lot of use of the word “may,” and there are also pay enhancements that would be temporary, as opposed to what people are seeing coming out of government announcements. None of that is actually in this schedule, that these pay enhancements are going to be made permanent for those who have gotten them during the pandemic, or that they'll be extended to those who didn't. This is just causing chaos in a way that doesn't need to happen.

Do these pay enhancements that have happened need to be made permanent? Yes, they do. Do they need to be extended to others in those same workplaces? Yes, they do. Do we need broad pay enhancements across all of the public sector, particularly care occupations and education and child care, and throughout health care and social services? We absolutely do. But is this the way to do it, where a minister can decide you get a pay enhancement one day and could repeal it through regulation because, I don't know, those workers were suddenly protesting some other piece of their working conditions, or the public services they provide not being funded?

As the number one way, if this government really wanted to do something to help these front-line public sector workers, it could start actually funding public services. The FAO came out today and said that Ontario, since 2011, has been at the bottom of the pile of per capita funding for public services. What has hurt public sector workers on the front lines' wages over the last 10 years? It's been underfunding and legislative interference. They could have just stopped that. They could have repealed Bill 124, and workers and their unions could go negotiate the pay wage increases they rightly deserve and need now. Instead, they are going in this direction, and it does seem to be something that will cause many more problems over the years than it will ever solve.

There are lots of ways to do this, and we think it needs to happen. But this is not the way.

**Ms. Peggy Sattler:** And the government continues to claim that schedule 7, or this bill, is necessary to make that PSW pay bump permanent, and also for the \$5,000 retention bonus for nurses. Do you agree with that? Is this schedule necessary for the government to make those compensation increases?

**Ms. Wynne Hartviksen:** That has not been the experience, obviously, during the pandemic when they were made, and that has not been our experience in the past before the pandemic, where there had been wage enhancements sent to sectors where people believed that there were historically low wages that needed to be raised up. As I said, my boss, Fred Hahn, the president of CUPE Ontario, helped negotiate some of those in the past for developmental service workers, of which he is one; and we have definitely seen child care wage enhancement grants in the past—funding that is actually not just one-time funding, either, but that gets permanently passed on to child care providers and that gets negotiated with their unions and the workers, and must be geared towards the actual front-line workers.

There are ways to do these grants and this funding that do not require this legislation, and definitely not legislation that is so broad and is so at the discretion of the various ministers at various times. That is actually not good governance on a basic level, to allow a minister of the day to pick and choose and go in and out of people's collective agreements, changing wage rates that have been negotiated, willy-nilly. This is just ridiculous. They don't need to do this. They could increase the funding to these services and ask them to please attribute that to wage increases.

Pull off Bill 124: They could repeal Bill 124. They could just start there. In many ways, we would actually be able to go and negotiate wage increases immediately for a whole bunch of front-line workers, if they could do that.

**Ms. Peggy Sattler:** If they repealed Bill 124?

**Ms. Wynne Hartviksen:** Yes.

**Ms. Peggy Sattler:** You mentioned the fact that Bill 124 is currently being challenged in the courts for its constitutionality. Do you think that the provisions of this bill, which prohibit any complaints to the Labour Relations Act or the Crown Employees Collective Bargaining Act—

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Peggy Sattler:** —do you think that those provisions are equally likely to be headed to the courts for challenge?

**Ms. Wynne Hartviksen:** I think, for sure, especially on the issue of overriding the equal pay act. I think for sure that they will end up in the courts if that's the case.

**Ms. Peggy Sattler:** And what are the implications of that for unions in the broader public sector?

**Ms. Wynne Hartviksen:** On the whole, I would rather that we in the public sector unions do not have to keep challenging government interference with our charter rights, and could actually sit down and talk to government about all the ways that we know public services need to be enhanced, particularly with added funding. Rather than having to have unions get their rights upheld after going all the way to Supreme Court sometimes, we would be much better off if governments would stop passing legislation that violates workers' rights and actually sat down and talked with us about how we could actually start, I

don't know, at least coming to the middle of the pack for per capita funding—

**The Acting Chair (Mr. Stephen Crawford):** That concludes the opposition's time.

For the second round, we'll start again with the independent member. You have four and a half minutes.

**Ms. Mitzie Hunter:** I do have a question for Dr. Lachemi, but before I do, I want to circle back with CUPE Ontario, because Bill 106, section 7, number 5, "rules re: labour matters"—I've managed and led in many environments with labour unions, and it was always a practice to speak to them to negotiate wages and salaries and benefits. That's the whole purpose of the relationship: to sit down and have a conversation. But in this legislation, it actually prescribes that the bargaining agent is almost voided under this section. I wondered if you had seen this before, in your experience, where it's just overriding you entirely.

**Ms. Wynne Hartviksen:** In some ways, unfortunately, at least in the outcome, we have been seeing that in pieces of legislation like Bill 124, but it being as overt as that is quite stunning and is likely a violation of free collective bargaining rights, as protected by the charter and as upheld by the courts. Ultimately, that will be up for a court to decide one day, should it pass.

But this is just stomping on unions and their rights and their responsibilities under free collective bargaining, and also on tribunals, on arbitrators, on pay equity—on and on and on. Honestly, it would be ridiculous if it wasn't so dangerous.

**Ms. Mitzie Hunter:** I noticed that, as well, that it went really deep into the whole bargaining process. All the tools of collective and progressive bargaining are shut down under this legislation, under section 7, number 5. So it's very unfortunate, and I thank you for being clear in your statements before the committee today.

Dr. Lachemi, I thank you for all the work that you do. I heard you talk about the importance of equity and inclusion in the fields of discipline at Ryerson University, at X University. I have a number of Ryerson grads who are part of my team, and they had a fabulous experience at the university.

As you know, I support the expansion. I've always supported the expansion of your presence in Brampton and understand the importance of that local access in that region. It's such a growing region, and finally it is moving ahead with the vision that you have. If you could just speak to the importance of diversity, inclusion and local access.

**Dr. Mohamed Lachemi:** Absolutely. Ryerson, in my view, is well placed to transform health care in Ontario, with its capacity of innovation in curriculum and practice; its propensity to attract talent from diverse backgrounds, to your question; and also a focus on culturally respectful approaches.

Our university has demonstrated its commitment to meeting local needs, to embedding professional practice in all aspects of health care. I can tell you, the approach that we are using, or are going to use for the new medical school, is very similar to our last school that was approved by this government a couple of years ago. Actually, if you look at the composition of the student cohort, it's really a

reflection of the diversity of this province. More than 50% of our students now in the new law school are racialized, which is very rare in any school elsewhere. That aspect is important for us. If you look at medical schools around the country, three quarters of students in medical schools are coming from wealthy families or from families with at least a parent or a grandparent who is a doctor.

1340

**The Acting Chair (Mr. Stephen Crawford):** Okay. Thank you very much to the independent member. We'll now go to the government for their concluding seven minutes and 30 seconds. MPP Cuzzetto.

**Mr. Rudy Cuzzetto:** This question will be for CUPE here. Under the original Medical Care Act passed in 1966, the federal government covered 50% of health care funding. Today, the federal government's share has fallen to 22% of total provincial traditional health care spending. Without action, the federal government's share of health care funding will decline to less than 18% by 2040. The current health care funding gap of \$28 billion nationally is expected to grow until it reaches \$80 billion a year by 2039-40, and over \$30 billion just for Ontario. Do you believe that the federal government should increase the transfers? What impact would an increase have on Ontario workers?

**Ms. Wynne Hartviksen:** Yes, we do absolutely believe that the federal government should be increasing its share, and have campaigned on such for many years. I don't go back [*inaudible*], but I'm sure we have [*inaudible*] on that gap that has been growing over the years.

What would more funding of any kind, whether from provincial or federal sources, mean for health care workers? Well, if it was actually dedicated towards the front line, it could mean more wage increases, which this and, actually, successive Ontario governments have failed to pass on. That's one of the reasons that per capita funding in Ontario is less than anywhere else, which is why just the federal share alone does not account for that, since other provinces have also seen that cut, though Ontario is the largest province and does have particular needs and issues, given its population base. But if we actually could see the funding in health care, what we could actually see happen is health care funding even just keeping up with the basic cost of health care inflation, the needs of an aging demographic and population growth, which health care funding has not anticipated to give in this province—

**Mr. Rudy Cuzzetto:** So excuse me—will you join us, the Progressive Conservative Party of Ontario, to lobby the federal government for a 35% increase in funding for the province and all provinces across Canada?

**Ms. Wynne Hartviksen:** We would add our voice to all those who are calling for increased funding for public health care from all levels of government. And if the Progressive Conservatives wanted to speak to us about that, they are welcome to call or answer our calls any time, which I will say doesn't—

**Mr. Rudy Cuzzetto:** Thank you very much for joining us in asking the federal government for more funding for health care to all the provinces across Canada.

I understand the nurses have received a bonus of \$5,000 this year. Does CUPE support a direct financial support for nurses?

**Ms. Wynne Hartviksen:** CUPE Ontario supports increased wages for all health care workers: RPNs and PSWs, but also dietary aides and cleaning and hospital services overall. So we support and are fighting for—and would have an easier job of it if you guys would repeal Bill 124—wage increases for all health care workers, and indeed workers across many parts of the broader public sector, who desperately need and deserved long ago wages that kept up with inflation, which they have not.

**Mr. Rudy Cuzzetto:** Another question I would like to ask you, too: You were speaking earlier on, saying that you don't trust government. When we put in the \$3 an hour for pandemic pay for PSWs, we made it permanent now, which is costing the province of Ontario \$1.4 million. So how can you say you don't trust the government when we've done something for PSWs?

**Ms. Wynne Hartviksen:** Is it permanent? In your bill here, there's a lot of the use of the word "may" and also the use of the words "temporary or permanent." So is it permanent? And if so, why wouldn't you construct this schedule to actually use the words "the government shall" as opposed to "the government may"?

Workers have been promised a lot for a long time. They were promised a \$15 minimum wage, which was repealed when your government took power. Now they're being told it will go up to \$15.50 after the next election, but it would have been \$15.75 an hour today, anyway.

**Mr. Rudy Cuzzetto:** Excuse me. The \$3 for PSWs will be permanent after this bill is passed, so this is part of passing the bill.

**Ms. Wynne Hartviksen:** Well, that's not actually what your bill says.

**Mr. Rudy Cuzzetto:** It does say that.

**Ms. Wynne Hartviksen:** No, it doesn't. That's not actually what schedule 7 says.

**Mr. Rudy Cuzzetto:** I would like to ask Ryerson University a question right now, because I think I'm running out of time.

How much time do I have, Chair?

**The Acting Chair (Mr. Stephen Crawford):** Two minutes and 30 seconds.

**Mr. Rudy Cuzzetto:** Okay. I want to thank Ryerson University for all the work that you're doing. Can you talk a little bit about the facility in Brampton and what it entails, and what we're going to be doing for our students there?

**Dr. Mohamed Lachemi:** I can tell you the announcement that was made just a couple of weeks ago by the Premier himself in Brampton got the people of Brampton excited. As you know, Brampton is a growing city. It's probably one of the cities with the most growth in terms of population. Having a [*inaudible*] presence there is critical for people because they want their kids to be educated there, and also serve the communities. I think that is an excellent idea.

We're working very closely with the city of Brampton to identify a location for this new school of medicine. We will receive the first cohort of students in September 2025. The government has approved a number of spots, both at the undergraduate level, which is 18 spots, and at the post-graduate level, 95 spots. I would say that is great news not only for Brampton but the entire region of Peel, because we have heard from our consultations with communities there that they are not given opportunities, unfortunately, for their kids to go to —

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Dr. Mohamed Lachemi:**—medical schools elsewhere. They want the new doctors there to be trained, and it will solve the local problems of the community there. So for them, retention is extremely important.

There is no better example for that than the example that we have in northern Ontario, NOSM, which actually was done more than 20 years ago. That was an excellent government decision, also, to train doctors to be serving the communities, especially Indigenous and northern Ontario communities.

The approach that we are using is a very similar approach. Of course, we are using technology and innovation. I'm extremely excited about this opportunity. Many thanks to the government for this move.

**The Acting Chair (Mr. Stephen Crawford):** That concludes the time for the government. We'll now go to the final round for the official opposition, for seven minutes and 30 seconds. MPP Sattler.

**Ms. Peggy Sattler:** I want to return to Ms. Hartviksen. In the last round of questioning that you had from the Conservative side, the government side, MPP Cuzzetto insisted that this legislation guarantees that the PSW pay bump will become permanent. Is that your read of this legislation? Can you tell us what your interpretation of this bill is?

**Ms. Wynne Hartviksen:** Yes. Section 3(1) says it "may provide for temporary or permanent compensation enhancements"—not that it shall, not that it shall be \$3, not that it shall be for personal support workers; that's just not what it actually says. Those are words.

It's actually a disservice to those hard-working front-line PSWs and DSWs when they're told that this is guaranteed when it is not, when it could be temporary, when it could be withdrawn by the regulations of a future minister. It is not fair to those workers to stand up and say that this bill will make that \$3 wage enhancement permanent. It should be made permanent, but that's not what this bill does.

And this bill does a whole bunch of other, very bad things, including overriding those same workers' rights under pay equity, as an example. It's just not fair. It's cynical politics. It's not okay, and I actually would ask the members to stop doing that, to stop pretending a bill does something that it clearly doesn't. Because "may" and "shall" are two very different words. This is just a "may," and it's frankly just a "maybe," because there are no guarantees in this bill.

**1350**

It is incredibly damaging to the hard work of those PSWs and DSWs to promise them something and to have the rug pulled out from under them one day in the future—after an election, as an example. That's not okay. This government needs to stop telling people that this is actually doing what it is not.

**Ms. Peggy Sattler:** Thank you for that.

In your presentation, you talked about your concern that this bill will actually make inequities in the workplace further entrenched. Can you expand a little bit on that? How will those inequities be further entrenched?

**Ms. Wynne Hartviksen:** Again, I go back to the idea that because of the broad scope of powers that this hands to ministries today and into the future to pick and choose winners in the wage enhancement pool, we could absolutely see a future example where a male-dominated classification is picked for a future wage enhancement, permanent or temporary, in a workplace where female-dominated classifications are not because they're not the political star of the day or whatever government has chosen. We will then see pay inequity in those workplaces grow, especially if those male-dominated jobs are being used as comparators under even existing plans.

This is just not the way to do this. Of course we should make the wage enhancements that were received by PSWs and DSWs permanent. As we have said in CUPE, we believe those should be expanded to all of the workers in those workplaces. We think all public sector workers actually deserve a raise, after almost 10 years of legislative and government interference in their free collective bargaining rights and watching their wages fall against fast-rising inflation. That should all happen. None of the stuff that's in this schedule actually guarantees any of that happens. What it does guarantee is that, in fact, in many ways, their rights could be overridden, now and into the future.

I will say that it is really hard in these front-line critical workplaces, when workers are working in a team, to see the government come and pick and choose one classification over another. That is not helpful in these work environments. It makes people feel like they are forgotten and not seen, even though their work is as critical as the other classifications. As a person who has had parents in long-term care, I know that the housekeeping staff in that long-term-care home and the PSW and the RPN were all part of a team that made my parents' lives better in long-term care. They all had a role to play in providing front-line care. The idea that the government is coming in and picking one of them to be a winner and the other two to be losers is just not okay. It does a disservice to those workers, those workplaces and ultimately the people they serve: the folks in long-term care, the folks in developmental service agencies and resident homes. It's not okay.

This is actually not the way to do it. As we say, we reiterate the idea that this schedule should be rescinded. But also, if the government wanted to do something, it could immediately repeal Bill 124 and stop the continuing infractions and interference with free collective bargaining rights that Bill 124 has brought to us all. They could start

there, but they're not. Instead, they're saying that this bill does something that it doesn't. It doesn't guarantee these wage enhancements whatsoever, by our read. It's just ridiculous.

I'm sorry; I'm running out of words. But honestly, to quote Joe Biden, it's kind of a bunch of malarkey, this whole bill and how it's being sold, versus what it is. And what it is is dangerous.

**Ms. Peggy Sattler:** In addition to repealing Bill 124, this process of government picking winners and losers among classifications of workers: In your opinion, what would be the ideal process that the government should use? Repeal Bill 124, but how else should they address these inequities in the workplace?

**Ms. Wynne Hartviksen:** Ultimately, this does come back down to a funding of public services. As the FAO has reported today, Ontario spends less per capita on public services—and has since 2011—than any other province, basically. So they could start by enhancing the funding, by actually increasing funding for public services—

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Wynne Hartviksen:**—and allowing workers and their unions to freely negotiate wages across the board. But if they want to do special wage enhancements, they can do what they have done in the past and do wage enhancements for sectors like child care and developmental services that are then negotiated freely between employers and workers and that are dedicated towards wage improvements. That has happened in the past. It didn't require this legislation. They don't need it now. They could just go and—don't get me wrong, they should make the current pandemic pay permanent, but they don't need this legislation to do this. There are ways to do this that don't require schedule 7.

**Ms. Peggy Sattler:** Okay. Thank you very much.

**The Acting Chair (Mr. Stephen Crawford):** That concludes our time. Thank you to the presenters for being here and being witnesses today.

#### ONTARIO NURSES' ASSOCIATION

#### SEIU HEALTHCARE

#### ONTARIO FOOD TERMINAL BOARD

**The Acting Chair (Mr. Stephen Crawford):** We'll now move on to our next group of presenters. We'll start with the Ontario Nurses' Association. If you could state your name for Hansard, and then you may begin your presentation. You'll have seven and a half minutes.

**Ms. Cathryn Hoy:** Thank you. My name is Cathryn Hoy. I am a registered nurse and the provincial president for the Ontario Nurses' Association. I am joined today by Jan Borowy, counsel to ONA with Cavalluzzo LLP.

We represent 68,000 registered nurses and health care professionals working in every single sector in health care that there is, along with 18,000 nursing student affiliates. ONA has very serious concerns about Bill 106, the so-called Pandemic and Emergency Preparedness Act. Despite the title, Bill 106 shows that the government has

not learned anything—anything—or any lessons from the pandemic, and most importantly, that your most valuable resource is your health care professionals when it comes to health care.

Instead, we have a bill which just overrides and undermines the constitutional rights of all my nurses and health care professionals. With this unconstitutional legislation, the government is continuing to dismantle workers' rights and women's equitable rights. You really need to think long and hard. For the women who are sitting here: Do you want to send that message out to women? And for the gentlemen who are sitting here who have daughters: Is that the message that we should be sending out?

This bill is being rushed through, and most key details are being left to regulations which no one has even seen. So tell me, where is the transparency and where is your accountability?

I've got five points I want to make on this:

Bill 106 violates ONA members' rights to free collective bargaining. When has Ontario become a province where our rights are taken over? It's free collective bargaining. It's ours.

Bill 106 undermines ONA members' rights to equality and pay equity, which ONA has just affirmed by the Supreme Court of Canada.

Bill 106 erases nurses' hard-won rights, and violates women's equity rights guaranteed by section 15 of the charter.

Bill 106 does not repeal Bill 124, wage suppression legislation. That is the driving force behind the exodus of experienced nurses in the profession. You need to seriously ask yourself, who is going to take care of the people of Ontario if this keeps on?

Bill 106 does not include the recommendations made by the SARS commission and the Auditor General to establish clear leadership duties and accountabilities. It fails to establish clear requirements for ministries and other bodies to maintain, update and ensure readiness to implement pandemic emergency plans. And to be clear, make no mistake, this pandemic is not over.

With respect to schedule 7, ONA supports the compensation increase for personal support workers onto their base salary structure. PSWs are a valuable member of our health care system and yet they are the lowest-paid health care professionals. The starting rate for a PSW in ONA contracts was around \$18.93 per hour in 2021, and that is far too low for the work they do. We know that PSWs are predominantly racialized, newcomer and immigrant women.

There are some conditions and systematic racism, sexism and discrimination which actually led ONA and SEIU to launch a pay equity legal challenge as far back as 2010. For-profit nursing homes fought us for years, right up until 2021, through the collective bargaining and legal challenges. They would not increase wages, create full-time permanent positions or ensure competitive benefits and pensions.

#### 1400

You want a healthy economy in Ontario? How are you going to have a healthy economy unless you pay people

what they deserve, so that they reinvest in the province of Ontario? You can't put all the money in the pockets of so few and expect to have a healthy Ontario.

It took a pandemic with thousands of deaths and thousands more sick for government to finally act and announce a general wage increase for PSWs. That is just inexcusable. Now this pandemic pay increase is being made permanent at the expense of court-won pay equity for those very health care workers. Making matters worse, the government has left many other health care professionals behind with no wage increases. You're failing all of them by not acting.

There are RPNs out there now who are making the same as PSWs or a dollar more. Registered practical nurses: The key word there is "registered." You're not recognizing the value they bring to the system. They will leave the system and work as PSWs for a dollar less an hour because they don't have the same accountability, as a PSW, as a registered nurse. By doing this, you are guilty of depleting the system of further registered nurses.

To recruit and retain health care professionals, you, the government—all of you here listening—need to immediately repeal Bill 124 and restore the right to collective bargaining. You need to stop the interference with our union rights and charter equality rights. Delete schedule 7, sections 5 and 6—

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Cathryn Hoy:** —ensure wage parity across all health sectors and increase full-time positions with benefits and pensions. We will be sending you out a full submission covering schedules 1, 5, 6 and 7.

Nurses know that the conditions of care for the sick and vulnerable depend on excellent conditions of work. To prepare for a future pandemic—and there will be a future one—we must address the nursing shortage and re-address the systemic inequalities in compensation and working conditions. Only then will Ontarians have the access to quality care that they need, they deserve and that you, as elected officials, have promised they will have. You owe it to them, because at the end of the day, you work for the people of Ontario, and we want equity, fairness and a public health care system. Thank you.

**The Acting Chair (Mr. Stephen Crawford):** Thank you very much.

We'll move to our next presenter. It's SEIU Healthcare. If you could state your names for Hansard before speaking and then you may begin your presentation. Thank you.

We don't hear any volume.

**Ms. Sharleen Stewart:** All right. Am I on? There you go. Sorry about that.

**The Acting Chair (Mr. Stephen Crawford):** We can hear you now.

**Ms. Sharleen Stewart:** All right. Members of this committee, my name is Sharleen Stewart. Thank you for hearing from me today. I'm joined by Michael Spitale in his role as adviser to the president and government relations director; as well as Adrienne Telford, legal counsel for SEIU Healthcare and an expert in the areas of pay equity and the charter.

The Service Employees International Union, SEIU, represents two million members across the United States, Puerto Rico and Canada. I proudly serve as international vice-president of our union as well as president of SEIU Healthcare, which represents over 60,000 front-line health care workers in the province of Ontario.

SEIU Healthcare is the largest union in Ontario's long-term-care and home care sectors, and we fight every day for the safety and the security of all health care workers. We're proud to advocate shoulder to shoulder with other health care unions like ONA and CUPE, who were in front of this committee today.

To our knowledge, no union was consulted on the details of this legislation. It's concerning that unions, whose job it is to represent the interests of workers, were not consulted; and yet, judging from the legislation text, employers like hospital executives and nursing home chains clearly were. I'll come back to this later.

Bill 106 is both flawed and absent any real clarity as to who receives the undisclosed enhancement. As members of provincial Parliament, you don't even know who might receive an enhancement and who won't. All you know is that a minister and a future cabinet have the regulatory authority to provide one. MPPs are as much in the dark on Bill 106 as PSWs, yet you're going to be asked to vote on its passage.

When the temporary wage enhancement of \$2 or \$3 for some PSWs was announced, it wasn't perfect, but in the middle of a crisis it was understood to be an emergency measure to bring urgent relief. Nearly two years later, we know now the effort is simply not working to recruit and retain the PSWs we need. Furthermore, Bill 106 does absolutely nothing to address the critical shortage of so many other essential members of the health care team. Staff throughout the health care system and throughout the care economy more broadly need a plan that works, as do the people of Ontario, who rely on their essential services.

As a province, we devalue so-called women's work. We see that in the wages and working conditions of women in the care economy. We saw that in Bill 124, and now we see that in the flaws of this Bill 106. This omnibus bill could and should include mandatory WSIB protections for DSWs, who are at serious risk of injury, but Bill 106 fails to deliver the enhanced safety and security DSWs deserve.

Last month, our union wrote to all party leaders and called on them to work together to make sure that the final bill that passes includes, as a minimum, the following five provisions:

(1) The legislation must include all PSWs, not just some. Several employers in the hospital sector are already suggesting that some PSWs who previously qualified for the temporary enhancement will not be included in the bill's regulations. What do they know that you don't? Who is giving hospitals instructions to put a sandbox around the pool of eligible PSWs, and who lobbied the government to have Bill 106 interfere with pay equity obligations?

(2) Our union has repeatedly called on all parties to adopt measures to immediately raise the minimum wage

of PSWs to at least \$25 per hour, and for it to be universally applied across all sectors of the health system, because a PSW is a PSW is a PSW, whether they work in a hospital, in a nursing home or in the home and community care sector. And regarding expenses, PSWs should be fully compensated for the true cost of gas necessary to travel from one home care client to another. MPPs don't pay for work-related travel; neither should PSWs.

(3) To successfully confront the health human resources crisis in Ontario, this legislation should include all workers, including registered practical nurses, whose wages are far too low. SEIU Healthcare continues to demand the province raise the minimum wage of RPNs to at least \$35 per hour, to stop the existing hemorrhaging of these front-line health care professionals.

(4) It's time Ontario adopts sectoral bargaining in health care, to address the system as a whole. We're seeing workers jump from one job or sector to another in the hopes of a more secure, better-paying job. Sectoral bargaining would create the wage fairness and full-time jobs required to deliver continuity of care for our seniors and vulnerable patients. This legislation is a chance to bring stability to health care services and health care jobs.

(5) We ask that this legislation include the repeal of Bill 124 and help reverse the exodus of workers from the health care system.

Regrettably, Bill 106 fails on all five recommendations. Yesterday, the President of the Treasury Board—ironically, the same office that brought in Bill 124—is now saying that Bill 106 is meant to stabilize the workforce, to make sure we have enough nurses and PSWs. The health human resource crisis will continue—

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sharleen Stewart:** Thank you—under Bill 106. PSWs will remain underpaid and receive unequal pay for equal work because of Bill 106, and pay equity protections will be weakened because of Bill 106. Like we said, this is a flawed piece of legislation.

**The Acting Chair (Mr. Stephen Crawford):** We'll move to our next presenter, the Ontario Food Terminal Board. If you could state your name, please, for Hansard, and then you may begin your presentation.

We don't have any volume. We don't hear you.

1410

**Mr. Bruce Nicholas:** My name is Bruce Nicholas. Can you hear me?

**The Acting Chair (Mr. Stephen Crawford):** Yes, we hear you now.

**Mr. Bruce Nicholas:** Okay. Thank you. On behalf of the Ontario Food Terminal Board, I wish to thank the committee for giving me the opportunity to speak today. The board wishes to thank the Ministry of Agriculture, Food and Rural Affairs for their efforts to ensure the Ontario Food Terminal remains an essential component of the food distribution network in this province. The modification to our act shows the commitment of the ministry to ensure the food supply through the Ontario

Food Terminal will continue in the event that circumstances in the future may dictate such action.

The Ontario Food Terminal plays a critical role in the distribution of agricultural products and, more specifically, fruits and vegetables in this province. We play an extremely significant role in ensuring our Ontario farmers and Ontario storekeepers who need the terminal move those agricultural products from farm to plate in this province.

The Ministry of Agriculture, Food and Rural Affairs, through the grassroots program, helped the board to ensure the necessary financial resources were available to the board to keep the terminal open for business during this pandemic. At the outset of the outbreak, the board took various steps, initially including

- temperature screening of all persons entering our property at our control gate systems;

- verification of health conditions;

- isolation of sections of the terminal to prevent the spread of disease;

- elimination of the amount of movement within the terminal by buyers, farmers' market tenants, and warehouse and office staff;

- wearing a mask and maintaining physical distancing;

- sanitization of all common areas on a continual basis;

and

- having vaccine clinics held at the terminal, where over 10,600 people were vaccinated.

All of these steps that were implemented through board protocols and modified through the years based on public health requirements. The last two years have resulted in very low numbers of persons contracting the disease, which meant the terminal continued to operate through the pandemic.

We thank the ministry for their support to ensure the food supply is maintained and the food terminal is acknowledged as a critical component of that process. That's all I have to say on the subject.

**The Acting Chair (Mr. Stephen Crawford):** Okay. That's it, then.

We'll start round one of the questions. We'll have seven minutes, 30 seconds, for the government side, and I'll start with MPP Smith.

**Mr. Dave Smith:** Thanks, Chair. I want to start with Mr. Nicholas, if I could, please. We had the Canadian Federation of Independent Grocers come in earlier and talk about this. I'm in Peterborough—Kawartha. I have a combination rural and urban riding; about 45% of my riding is agriculture-based or agribusiness-based.

The Ontario Food Terminal provides a significant economic advantage for farmers in my area because they take their product there to be distributed. But I don't think that most of the people in Ontario actually understand or have any basis of knowledge of what the Ontario Food Terminal is.

There was a great example that was given this morning by one of the independent grocer gentlemen, that there are two main grocery suppliers, Sobeys and Metro. So, effectively, an independent grocer is buying from their own competition in order to stock their shelves.

When we're talking about produce, though, the food terminal offers a very different experience, I guess would be the best way to describe it, because farmers have the ability to take their produce directly to the food terminal, and then independent businesses, independent grocers, have the ability to purchase the product from there. What would happen if the food terminal had to be shut down for a period of time? What would happen to produce in Ontario?

**Mr. Bruce Nicholas:** That's a good question. You hit the nail right on the head. Basically, the existence of the Ontario Food Terminal allows the existence of those independent grocers and allows the existence of independent farmers to sell through it. It's a serious question that we face, and that's why I wrote down all the things we did in this pandemic to keep it open. It is a huge facility with a lot of infrastructure, and it's difficult to move somewhere else to duplicate that.

But our people are resilient. Our stakeholders are resilient. We could take steps to ensure that the food supply continues forward, either through outside warehousing that some of our warehouse tenants have or through the farm. But rest assured, we will maintain that food supply going through. That's why it's so critical that we were told we basically were a leader in how we prevented that disease from taking over that terminal by all the steps that we took. We will continue to do it and we're doing it today.

**Mr. Dave Smith:** Just to put it in perspective for somebody who, again, has no idea what the food terminal is: General Electric has been in my community since—1902, I believe, is when they first came in. Their facility is a shade over a million square feet. Now, GE has since left, but at one point, they made wash machines there. They made refrigerators. They made lights. They even made electric streetcars. In Peterborough, the reason it's called the electric city is because we were the first community in Canada to have electric streetcars.

When we think about that, a facility that's large enough to make streetcars, that's large enough to make appliances, that's large enough to make, significantly, other things—nuclear reactor parts have been made at General Electric—that plant is a million square feet. The food terminal is 1.7 million square feet. That's massive.

Can you give an indication on roughly how much produce would go through the food terminal on a weekly basis?

**Mr. Bruce Nicholas:** I don't have weekly; 2.1 billion pounds a year go through the terminal directly.

The terminal is unique in terminal markets. First of all, we're the only one, really, in Canada. We rate in the top three when compared to the United States. But our marketplace is a true marketplace, where some of the American ones are more distribution. It's actually buying and selling. When we have people come by, I say, "Visualize the Eaton Centre. Everybody goes in and buys shoes. In this place, you all go in to buy fruits and veggies."

It's massive in size, but it has the scope, because the 2.1 billion is just through the terminal. You can double or triple it by what is sold out. Because the sale took place at the terminal, the outside warehouses and farms distribute at least double that number.

**Mr. Dave Smith:** In the case of a pandemic again, where we would have a significant outbreak at the food terminal, if we didn't have the ability to relocate it on an emergency basis to another spot, and it was a month, what would happen to food security in Ontario?

**Mr. Bruce Nicholas:** The bottom line is, if the food terminal is not there and the farmers aren't delivering to it, the shopkeepers are in trouble to find out where they could get it. They would be competing with everybody else. The price of fruits and vegetables goes sky high. The chain stores would benefit. But we will not allow that to happen, because if we're pushed, we will find locations to be able to work it out.

I don't know if you realize this, but the food terminal is basically a food cluster, the second-largest food cluster in North America. Because we exist, there is all sorts of warehousing of all sizes and shapes and forms all the way around the terminal, and we could lean upon that to make sure it works.

**Mr. Dave Smith:** Okay. I'm going to play devil's advocate here.

**Mr. Bruce Nicholas:** Yes.

**Mr. Dave Smith:** I go into Walmart and I see strawberries from Mexico. I take a look and I see some bean sprouts, for example, from China. Those are all products that are grown in Ontario as well.

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Mr. Dave Smith:** Without the food terminal, basically, there is no Ontario local produce that's available at any retail outlet in Ontario. Is that a correct statement?

**Mr. Bruce Nicholas:** Not 100%. Obviously, people have an issue that farmers will go, but that food terminal is essential to have a local food supply, which is something this province and this country should start thinking about, especially when you have an example of the borders being closed for four days and all the truckers trying to figure out how they get the product in from the States. If we don't have that terminal, we're in deep trouble. That's how important it is and how significant it is.

I rest assured that the people who operate out of that—our stakeholders, farmers, buyers and wholesalers—will be able to take care of any event that happens. We went through this pandemic and we had a minimal number of people who were sick because we screened everybody, we isolated everybody. We did everything possible under public health. We will be able to survive it, and if we can't there, we can go to outside facilities and make use of them within the context of what we have as a food cluster around the marketplace, rest assured.

**The Acting Chair (Mr. Stephen Crawford):** Okay. That concludes our time for government questions.

We'll now move to the official opposition for seven minutes and 30 seconds, starting with MPP Sattler.

1420

**Ms. Peggy Sattler:** I want to say thank you to all the presenters for coming here today to speak to this committee.

I want to start my questions with ONA and Cathryn Hoy, the president of ONA. I want to start by saying congratulations on that historic, 15-year effort to achieve pay equity for RNs in for-profit nursing homes. It was a huge endeavour, covering two governments—both Liberal and Conservative governments—but it was great to see the Supreme Court rule in your favour.

You spoke at length about the importance of repealing Bill 124 and the impact of Bill 124 on the health human resources crisis. I wondered if you could elaborate more on the damage that Bill 124 is doing in the health care sector.

**Ms. Cathryn Hoy:** Well, it's really to be blamed for a lot of the exodus of our nurses throughout the whole province. One per cent in each of three years does not even meet the inflationary factor that we're seeing each year. In fact, it's greatly under what we're seeing right now in 2022. In nursing, a lot of people think that income levels are high, but they're really not when it's a single-income family.

At the end of the day, we should have our collective bargaining rights. We should be able to sit at the table and bargain with our employers for what our rates of pay will be. Most importantly, when we look at the male-dominated professions—I use the police, and it has nothing to do with the police, because they are our partners; we are all front-line—but in the same time period, they've enjoyed a greater benefit. I think ours was 14% and the police was 32%. How is that fair? It is not, when we are a female-dominated profession.

The other thing that comes along with this, if you want to compare police to nursing and wages, when police go to work every day they have a billy, they have a taser, they have a gun to protect themselves. When nursing and health care professionals go into work every day, they have nothing to protect themselves from the violence. It's just another example of how a female-dominated profession is looked at.

Where is our worth? Where is our voice in Ontario? Are we regressing back to—I'm not sure, was it 1917 when women actually got the vote in Ontario? Are we going back to that time, when the government wants to take away pay equity rights that we desperately need, when right now we're having to fight the government on Bill 124? How much further can they damage our health care profession?

Our registered nurses have four years of dedicated education to get where they are. That needs to be recognized. I think a lot of people think that the doctors are there and they direct the nurses; absolutely not. In this day and age, on the floors and in acute care settings, the doctors are not there. The nurses work under a lot of advance directives. What that means is they are making critical decisions on the care of an individual: Patient A has this; you can do B or C.

We have emergency rooms that are working at 50% capacity now because we've had people retire. They've

just said, "I've had enough. I've gone through this pandemic. I've had to fight for PPE. I had to fight to keep my schedule. I had to fight to keep my family safe. Now I have to fight for the money that I'm bringing home on my paycheque and I have a government telling me how it's going to be. You've taken away my voice at that table." That's what Bill 124 has done.

**Ms. Peggy Sattler:** Okay. Thank you very much for that.

I want to ask Sharleen Stewart from SEIU Healthcare the same question. You also talked about how one of your key asks of the government in this legislation is the repeal of Bill 124. This bill does not include that. Can you elaborate on why you think the repeal of Bill 124 is so important for the sector and also your members?

**Ms. Sharleen Stewart:** Thank you again for the question. We gave the same message to government when they introduced Bill 124. We were already in a health human resources crisis in this province. We already had a severe staffing shortage. We already had workers working in multiple jobs trying to make a living. Then along came the pandemic, and now we're seeing a crisis that we have never witnessed before in our lifetime.

I will use nursing homes for an example. We know that the senior population is growing. We should be doing everything in our ability to make sure that we're preparing for that. We had these conversations before as well. The seniors are filling those beds in the nursing homes. We've got wait-lists. We do not have the staff to take care of those seniors. The workload is getting heavier; it was before Bill 124. These workers require more skills with dementia and issues inside the homes.

Again, what they did, what Bill 124 did is completely go backwards. It really ignored all of the very strong alarm bells that were already ringing. So what do we have now because of Bill 124? And all they're asking for is the legal right to negotiate their working conditions.

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sharleen Stewart:** We have employers who negotiated more than 1%, because they know they have a crisis on their hands. The government turned them away, refused to let them negotiate what those workers deserve to prevent a crisis that is the worst that I have ever seen. That's what Bill 124 is doing: promoting an exodus that is causing a real crisis in our health care system. PSWs are completely exploited at \$16, and 50-cent wage increases when they have to pay for gas to get from your family to my family—that's what Bill 124 has done to the health care system.

**Ms. Peggy Sattler:** Thank you.

**The Acting Chair (Mr. Stephen Crawford):** We'll now turn to the independent member for four minutes and 30 seconds.

**Ms. Mitzie Hunter:** I want to thank all of the presenters today for the work that you do in Ontario. It's all so vital and very much linked to what the bill really should be, which is making sure that we have thought through what we've learned from this pandemic and how to

improve our response. Yet the government saw fit to drop into this omnibus bill something that clearly is trampling on worker rights, particularly in a gender-biased way.

My question is directed towards Sharleen Stewart. It's nice to see you. What do you see as the flaw in this legislation? And would you explain what parts of this bill are damaging to the women you represent who are fighting for pay equity and respect for the vital work they do as front-line care workers in this province, especially having gone through more than two years of a pandemic?

**Ms. Sharleen Stewart:** Thank you for that question. The bill is flawed in many areas. We spoke a lot about section 7, where it talks about pay equity. Like my colleague Cathryn said, we have spent millions of dollars, as has the government, as have the employers who the public funds. And let's be clear here: Nursing homes are operated through the taxpayers' dollars, so you've got employers like the nursing homes—multinational, rich corporations—using your public dollars to fight the women working in nursing homes to get equal pay for equal work. The people of Ontario should be outraged about that.

We have spent almost two decades fighting governments to get the pay equity legislation enacted. Again, it's accountability and it's holding people accountable to legislation that is already there. I feel there are so many flaws in there, from what we can see; there is so much in there that we don't see. When are we going to find out all of that? You're going to be asked to vote on that.

You've heard over the last presentations a lot of "mays." The future of our health care system and the futures of the lives of many women are in the hands of the minister and a future cabinet that we don't know yet, so there is a lot of stuff in there that's not there. But basically it's the encroaching on pay equity, encroaching on charter rights, encroaching on human rights. Again, questions are asked: Why now? Why so vague? Why is this being shoved down the throats of these front-line workers? Why are we not looking at the health human resources plan instead of legislation with missing regulations for people somewhere to sit in an office and figure out the future of workers, patients, clients and residents of this province?

1430

Unions should have been involved in there. The front-line voices should have been involved, and they aren't. So there are many things wrong with this bill. Repeal Bill 124. Bring the unions to the table so that we can have a say in the regulations. Don't rush this before an election. Let's do it right. This is once-in-a-lifetime chance, like the pandemic was, to get it right in this province, and this is far from doing that.

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Sharleen Stewart:** Thank you.

**Ms. Mitzie Hunter:** Thank you. I notice you are calling and appealing to the government—and I hope that you are listening—for ways of fixing this flawed legislation, bringing the unions forward and those who represent legally the collective bargaining rights of their members, rather than the government using its power—which you

have. We understand that it's a majority. But just because you have that power does not mean you should be using it in this way, to trample on bargained and earned rights of workers, especially many women and female-dominated employment sectors that have given so much to this province during this pandemic.

I think it's absolutely egregious that this schedule 7 is in here, and I certainly will not be supporting that.

**The Acting Chair (Mr. Stephen Crawford):** Thank you. That concludes time for the independent member.

We'll go to the final round. We'll start again with the government for seven minutes, 30 seconds. MPP Pettapiece.

**Mr. Randy Pettapiece:** I'd like to go back to the food terminal, if I could. I've been to your place a couple of times. It's quite a place. Your board and your management do a terrific job with the volume of produce that you handle every day.

One of the things I was most impressed about was the workers in there with the lift carts running around, taking orders, filling orders for the trucks, unloading trucks—whatever they were doing. It was like a bunch of busy bees in there.

I think I heard that there are employees there who have been there for 20 and 30 years. Is that true? They seem to have quite a loyalty to your place.

**Mr. Bruce Nicholas:** The answer to that question is yes, there are a lot of people who have spent their lifetime at that terminal. But as with any living, breathing entity, we're bringing new people in. There are newer people joining it, so we have a transition. We have a lot of growers who started and have now passed it on to their children and grandchildren, so it's worked out in that fashion. Yes, it's true.

**Mr. Randy Pettapiece:** I wonder if you could maybe go through some of the health and safety measures that you put in place, working with OMAFRA, for your employees during this pandemic. I wonder if you could tell us a little bit of what you did.

**Mr. Bruce Nicholas:** I tried to put that in my opening statement. Basically, when this occurred, we decided that—we have a fenced-off area with controlled gates. So our control point is at our front gate, and at that point, every person coming into the terminal when this started—one, we had temperature probes and we took their temperatures, verified their health conditions and let them in.

Two, you're familiar with the facility. We have a farmers' market area. We created a zone and put a fence around that. We have the warehouse section entity, and we had the buyers where they park their trucks. So we created three zones of activity and allowed limited access to each of those activities. Product was delivered out by runners. We had what are called pinnies, so they identified who they were, moving around, because they were the only people we wanted to go from one zone to another, to help reduce the spread. We ensured that we had the place completely sanitized each and every day, and double sanitized on weekends. We provided masks for people to

wear, and maintained physical distancing and used protocols to do that. We had consultations with stakeholders, both farmers and warehouse tenants, at least initially, twice a week, to ensure that everything was going along smoothly, that we still maintained the business operation, but took into account the risk we ran through the pandemic.

We worked hard, fortunately, between the Ministry of Agriculture, Food and Rural Affairs and the Solicitor General, to get those vaccine clinics in; 10,600 people got vaccinated. That helped a lot to reduce. These are the steps we have been doing for the last two years, listening to the people, consulting with the people and putting these processes in place. Quite frankly, people have told us that we were the model that other outfits should use, and that's how we feel. It's still going on, this pandemic, but we feel that if we maintain that amount of control within, we can still operate within our existing site.

As the other gentleman asked me, this is a marketplace and it has an awful lot of components that are all inter-related. You can't separate the farmers from the warehouse tenants, or the buyers from either one. You have to bring them all together, basically. We're not manufacturing. When it's \$100,000 for a load of tomatoes coming in, that buyer wants to actually see it, taste it and make sure it's what he's buying. So you have to have that physical contact to see. That, initially, was one of our toughest things, because we tried to do pictures from outside the fence in our farmers' market, and that just wasn't working. So we had to let people in.

That's how we basically evolved and made sure that what we were doing was within public health and kept everybody safe. I'm quite proud to say that the numbers were minimal of people who were actually impacted by the pandemic, because of what we did.

**Mr. Randy Pettapiece:** Yes, I have heard very remarkable stories of how you managed the system and how well you did at it. Like you say, you were a model for a lot of other industries, and then having your vaccination clinics really helped out the situation.

In April 2020, there was consideration given to expanding the food terminal to allow for the sale of flowers, given that Easter and Mother's Day were approaching, but legal concerns stopped the food terminal from doing so. What would have been different if the changes proposed in this bill were in effect?

**Mr. Bruce Nicholas:** I hate to say this, but bottom line, I've allowed flowers in there for almost for 20 years, even though the initial legislation didn't ask for it, because the industry asked for it. It helped our farmers. A lot of farmers who just had crops in the field realized that when they start setting up greenhouses, they can start selling bedding plants and get the cash in early, get contact with the buyers early—I'm talking about April, May, this time of the year, all the way through. So we have allowed that to continue. And bottom line, as long as it had something related with fruit and agriculture, we let it in.

They have added a few things on this act. But Maple Lodge Farms, for example, tried chickens about 15 years

ago. That didn't work. Some people have tried milk. That doesn't work. The marketplace will dictate what will work. This legislation helps broaden it out to basically "legitimize" what, unofficially, I was allowing anyway to happen.

**Mr. Randy Pettapiece:** Okay. I was—

**Mr. Bruce Nicholas:** Our flower market, by the way, is one of the busiest of the whole terminal. We have growers that send products down to Texas. Flowers from our growers in Ontario that come to our market have also built up this—we even have American buyers that pick up our product. I don't know if you know this, and I didn't mention it to the other gentleman, but we ship product to Newfoundland. We ship product to Vancouver. We ship product out into Alberta and northern Ontario. This place goes beyond just Toronto and Ontario.

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Mr. Randy Pettapiece:** And all of this business, all of this movement of goods was kept going through the pandemic because of some of the safeguards that you took, and your employees were working to help you with that and everything else. I want to thank you for what you do. Like I say, it's quite a place to go to. I hope to visit it again at some point. A lot of people should see the food terminal, what you guys do and how well it's run. It's just a phenomenal place to be. Thanks so much.

**Mr. Bruce Nicholas:** I thank you for saying that. We have a lot of tourists come in. Right now, I don't allow tours in because of the pandemic, but everybody in this committee is welcome to come in. We had the consul general of the United States of America come in three weeks ago. She was absolutely amazed—we let her in—at what happens at Toronto compared to what happens in the United States. We have visitors from all over the world come to see us. It's a phenomenon that people don't know much about, because it's a wholesale market—

**The Acting Chair (Mr. Stephen Crawford):** Okay, that concludes our time for questions from the government.

We'll now move to the official opposition for seven minutes and 30 seconds. We'll start with MPP Mamakwa.

**Mr. Sol Mamakwa:** Meegwetch, Cathryn; meegwetch, Sharleen; and meegwetch, Bruce, for the presentations. Thank you.

Cathryn and Sharleen, you really highlighted the gender inequity that exists within the legislation itself. You can even see it within the questioning: The government people are not even directing any questions to you. So I lift you up as women for those strong statements that you made.

At this time, I'm going to pass it off to my colleague Peggy Sattler.

1440

**The Acting Chair (Mr. Stephen Crawford):** MPP Sattler.

**Ms. Peggy Sattler:** I want to direct this question to both Sharleen and Cathryn. As you are both aware, section 6 of schedule 7 says that any wage enhancements that are made

under this compensation program can be deemed to be made for the purposes of achieving pay equity. I wondered, from your perspective, what are the implications of this section for the Pay Equity Act, and will it do anything to actually close the gender pay gap in the workplaces of the workers you represent?

Sharleen, can you address that question first?

**Ms. Sharleen Stewart:** Meegwetch for the question and the comments.

Again, I want to be perfectly clear that I think this legislation is yet another way to put up barriers for women who have worked decades, fought decades to have equal pay for the work they've done, work that is forever changing. Part of the Pay Equity Act is that you evaluate the difficulties in the work, the education skills. That has changed tremendously, over and over again, through the last couple of decades that we've been fighting to get pay equity for these women. Again, that's the first problem.

I'm very passionate when I speak on behalf of the health care workers. These are public sector workers who are the lowest-paid in the public sector system. Personal support workers barely making minimum wage—\$16.50 is the minimum wage for a personal support worker; minimum wage in the province is \$15. Why isn't the government taking a look at paying them a living wage so that it would help the health care system?

Again, there are so many tools that this government could have used, and instead—and I'm known to be frank, so I'm going to be—they introduced yet another sexist, racist and ageist legislation. This bill, like Bill 124, affects women, and those are women workers who provide the service we rely on. Those are women workers who have child care problems. They can't afford child care, and they also had to suffer through the pandemic when their children weren't going to school. They could not show up for work because they could not afford child care. Statistics show that more women are residents in nursing homes, so when you hold back their caregivers by not providing them decent living wages, equitable wages for equal pay, living wages to provide a critical service, then they are not getting the service that they deserve either. So it affects the residents as well and the home care recipients in this province. Pay equity is intended to make equal pay for equal work and of equal value. This industry is so inconsistent that that's why we're in the crisis we're in. Like was mentioned yesterday by the Equal Pay Coalition, it does not change the pay equity problem, because you're giving everybody money, so the gaps are all going to stay the same anyway—we're just going to move from being \$3 an hour on top of an already existing problem. So it is not solving the problem.

What we want the government to do is to let us do our job. I've got agent Telford on here; she's the representative who works with us. ONA and SEIU have fought for the ability to sit down across the table from these employers and negotiate pay equity. Let us do that. Stay out of our business.

**Ms. Peggy Sattler:** Cathryn, did you want to address that same question—the concerns about schedule 6 and the Pay Equity Act?

**Ms. Cathryn Hoy:** I just want to thank you for the positive comments and for recognizing the inequities that we are experiencing.

I'm going to pass it over to Jan to answer the question.

**Ms. Jan Borowy:** Thank you very much, Cathryn, and Ms. Sattler, for the question—and also to Ms. Stewart for her insightful comments as well.

To answer the question: Section 6 of schedule 7 is fundamentally unconstitutional. It erodes women's charter rights to equality in the workplace. In doing so, what it does is it's taking a wage enhancement program, which is all about general wage increases, and transferring that and offsetting that to close the gender pay gap. That's unconstitutional. In our view, what that does, by deeming general wage increases, wage enhancements, is it's eroding fundamental human rights remedies.

Pay equity adjustments, just for the committee's clarity, are fundamental human rights remedies. They're resolving systemic discrimination. This act doesn't do that. It takes away from that in a way that we say is fundamentally unconstitutional.

So to answer your question, will this do anything to close the gap? In our estimation, no, because it's moving, it's discounting the important human rights pay equity remedy and takes away from what women are owed in a way that would fully value their work to cure and redress systemic discrimination.

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Jan Borowy:** Fundamentally, section 6, in our estimation, is overriding at least five key provisions in the Pay Equity Act that guarantee women pay equity adjustments that redeem and redress gender discrimination, where the act clearly says wage enhancements or general wage increases are just that: general wage increases. I hope that answers your question.

**Ms. Peggy Sattler:** Yes, thank you very much.

The comment about the unconstitutionality of section 6: We had heard from other presenters that the provisions in the bill about disputes and not permitting complaints under the Labour Relations Act and other legislation is also unconstitutional. Is that the perspective of Sharleen and Cathryn as well?

**The Acting Chair (Mr. Stephen Crawford):** Unfortunately, that concludes our time for the official opposition. I apologize.

We'll move on to our final round with the independent member. You've got four minutes and 30 seconds.

**Ms. Mitzie Hunter:** I just want to say to Mr. Nicholas that the work you do—and I really like your submission today about your preparedness, your contingency plans, adamant against disruption. You definitely speak to what I know in the food industry, and our great farmers. My sister-in-law's parents were farmers in Newcastle and Bowmanville and have tight relationships with the food terminal. So thank you so much to everyone who keeps that system going for Ontario. I really value your work.

In the limited time I have, though, I do want to really give a place to the presenters who are standing up for

women's rights, pay equity and gender equity. Ms. Stewart, you talked about some of the biases. What about those who you represent? There are so many racialized and women of colour who are also going to be impacted. Their rights are going to be taken away—and that intersectionality matters as well. Can you speak to that?

**Ms. Sharleen Stewart:** Yes, absolutely. As I said, you take a look at the workers in predominantly the long-term-care sector and home care sector, and they are, without a doubt, predominantly women and racialized women.

I've used words like "exploitation" because that's what they say to me. I get the phone calls—and I mentioned it before in my comments—from women who literally have to choose to feed their children instead of feeding themselves. One worker said she lost 25 pounds in the first wave of the pandemic because of the fact that she had to be limited to one job.

They don't want to work one job. Many of them are single women, as well, who can't be home with their children like they want to be, so then they've got child care issues that are really of importance to them. And it is: They say that to me. They feel that this legislation definitely should be lifting women up, and especially lifting up women in home care to be able to provide the services that they want to. They totally feel that they're exploited. They feel that it is very sexist, because they're women, and racist, because look at the workers that we rely on. They are predominantly migrants. The many, many, many times—we can get into how they are threatened by their employers, because as we know, too, many of them have families at home and in their home countries that they also support.

So again, instead of doing what's right in 2022, these women—and marginalized, racialized women—are feeling that they are being attacked.

**Ms. Mitzie Hunter:** Thank you.

I do want to ensure that our friends at ONA have a chance as well. It's great to see you, Cathryn. I've listened a lot to you in terms of your representation of your members. You talked about sectoral bargaining and where

that is occurring. It doesn't seem to be in female-dominated professions that that's occurring. Could you talk a little bit more about that?

**Ms. Cathryn Hoy:** Again, I'm going to pass this to our specialist, Jan, to speak about.

**Ms. Mitzie Hunter:** And Jan, if you have time after answering that question, can you go through those five key provisions—

**The Acting Chair (Mr. Stephen Crawford):** One minute.

**Ms. Mitzie Hunter:**—that are being violated with the pay equity legislation?

**Ms. Jan Borowy:** Given we have a minute, they are in ONA's detailed submissions, so I won't repeat them here, but we encourage you to read that.

**Ms. Mitzie Hunter:** Okay.

**Ms. Jan Borowy:** In terms of sectoral bargaining: In fact, there's nothing to push towards sectoral bargaining, obviously. Sectoral bargaining happens voluntarily in this province. For instance, in ONA's case, with the hospitals, they bargain centrally for their wages in their collective agreement. Of course, what this act is doing in section 5 of schedule 7 is that it rips that away, that ability to sectoral-bargain across the province. In fact, ONA is very concerned that as a result of section 5 of schedule 7, we'll see cherry-picking hospital by hospital, and it will break apart ONA's centralized bargaining.

**Ms. Mitzie Hunter:** Yes, I really see section 5 trampling on labour rights across this province, and—

**The Acting Chair (Mr. Stephen Crawford):** That concludes our time for today. Thank you to all of our presenters. We really appreciate your time.

As a reminder, the deadline for written submissions is at 7 p.m. tonight. The deadline to file amendments to the bill with the Clerk of the Committee is 12 o'clock noon on Friday, April 8, 2022.

The committee is now adjourned until 9 a.m. on Monday, April 11, 2022, when we will meet to go over clause-by-clause consideration of Bill 106. Thank you.

*The committee adjourned at 1452.*





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