

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

F-18

**Journal
des débats
(Hansard)**

F-18

**Standing Committee on
Finance and Economic Affairs**

Pre-budget consultations

1st Session
44th Parliament

Wednesday 28 January 2026

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

Consultations prébudgétaires

1^{re} session
44^e législature

Mercredi 28 janvier 2026

Chair: Hon. Ernie Hardeman
Clerk: Lesley Flores

Président : L'hon. Ernie Hardeman
Greffière : Lesley Flores

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Hansard Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400
Published by the Legislative Assembly of Ontario



Journal des débats et services linguistiques
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400
Publié par l'Assemblée législative de l'Ontario

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Wednesday 28 January 2026

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mercredi 28 janvier 2026

The committee met at 1001 in Best Western Plus Nor'Wester Hotel and Conference Centre, Thunder Bay.

PRE-BUDGET CONSULTATIONS

The Chair (Hon. Ernie Hardeman): Good morning and welcome, everybody, to Thunder Bay. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to conduct public hearings on the 2026 pre-budget consultations.

Please wait until you are recognized by the Chair before speaking, and as always, all comments should go through the Chair. The Clerk of the Committee has distributed committee documents, including written submissions, to the committee members via SharePoint. To ensure that everyone who speaks is heard and understood, it is important that all participants speak slowly and clearly.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes in this time slot will be used for questions from the members of the committee. The time for questions will be divided into two rounds of five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the official opposition members, two rounds of five minutes and 30 seconds for the recognized third-party members and two rounds of three minutes for the independent member of the committee.

I will provide a verbal reminder to notify you when you have one minute left for your presentation or allotted time to speak.

With that, are there any questions from the committee?

MPP Mamakwa. It starts automatically; all you have to do is speak.

Mr. Sol Mamakwa: Okay. Meegwetch, Chair. I'd like to move a motion.

I move that the committee hear a virtual presentation from a representative from Wapekeka First Nation at 5 p.m. today, with seven minutes to make an opening statement, followed by 20 minutes of questioning, divided into six minutes for the government members, six minutes for the official opposition members, six minutes for the recognized third party and two minutes for the independent member. Meegwetch.

The Chair (Hon. Ernie Hardeman): Further debate on the motion? If there's no debate on the motion, I'll call

the question. All those in favour? All those opposed? The motion is lost.

GOOD ROADS

ONTARIO DENTAL ASSOCIATION /
THUNDER BAY DENTAL ASSOCIATION

DR. ERNIE EPP

The Chair (Hon. Ernie Hardeman): Okay. Any further questions or comments? If not, we ask the first panel to come forward, and I believe we've already accomplished that—but the Good Roads Association, Ontario Dental Association and Lakehead University. And as you heard in the opening remarks—the rules of endearment and of process.

We will first hear from the Good Roads Association.

Ms. Cheryl Fort: Good morning. Thank you so much for allowing us to address the finance committee. I appreciate you coming into northern Ontario. I've lived in northern Ontario my entire life. I'm Mayor Cheryl Fort from the town of Hornepayne and I'm the current Ontario Good Roads president.

First and foremost, Ontario Good Roads is an association that has been established since 1894. It's the longest-running municipal association in Ontario, and we advocate on behalf of municipalities and First Nation communities. I'm proud to say that I'm the first Indigenous president for Good Roads and that we are putting in two extra seats this coming year from the north and the south for more First Nation representation.

Why I'm coming to meet with the committee today and present is that we've advocated for a rural road safety program. People who live in the rural areas are disproportionately at higher risk for fatalities and serious injury.

I want to give the actual stats: In 2021, roughly 60% of municipal road fatalities occurred on rural roads, even though only 17% of Ontarians live in rural areas. So, although living in northern Ontario is already a life risk, this further enhances across Ontario for all rural Ontarians.

What we're proposing is not just—I look at it more as an investment. We're asking over five years to invest in a rural road safety program. This is beyond provincial highways and what the province takes care of already. These are roads within municipalities where signage, rumble strips, guardrails and the like can reduce fatalities, reduce serious injury. I think it's a win-win for all of the

different ministries, especially when we look at health and our emergency response.

A lot of areas with rural roads have volunteer fire departments. I know in our own municipality of Hornepayne, thankfully, we have a full fire department with more people coming and joining, but that puts a lot of strain and pressure on your volunteers as well.

Each collision costs society an average of \$2.02 million, so when we think of the cost of what's happening on our rural roads, this is a major expense to the province. If we fail to act, we are allowing preventable injuries and fatalities to occur. They will continue. Municipal insurance and liability costs will rise, and we know we're already struggling with that with municipalities and it's a budget line item that just keeps increasing. It costs the taxpayers more and more each year.

Collisions will continue to burden hospitals and EMS, undermining efforts to build sustainable health care systems—volunteer fire departments as well—and the gap between rural and urban communities will continue to grow, eroding fairness and economic opportunity.

Canada is the only country among its peers with no rural road safety strategy, so Good Roads is proposing a fix and, like I said, it's an investment with major returns. With the \$2.7-million investment over five years, we estimate the economic return of \$651 million. These returns would come from collision cost avoidance, health care savings and increased productivity, as this program also gives the benefit of economic growth through jobs. Some 8,600 person-year jobs would be created through this program.

Just a little bit about the program: Good Roads believes in the program so much that we've already invested in training courses. We already have over a hundred auditors in the province trained and doing this work. We're putting our money where our mouth is. This year we're going to do a pilot program with the community and do the auditing and pay for the upgrades.

When we look at these upgrades, these are not re-designing roads. These roads that we're talking about were designed in the 1950s and 1960s, where safety wasn't the priority, and now we need to come in with some measures that would be able to provide safety to those roads.

We're talking about signage. In one area, it was a flashing light that totally stopped fatalities from happening in an intersection. Some municipalities are being proactive and taking this on themselves, which I applaud them. When we think of the fixes, this can be audited and then put in place that very year, so the deaths and the serious injuries that would incur that year would be stopped.

What we're looking over: Is this a long-term money item for municipalities? No. We're asking for a five-year investment and after the five years, we figure that we will have done enough proactive work to minimize it into the future and the knowledge will be out in the communities.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Cheryl Fort: They will see how this benefits and they will be able to put in better road construction initia-

tives when they're at the beginning of either fixing roads or building them.

1010

I will wrap up. I thank you again, committee, for the time. I do believe this is an investment into Ontario. Like I said, it's going to bring back huge returns, and in northern Ontario, we're already struggling with our health care providers and not having enough service. So if we can minimize the impact on the health care system for northern Ontario, this is a win-win. I think, really, from where I stand as a northern Ontarian, it's an easy yes into the future of keeping people safe. Thank you very much.

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

Our next presentation is the Ontario Dental Association.

Dr. Gerald Smith: Good morning, Chair and committee members. My name is Gerald Smith. I'm a general dentist here in Thunder Bay and I'm here on behalf of the Thunder Bay Dental Association and the Ontario Dental Association. The TBDA represents about 100 dentists in about 30 clinics in the area.

Dentists in Thunder Bay and across northern Ontario strongly believe every Ontarian deserves access to high-quality, timely dental care delivered by a dentist of their choice. To achieve this, budget 2026 must prioritize patient-focused solutions so Ontario remains a leader in dental care.

I would like to start by thanking this committee and the government for the support and actions you have taken to improve access to dental care for vulnerable children and adults. Today, more children from low-income families and more individuals with disabilities have access to greater coverage with no out-of-pocket costs as a result of the government's decision to coordinate provincial dental programs with the Canadian Dental Care Plan.

The Ministry of Health would have the most up-to-date information, but here in Thunder Bay alone, around 5,000 children from low-income families would stand to benefit from more accessible dental care while, at the same time, the government and taxpayers are saving money—a win-win.

Dentists and patients would be appreciative if the standing committee formally endorsed the existing coordination of benefits with the Canadian Dental Care Plan, which is currently an interim measure. The resulting savings could be reinvested to improve access to dental care for our seniors. Currently, the Ontario Seniors Dental Care Program restricts seniors from coordinating benefits with the CDCP because services are only accessible at public health units. Dentists like me are barred from providing care under this program.

Lack of coordination of benefits is just one of the limitations seniors encounter under this program. Right now, many seniors face lengthy wait times—sometimes of up to two years—and have to travel a long distance to unfamiliar public health units that cannot always meet their needs. In the first two years of the Ontario Seniors Dental Care Plan,

only 164 seniors were treated in our region—164 in two years. That’s how many patients my office treats in a week.

With this committee’s support, we can improve access to care for seniors by allowing them to access coverage under the Ontario Seniors Dental Care Program in any dentist’s office and coordinating their coverage with the CDCP.

To remain a leader in dental care, Ontario must also address severe workforce shortages in the dental sector. Patients right across the province, from Thunder Bay to the GTA, urgently need more dental assistants and dental hygienists. Statistics Canada reports 83% of Ontario dental offices are having staff and human resource challenges. In Thunder Bay, over half of us are having difficulty finding dental assistants and dental hygienists. This shortage has real impacts for our patients, including delayed treatments, cancelled appointments and reduced hours of service.

Dentists have practical, common-sense solutions to reduce red tape contributing to this workforce shortage. We are calling for action so out-of-province dental assistants can practice their full scope of care in Ontario without having to retake their training. We also urge that dental assisting students from northern, rural and remote communities shouldn’t have to relocate or travel hours to complete their training. Regulated, local dental clinics are willing to provide practical training, we just need a streamlined provincial approval process. Our provincial association—the Ontario Dental Association—is seeking your support for its Skills Development Fund application to train 120 new dental assistants in collaboration with Anderson College. By cutting red tape and investing in education and training, we can address the oral health workforce shortage head-on and strengthen access to dental care for patients across this province.

I also want to share our concerns about the proposed scope of practice changes currently being considered for dental hygienists and denturists. We recognize the valuable services these professions provide. However, the current proposals that would expand their scopes of practice beyond what they’re educated and trained for pose serious risks to patients. We’re asking you to please hit the pause button on these proposals, to allow time to appropriately consult, so that we come up with solutions that respect everyone’s training and are fully in the interests of patients.

The dental care system we have now provides comprehensive and safe care to patients. Let’s not compromise it. Let’s continue building on the important progress we’ve made to make Ontario a leader in dental care by:

(1) Preserving the coordination of benefits approach between the Canadian Dental Care Plan and provincial dental programs. Making it long term and lasting will continue to save the Ontario government money and is a win for patients, a win for taxpayers and providers, a win that could be leveraged to improve access to dental care for our seniors;

(2) Reducing red tape and investing in a strong talent pipeline, so patients have access to the dental assistants and dental hygienists they urgently need; and

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Gerald Smith: (3) Protecting patients’ safety and quality of care through necessary consultation on dental hygienists’ and denturists’ scope of practice.

Together we can deliver tangible benefits for patients, the government, dentists and dental teams in budget 2026 and beyond. Thank you very much for this opportunity.

The Chair (Hon. Ernie Hardeman): Thank you very much. Next, we’ll hear from Lakehead University.

Dr. Ernie Epp: Thank you, Mr. Chair. I’m listed as Abram Epp; my signature is A. Ernest Epp; everyone knows me as Ernie. It’s a good name, isn’t it, Mr. Chair?

I join this 2026 pre-budget consultation as a professor emeritus of history at Lakehead University. Speaking for myself and drawing on understanding that I’ve developed through my years of teaching and since my retirement in 2007, almost 30 years after I joined the faculty, I’ve entitled my presentation Private Wealth, Public Poverty.

Many of you will have seen the 2025 December issue of Maclean’s with the cover advertising Canada’s and Ontario’s richest people, 40 billionaires—not exactly a Christmas gift, especially when the Canadian Centre for Policy Alternatives reported in February 2025 that Ontario has the lowest level of well-being of any Canadian province. This conclusion was based on the Canadian social surveys of April 2021 and June 2024 done by Statistics Canada. You might be interested to learn that the Québécois came out at the top of the 10 provinces.

It’s worth going back to the October 2025 issue of Maclean’s to learn about the 40 young powerhouses who are building new institutions and shaking up the old ones in Canada. Maclean’s tells us that “tech tycoon Avi Bryant says that he and other Canadian millionaires can afford to pay more tax for a stronger nation.” There’s a message that resonates with me.

Why does Ontario live so deep in public social poverty? The answer became clear as I developed a course that I’ve entitled *Fateful Decisions, 1921-2021: 50 Years of Learning, 50 Years of Forgetting*. Among the “learning,” I think of such actions as the creation of our Bank of Canada, which the federal government owns, and development of health care, first in Saskatchewan and then across Canada. Both of these developments are vital to Canadian well-being, and both were impacted by decisions made around 1971.

The Bretton Woods conference—this was back in 1944—had worked out the post-war financial arrangements. John Maynard Keynes proposed creation of an international currency and related arrangements, while US representative Harry Dexter White said that the US dollar, backed by the gold in Fort Knox, could do the job. By the end of the Vietnam War, however, it was clear that it couldn’t. President Nixon responded on August 15, 1971 with the Nixon Shock, as the US ended convertibility of US dollars for gold—and precipitated many things, including the development of OPEC, the Organization of

last year in a road accident just on Highway 17 on the north shore. So that's very important. It needs to be addressed.

But when we're talking about rural roads within municipalities, that's why I stated I drove through five communities—so to ensure that there's safety when you're going through those communities. I think of Longlac. We've had two deaths in Longlac over the course of the last few years where people have to regularly walk. Some of the improvements that we could put in would save those lives.

The Chair (Hon. Ernie Hardeman): MPP Vaugeois.

MPP Lise Vaugeois: I wanted to, Mayor Fort, also thank you for your presentation. I think what you're saying and the amount of money are very appropriate. It's not that much over five years, and I think it would make a substantial difference to safety in all of those rural roads. I mean, the highways are our main streets, but everything that runs off the highways is essentially a rural road. And yes, the tragedies in Longlac could have been avoided, I think, so they need to be addressed. I'll leave it there, because I just wanted to thank you for that presentation and give you my support for that.

Dr. Smith—also very compelling. I appreciate the details that you've given and also the rationales, because ultimately, when we—

The Chair (Hon. Ernie Hardeman): One minute.

MPP Lise Vaugeois: You're talking about rationalizing a system and rationalizing how we are able to bring in those additional workers and also to provide the services—the funding for seniors and for children who have access to dental programs—but it sounds like it's complicated right now. It's a complicated process. Perhaps you could just touch on again how you propose to simplify that process and guarantee that people can get access.

1030

Dr. Gerald Smith: Thank you very much for that very good question. Perhaps I'll start with the coordination of benefits piece, which benefits the most vulnerable citizens—

The Chair (Hon. Ernie Hardeman): You'll have to finish it in the next round because your time is up.

MPP Fairclough.

Ms. Lee Fairclough: Thank you to all three of you for coming to speak with us today. Over the course of the two sessions allocated to me, I'll be asking all three of you questions.

I will start with you, Mayor Fort, as well. Thank you for your presentation. I think that we've met with your group before at Queen's Park.

Now, having been up in Kapuskasing and going for an early morning walk all around as well, we're just starting to really understand what the situation is. For the roads, we learned yesterday there's 10,000 trucks a day that roll through Kapuskasing itself. It just gave us a good sense of the traffic and the safety that needs to be considered.

I will say, I wondered if you could expand a bit on the importance of this, though, for health care. When I met with the hospital early in the morning yesterday and looked at their budget submission, their number one ask was to

find a way to keep the roads open and to keep them safe because of medical emergencies or births that really need to be receiving more advanced care than they're able to give up there. Can you talk about the motivation to make sure that the road is safe and the roads are open from that perspective?

Ms. Cheryl Fort: Yes, definitely. Thank you for the question. When we think about it in the sense of families and all people that are having families, which includes the women who are pregnant and carrying the baby, if the ambulance is going throughout the community, through these roads, and the signage isn't proper or there's not a rumble strip or—we've seen accidents in the past where weather can play a part. So if we have the safety measures in to be proactive, to try and stop what could be a collision or could slow down the ambulance from getting to the hospital, then, definitely, all of those are benefits. Those are great benefits.

But then when we look at the further benefits of, if we have less collisions, we have less responses that we have to respond to. If we have no collision, we don't have to respond. That's what we're saying with the rural roads, that by putting the signage, putting in these easy, measurable fixes, we can reduce the strain on health care, and that can be focused where it's more readily needed. And not to minimize a collision—we want to have access to that—but if we can eliminate the collision, that's the best way forward. Does that answer your question?

Ms. Lee Fairclough: Yes, it does. My sense is, too, with this investment, your other mayor colleagues are really wanting the information this would give them. It would help inform their own choices around some of the investments they would make for their local municipalities.

Mr. Cheryl Fort: Yes, definitely. And I have to thank the government for listening. There were over 600 delegations at ROMA. FONOM and NOMA all support this. We have over 100 municipalities that have supported this as well through resolution. So, yes, it's a widespread rural initiative that would help us all. It's a win-win for everyone.

Ms. Lee Fairclough: That's great. Thank you very much.

And then, maybe I'll start with Dr. Smith. I wanted to ask about the third part of your ask, which was really around the training for dental hygienists and the ability to recruit people easily. These are programs that are offered at most of the community colleges around Ontario. Is that right?

Dr. Gerald Smith: Yes, that's true, most community colleges. There have been issues presently—I don't know if you're aware—where three of the dental assisting programs—and that's the biggest concern right now—have been paused. Here in Confederation College, our dental assistant program has been paused indefinitely. A college, I believe, in Windsor has also been paused, and in Ottawa. We're also concerned that some of the other community colleges are considering the same thing.

Ms. Lee Fairclough: And this is primarily because of the financial constraints that they're all facing?

Dr. Gerald Smith: That is primarily it. It's also a change to the federal government's post-graduate work permit program, where dental assisting was not included in that, so the supply of international students has sort of dwindled in that regard.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: To me, I'm very worried. We heard from another speaker too—I'm very worried about the current state of our post-secondary institutions, especially colleges and universities, given what we're seeing. We know we've got the lowest per-capita government investment in those programs too. So I think what you're pointing out is yet another important thing for us to be aware of, which is the connection between the workforce, the employers and what's needed and what is made available in our colleges. I hear this in your sector today; I hear it in many other sectors.

I think we've got to get more proactive about thinking about how our colleges are being funded to the right level to make sure that the workforce is going to be there for the future. And I'm hearing that from you today.

In my next round, I'll ask you why you specifically called out Anderson College, but I think it's most other colleges as well, if I'm not mistaken.

Dr. Gerald Smith: Yes. We have a proposal before the Skills Development Fund in conjunction with Anderson College to train 120 new dental assistants.

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

We'll now go to MPP Saunderson.

Mr. Brian Saunderson: Thank you very much to all our presenters this morning for sharing your time and your thoughts on the budget process, but also for the work you do in our communities.

Dr. Smith, I'm going to pick up with the line of questioning you had with my colleague MPP Fairclough about the Skills Development Fund. You were talking about labour mobility. As you know, in the wake of the recent tariff war with the US, we've done a lot to get rid of cross-border regulations and restrictions with respect to the skilled trades section, and that involves health care workers as well.

I'm wondering, when you talk about dental assistants and dental hygienists, are they not included in the work that has been done to date? Because I think we've opened it up for about 100 skilled trades across Canada.

Dr. Gerald Smith: Thank you very much for that. That's a very good point. Dental hygienists are included in the labour mobility legislation. Dental assistants have been excluded.

In Ontario, in order for them to come here and practise the full scope of what they're able to do, they must retake their training because in the HARP Act, it says that a dental assistant must have education with specific Ontario statutes. So a dental assistant from Manitoba cannot cross the border to practise in Kenora–Rainy River, where they're in great need because of this small issue. The only way

they can practise and take x-rays in Ontario is to basically retake their training. It takes about a year and about \$9,000, when either the simple micro-credentialing process could be put into place or some form of equivalency process. Because a dental assistant trained in Manitoba, Saskatchewan, Quebec—they all do the same thing. They work on the same x-ray machines with the same rules. The procedures and the precautions and the training is all virtually the same.

Mr. Brian Saunderson: I appreciate you drawing that to our attention because this is a government that's aggressively looking at reducing red tape. Are dental assistants a regulated health profession in Ontario?

Dr. Gerald Smith: No, they're not.

Mr. Brian Saunderson: Is that the reason that there's this distinction between dental hygienists and dental assistants?

Dr. Gerald Smith: That is one of them, because one regulator can speak to another regulator to ensure equivalency between the two. In Ontario, unfortunately, dental assistants are not currently regulated.

Mr. Brian Saunderson: Okay.

You talked about your skills development application with Anderson College. I think you mentioned 120 dental assistants the program would open the door for. Does Anderson College currently have a dental assistant program?

Dr. Gerald Smith: Not that I'm aware of. This is a unique hybrid program in conjunction with the Ontario Dental Association where we would train 120 level 2 dental assistants, with 20 spots reserved for those from rural or remote communities and five spots reserved for people from Indigenous communities.

So it's a package deal where, at the end of about a year, you would have these qualified persons. We will assist them with credentialing, with job placements, in getting their accreditation through the examining board. It's a win-win for students to have access to education they couldn't normally afford. It's going to provide the necessary dental assistants to dental practices and provide services to patients, ultimately.

Mr. Brian Saunderson: Ontario has a very aggressive stay and learn program where we pay the tuition for medical assistants in regulated health professions. Do dental assistants qualify for that?

Dr. Gerald Smith: Unfortunately not. That would be wonderful if you could make that happen.

Mr. Brian Saunderson: Okay. Thank you for raising that.

Mayor Fort, last time I met with you, I learned that Hornepayne is basically the centre of Ontario, and it's eleven and a half hours north of Queen's Park. I appreciated that, and I appreciate you taking time to drive here and I appreciate the work that Good Roads does. I've met a number of times with Good Roads and some of the auditors at Queen's Park, and I think it's great work that they're proposing. I'm wondering if you could just give us some—you've talked about a few, like the flashing lights, the rumble tracks. But these are not—well, I think they're

significant changes, but they're not hugely large expenditure items, given the safety factors that they bring to the table.

1040

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Brian Saunderson: I was wondering if you could just go through a couple of the safety factors that these auditors would be suggesting for intersections, which I think includes also line of sight, which we saw being a big factor in Saskatchewan.

Ms. Cheryl Fort: Yes, I definitely can give you a list. There are guardrails, rumble strips, curve warning systems, modern lighting, high-friction surface treatments, upgraded bridge approaches and improved drainage—also looking at intersections and seeing that line of sight, anywhere that that can be improved, if you're moving the car back where the stop is or moving the car forward where the stop is. This isn't just a one stamp all. You look at each intersection and figure out what the improvements are for that area. So it might be three small fixes, if it's a signage, if it's a flashing light and the rumble strip, and that will decrease the collisions in that area.

Does that help?

Mr. Brian Saunderson: It does. It's great. Thank you for that list. And I know, unfortunately, those statistics you gave us today are—

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

Mr. Brian Saunderson: Thank you very much for your work.

The Chair (Hon. Ernie Hardeman): We'll now go to MPP—

MPP Lise Vaugeois: Vaugeois.

Dr. Smith, maybe just pick up where we left off, and then I hope to direct some questions to Dr. Epp.

Dr. Gerald Smith: Thank you very much. Now, my memory isn't as good as it used to be, but I think that we were talking about the coordination of benefits.

Currently, through our negotiations with the provincial government, we have a coordination of benefits between the provincial programs and the CDCP. The provincial programs we're talking about are Healthy Smiles Ontario for children from low-income families and, of course, adults on disability through the ODSP program.

What happens is, a patient going into a dental office will have basically no out-of-pocket costs. The CDCP will be the first payer for their dental care, and any gap, copayments or deductibles that exist—or difference between the dentist's current fees and those that are covered by the CDCP—are picked up by the province currently, using the funds that were available in the budgets of HSO and ODSP. By our calculations from an economist who does some work for the dental associations across Canada, that is saving the provincial government about half of the budgets of those two programs.

So essentially, there is no cost barrier for accessing care for those covered by HSO and ODSP. But unfortunately, this only an interim measure. Our greatest concern is, when it's interim, that could end at any time, leaving these

vulnerable people once again vulnerable to not being able to access timely care.

MPP Lise Vaugeois: Thank you very much, Dr. Smith.

And Dr. Epp, Ernie, I want to thank you for your presentation. I often think that we could all use, as we take these jobs as MPPs, this kind of a history lesson and history overview to really understand how we got from where we were at one time to where we are today.

I wonder if you could talk a little bit about ideas for tax reform or thinking about the priorities for looking after people in our province and how those dollars could be better spent or perhaps even conceptualized.

Dr. Ernie Epp: The largest view I would take of it is that what we have is mania for tax cutting. Time after time, politicians talk about reducing taxation. That obviously, on the face of it, works against coming to grips with the challenges that people face—improving the lot of Ontarians.

What is required, of course, is to have a system that is really sensitive to income levels. You know, when the millionaire Bryant is prepared to think that he could pay some more, clearly this points in the direction of increasing taxation for those who have a lot of income, taxing capital gains completely rather than the partial taxation that it was come to back in the 1970s, and conceivably reducing taxation for lower-income people.

We need a fairer tax system. That would be a way of responding to it. We would cut taxes to some extent, but it would also produce the revenue that the government so badly needs—particularly in Ontario, which has been shortchanging its citizens, quite clearly, for many a year.

MPP Lise Vaugeois: Thank you. And I think Sol—

The Chair (Hon. Ernie Hardeman): MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch. Thank you, Dr. Smith. I think the way you described the dental services of today compared to growing up in Kiiwetinoong in my home reserve—for the people in the reserve, it's come a long way. When we talk about growing up, sometimes we would have some dentists who did extractions or fillings with no freezing. So, that's kind of how it came about.

But I just wanted to ask, what role do you think—because you have to remember, Non-Insured Health Benefits is a federal program for First Nations. What role do you think Ontario has, if any, in filling the gap that exists with the failure of the federal NIHB program?

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Sol Mamakwa: You've got one minute.

Dr. Gerald Smith: One minute? NIHB, I think, is a reasonably good program that works quite well for our First Nations population. I have patients in my office and I think it works well. The CDCP was modelled, more or less, on the NIHB program.

I think, going forward, the most important thing to benefit all citizens in the province is the coordination of benefits between the provincial programs, HSO and ODSP, with the CDCP, as well as improving the seniors' program in Ontario which, unfortunately, has been a failure by forcing seniors to have to go to a public health unit to wait an inordinate amount of time to get treatment,

not being able to get all the care that they necessarily need, when we have 6,000 offices across the province that could provide seniors dental care at a dentist of their choice—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time.
MPP Fairclough?

Ms. Lee Fairclough: I'll come back to you, Dr. Smith. Thanks again for the presentation. I think having access to dental services, particularly for young people and those at risk especially, is pretty critical. I've had some members of yours from my riding come to meet with me on that very issue.

I wanted to come back to the training and colleges. I appreciate the request that you've made today relates to Skills Development Fund. You probably know there's been a lot of discussion about that fund and the Auditor General's review of that program and decisions related to that. Ultimately, they're reviewed by a third party and recommendations are made to the ministry. I think we can hear the request here, but I don't think this process itself informs any of the decisions, as I understand it, going forward on the Skills Development Fund.

But with that in mind, my question is, you made the choice to apply with Anderson College, which I understand is a private college, versus applying as well with some of the other public colleges that exist, that have these programs, that are also kind of struggling at the moment to keep those programs open. I just wondered if you could speak more generally about how you're partnering and working with some of the other public colleges in addition to colleges such as Anderson College.

Dr. Gerald Smith: Okay. First off, Anderson College was readily available. They were able to provide education to a large number, and 120 is significant—

Ms. Lee Fairclough: Okay, so that's where that—

Dr. Gerald Smith: —where with Confederation College, the maximum they can do is about 30, give or take. We needed something we could put together quickly and efficiently that was going to give the government and the students bang for their buck.

Our submission, if the Auditor General did look at ours—being a voluntary professional organization representing about 11,000 members across the province; that's 90% of the dentists—I can assure you with my heart that our submission would have met or exceeded all expectations.

Ms. Lee Fairclough: There were many of those that weren't funded, as you know.

Dr. Gerald Smith: There were. So I think that's it.

We've also reached out to the community colleges, including Confederation College in Thunder Bay, in how can we help. "How can we help to get dental assistants to apply to your program so that it becomes viable again?" Funding is one thing from the government; you also need people to apply.

Ms. Lee Fairclough: That's great. I'm so happy—

Dr. Gerald Smith: I can tell you right now, our spring campaign—this is just coming out—will be about promoting the dental assistant as a viable and very good career for

students. Anybody could apply, essentially—I was going to say high school students, but it's not just for that. Look for this campaign coming out in April. You may have heard it first that we will be doing an advertising campaign to encourage people to go to their community colleges and apply to these programs.

1050

Ms. Lee Fairclough: I'll be happy to promote it. Thanks for doing that.

Dr. Gerald Smith: Thanks so much for the question.

Ms. Lee Fairclough: How much time do I have left? Do I have more time?

The Chair (Hon. Ernie Hardeman): You have 2.25.

Ms. Lee Fairclough: Oh, thank you. Wow, that's a lot of time. Maybe I will go to Professor Epp as well.

As you can tell today, I am quite interested in the issues around colleges and universities, given the discussion. You did make a comment about what you've seen in the changes in tuition fees for people. What do you think we should be considering here, given the current state of funding for universities and post-secondary education more generally? What's your advice to the government on these issues, given what you've seen over your career and also your teaching career as a professor at a university?

Dr. Ernie Epp: Most of my career has been at a time of reduction of funding to universities and colleges. The fact that international students were charged exorbitant fees, three times and more what Canadian domestic students had to pay, and that was being used to replace funding by the governments of the country—what can one say? I'm old enough to be kind of a Pearsonian Liberal perhaps, although of course I didn't follow that path.

Ms. Lee Fairclough: Oh, I thought you were with me there for a minute.

The Chair (Hon. Ernie Hardeman): One minute.

Dr. Ernie Epp: There was a time. I worked for the campaign at Toronto-Davenport in 1968 for the Liberals, as it happens, and ran into him in the House, of course, a few years later.

Anyway, I don't understand it—other than the failure to act on Kenneth Carter's report from the 1960s left governments unable to fulfill their responsibilities. I brought along a paper I presented some years ago in southern Ontario on fiscal failure and naval decline. I left 40 copies of the paper around the table and when I left the room, as the last person out of the room, they were all gone. Some months later, I had a call from the corporate secretary at the Department of National Defence, passing on the thanks of the minister for my having sent him the paper. Well, I hadn't, of course—

The Chair (Hon. Ernie Hardeman): Now your clock has run out. Thank you very much.

MPP Dowie.

Mr. Andrew Dowie: Thanks to all the presenters for coming and making the drive.

Let's start with Mayor Fort. Thanks so much for being here and putting in quite a significant drive from Homepayne. Beautiful community—Nagagamis; can't wait to go back.

I wanted to say thank you to Good Roads for operating an incredible program for municipal staffers involved with the administration of roads. I've done the T.J. Mahony Road School in my past career and have relied upon Good Roads to provide technical education to improve road safety and encourage design considerations that lead to better health and safety outcomes for residents.

In that vein, I'm hoping to get a sense from you in terms of how governments could operate better to not only introduce the kinds of measures that you've advocated for today, but more importantly to get to a place where we are no longer having to rely on going back in time, fixing problems as they come up, but getting to maybe a stronger asset management program that includes the design features that you've introduced. Are there policy changes that we could consider to get to that outcome?

Ms. Cheryl Fort: Thank you for the question.

I think, to get to the outcome into the future so that our roads are built well right from the beginning, it takes education. This would be a first step. When we get auditors in community, when people with boots on the ground are seeing that there are small changes that can be made to the bigger picture that minimize collisions, that's where we start.

If we were to just imply or place policy today, people won't have buy-in; they won't see it. "Why do we have to make these changes? Why do we have to incorporate this into our engineering?" But once it's on the ground and it's working, we're seeing the minimizing of collisions, minimizing of fatalities, minimizing injury, then that's the buy-in that would come into the future. So I really look at this as a first step in let's make it safer now, and this will inform the decision-making that we need into the future. Like I said earlier, we're the only jurisdiction of all of our global partners that doesn't already have this in place. The data is out there that this is the move forward.

Mr. Andrew Dowie: Thank you for that. Chair, through you, back to Mayor Fort: We have the Ontario Traffic Manual, for example, that describes how practitioners should implement the recommended guidelines, and there's the manual of uniform traffic control devices etc., yet we are not adopting the practices from other jurisdictions. Are you seeing in your advocacy and your engagement a resistance from within to adopting, or is it simply that we're making voluntary what is mandatory in other jurisdictions?

Ms. Cheryl Fort: That's a great question. I think, over the course of the last decade, Good Roads has evolved and done more global work. We've been able to go to different conferences throughout; our staff regularly goes throughout the world looking for best practices. I think it's just that we hadn't been informed of exactly all the different avenues out there that we could take, and now that we have it, we've been advocating for the last three or four years to put these improvements in place.

So when we talk about legislation, for the municipalities, it would be the minimum maintenance standards, but we need the data to inform how do we make those decisions—so if we look at this investment over the next five

years as a pilot project and inform those decisions and know where best to place them in our legislation.

Mr. Andrew Dowie: Thank you very much.

Chair, how much time is left?

The Chair (Hon. Ernie Hardeman): One point one.

Mr. Andrew Dowie: Okay. I'll move to Dr. Smith. Thank you so much for being here. I take to heart the shortage that you reported. I know my own dentist has been having some challenges in recruiting and retaining some of the staff. I'm wondering, besides the barriers to education, what other factors do you feel might influence someone's decision to either not pursue a career as a dental assistant or hygienist or leave? Do you have any insight on that?

Dr. Gerald Smith: That's good question. I don't know if I necessarily have an answer. I think part of the problem here has been exacerbated by the CDCP because of the number of new patients who have suddenly become eligible for dental care. The one third of Canadians who didn't have private coverage now are able to get care. That's driven demand up in dental offices, and community colleges have struggled to fill seats for dental assisting programs and dental hygiene programs, for that matter. I think it's sort of a perfect storm that's resulted in this shortage, and it's only going to get worse as more and more people access care through the federal program.

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question, and it concludes the time for this panel.

We thank the panel for all the time you took to prepare and to so ably deliver your message here this morning. We sure appreciate it, and I'm sure it will be helpful to the committee as we move forward. Thanks again for being here.

ONTARIO SPCA AND HUMANE SOCIETY
POVERTY FREE THUNDER BAY
HURON-SUPERIOR REGIONAL
COMMUNITY OF THE MÉTIS NATION
OF ONTARIO, REGION 4

The Chair (Hon. Ernie Hardeman): As we change the table: Our next presenters are the Ontario SPCA and Humane Society; Poverty Free Thunder Bay; and the Huron-Superior Regional Community of the Métis Nation of Ontario, region 4.

We would ask the committee members, if they want to speak, to move away from the table so the next presenters can get in.

Okay. We're, I believe, ready to start. One of the ones I mentioned will be virtual, and I believe they're on the screen. The first one to present will be the Ontario SPCA and Humane Society.

1100

We do ask the presenters to introduce themselves in starting their presentation. You heard the rules: At six minutes you get a notice, and at seven minutes you're done.

With that, the floor is yours.

Ms. Shawna Beaulieu: Good morning and thank you for the opportunity to speak today. My name is Shawna Beaulieu, and I'm the regional director of northwestern Ontario with the Ontario SPCA. Drew has asked me to join his presentation today to speak about access to veterinary care in the north and why it matters not just to animals but to people and communities.

A local veterinarian recently shared something that really stuck with me. They receive calls from physician recruiters trying to bring human doctors to northwestern Ontario, asking whether those doctors can be moved up the client wait-list so their pets can access veterinary care. Because if families can't secure care for their animals, those physicians simply won't relocate here.

That's an example that captures northern realities: Access to veterinary care directly influences whether people can live and work in our communities. Distance is a defining factor in northwestern Ontario. Communities are spread across vast geography, often hundreds of kilometres from the nearest veterinary clinic, with limited transportation options.

When veterinary services are inconsistent and unavailable, prevention becomes extremely difficult. Without routine spay and neuter services, animal populations grow quickly. In the remote north, we consistently see dogs beginning to pack up, increased aggression and higher risk of dog bites, creating real safety concerns for residents and first responders. When vaccination and preventative care aren't available, infectious disease spreads much more quickly.

These challenges don't stop at the community level; they flow directly into shelters like ours. Our shelters are seeing a high demand for owner surrenders. Not having a full-time veterinarian has delayed intake and limited our ability to respond. That means animals wait longer for care and families wait longer for support.

To keep services running, we've had to rely on out-of-town locum veterinarians. This approach is significantly more expensive, less predictable and not sustainable. Recently, to attempt to recruit veterinarians to northwestern Ontario, we've had to offer location incentives that are roughly \$40,000 over comparable southern Ontario roles, along with additional signing and retention incentives. I share this simply to illustrate the reality of recruitment in the north. Without these incentives, positions remain vacant and access to care disappears.

In northern Ontario, keeping people and animals together is a community sustainability issue. Public and community veterinary clinics are a cornerstone of prevention and population control. They help reduce downstream pressures on shelters, emergency responders and municipal resources.

Thank you—over to Drew.

Mr. Drew Woodley: I'm Drew Woodley, director of government relations with the Ontario SPCA and Humane Society. Thank you for the time today.

As you've already heard from Shawna, the challenge of veterinary access is very real. The Ontario SPCA is strongly committed to promoting and delivering shelter services

and veterinary access programs in under-served parts of the province, especially in northern Ontario. We opened our new Sudbury regional veterinary clinic last year, we recently completed a merger with the Thunder Bay and District Humane Society, and we are supporting the new veterinary training program at Lakehead University. We support emergency and evacuation responses and work with under-served and First Nations communities to provide basic services in areas without sufficient local access. In 2025, the Ontario SPCA performed over 6,000 spay and neuter surgeries, including hundreds through our MASH-style mobile clinics.

Beyond just impacting individuals and families, we know that the veterinary shortage can have wider community impacts, as Shawna alluded to, such as animal overpopulation and disease spread. This ongoing issue is recognized by the provincial government. The Ontario Legislature's Standing Committee on Justice Policy recently recommended the government fund veterinary access programs for companion animals in northern and remote communities that don't have year-round access to veterinary care as a way of addressing animal welfare and its connections to other forms of violence.

The Ontario SPCA and Humane Society is proposing that the provincial government establish a program to fund companion and shelter veterinary medicine services in underserved areas, including northern Ontario. This funding would not simply be for our organization but be a sector-wide way of bringing more veterinarians to under-served communities.

My father is an accountant. I know that with any budget request, the next question is, "Where does the money come from?" The province's Veterinary Incentive Program is currently dramatically underspending its funded budget, according to the province's public account statements. This program provides financial incentives to recent doctor-of-veterinary-medicine graduates to perform large-animal medicine in northern and rural areas. The program accepts up to 20 participants per year with funding for up to five years per participant.

In 2023-24, the first year the program operated, the actual program spending was only 82% of its budget. This means that not only was this year under budget, but the participant spaces also allocated to year 1 will not need to be funded in any of the subsequent years of the program. In year 2 of the program, 2024-25, the actual program spending decreased compared to year one when it should have increased, and only 33% of that year's program budget was spent.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Drew Woodley: The provincial government can redirect the Veterinary Incentive Program's annual unspent funds to a new companion animal access program, effectively funding two programs for the price of one and providing a much-needed source for support for veterinarian access in underserved areas, including northern Ontario.

With that, I'll give back the rest of our time.

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

Our next presenter is Poverty Free Thunder Bay. The floor is yours.

Ms. Tracey MacKinnon: I'm just pulling it up. Is that close enough? Okay.

We're all resilient. We lived through a global pandemic for years. That's resilience. We made it through extreme weather conditions; others have not. We have a place to call home; others have not. We have food to eat; others do not. I have privilege; others do not. I'm here today; others are not. Today I'm using my privilege to say things others can't.

I'm a person with lived experience, person with disabilities, PHA, kokum, mother, sister, daughter. What makes me resilient? Is it having had my children—I have four sons—taken by CAS due to domestic violence, like other Indigenous peoples by colonial systems decades ago? Is that resilience?

Is it when I was in ICU on life support for two weeks years ago? Does that make me resilient?

Having to relearn how to walk, talk, feed myself—mobility challenges persist years later—does that make me resilient?

Living in poverty, having experienced homelessness, living in social housing: Does that make me resilient?

Being afraid to open my door, not sleeping well because of uninvited house guests of the four-legged type running around at night under my bed? Did I mention the creepy crawlers? Who can sleep? Did I mention traffic coming and going all hours of the night, the knocks on my door I don't dare answer? I didn't invite anyone; no one should be knocking. Does that make me resilient?

When people spend most of their income on housing, they're forced to choose between paying rent and buying groceries, the impossible choices that no Ontarian should have to make ever. These are choices people in Ontario are making every single day, every hour, every week, every month, living paycheque to paycheque, if you're lucky enough to have a job. Food banks are struggling. Soup kitchens are stretched thin. Our front-line workers are at their breaking points, over budget.

Those on OW and ODSP are experiencing homelessness by 72%, according to Maytree. This is the policy failure. These systems don't stabilize lives, nor do they help one to escape poverty. It's a life sentence without the three hots and a cot.

Housing for those on assistance is increasingly out of reach. Could you live, much less survive, on \$733 or \$1,400 a month? How do you expect us to live, survive and thrive on these numbers, much less become productive members of society? These numbers are below the poverty line—way below, too far below.

1110

We have an income inequality. Everyone deserves a place to call home. It's a state of emergency. Canada is facing a housing crisis, a crisis which is unlikely to get resolved any time soon. Income mostly spent on housing leaves little for groceries. This impossible choice is one

that no Ontarian should ever have to make. People with disabilities would need 30% more income to reach the poverty line.

One in six people globally are disabled. That's 1.3 billion people worldwide; that's 16% of people. Rent, then food and everything else: luxury items? A phone, Internet—which, during the pandemic, was essential for those “in-person” virtual meetings—prescriptions, health care, dental care, child care: luxury items? A car, vacation, savings, education.

Those who are privileged own. I rent. I'm at social housing for 50-plus. Luckily, I have someplace to call home, someplace to live, someplace to cook a meal. I pay 10% of my income to rent and another 10% to FRO. It's why I don't drive or have a passport. I travel within Canada; where else?

Those who are homeless have nowhere to call home, much less a job. If you can't work, you can't have luxury items. A bank account; ID; credit, much less good credit—what's that? A credit card, a car, RRSP, a pension? I wish. Don't have these items, or lost them? References? You're out of luck.

I have less than \$100 in my bank. I work when I can. Did I mention I have osteoarthritis, OCD, PTSD, anxiety, depression? The list goes on. Don't you love the alphabet? I went to post-secondary; others did not. Labels, acronyms, privilege, credit, a home, jobs—oh, my.

When was your last meal? Did you eat today? Food banks are filling gaps. The solution is clear: When people have access to affordable housing, stable housing, they can afford to feed themselves and their families. Food banks are temporary, if you're able to get to one. Are you able to wait in line for hours for a few days' worth of food you might or might not be able to eat? Is transit even running on required days when needed? Appointments? Good luck again. Beans, pasta, sauce, tuna, oats and rice are better than nothing. Cereal, TP—yes, I said it—coffee, milk: luxury items? Milk, a luxury item? Fresh fruit and vegetables? Meat—score. Chocolate or candy? You hit the lottery. Cookies at Christmas—a gift? Wow, a blessing. Fresh fruit and vegetables, much less meat: Can you afford it? I can't.

Housing is a human right. Housing is health care. Housing is human care. Food security is health care. Affordable housing is health care. Food security is sovereignty. Food security is medicine—housing first.

Equality for all: Those living in poverty below the poverty line need a better social safety net. Call it UBI, a guaranteed livable income, basic income; those living in poverty need a hand up. I'm a former Ontario Basic Income Pilot project participant. Damn you, Doug Ford; the program was working. So much for campaign promises.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Tracey MacKinnon: Mincome worked too—just saying. Other similar programs have and will work again. They are working elsewhere. During the pandemic, we had CERB and CRB for those that couldn't work or unable

to work due to restrictions and lockdowns. Those programs were rolled out quickly.

Do you have a family health care provider? I don't; I haven't in decades. One in five adults in Canada still don't have a family doctor. I use a walk-in nearby.

The largest social detriment of health is income. Others include housing, connections, poverty, access to resources and health care.

Housing continuum: I'm in social housing. I've owned a home with my former spouse. Since then, I've rented—always rented, paying full market rent, to social housing now. I'm looking into portable subsidies for market rentals—again, with no job. Good luck. Affordability? I'm staying where I am for now due to unaffordability elsewhere.

On December 19, Elevate NWO held a news conference urging Thunder Bay—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. Hopefully, we can get the rest of it in in the questions.

We are now going to hear the Métis Nation of Ontario Huron-Superior Regional Community, region 4.

Mr. Mitch Case: Good morning, and thank you to the Standing Committee on Finance and Economic Affairs for the opportunity to speak with you today. My name is Mitch Case. I'm here on behalf of the Métis Nation of Ontario. I serve as regional councillor for the Huron-Superior region, and provincial secretary of education and co-provincial secretary for intergovernmental relations.

I'm joining you today from Sault Ste. Marie, my home community, one of Ontario's historic Métis communities and a place where the Powley decision began, a Supreme Court of Canada case that ultimately affirmed Métis rights under section 35 of the Canadian Constitution—the only Métis community to be recognized by the Supreme Court of Canada.

That decision established clarity and defined responsibilities. It also set the foundation for the government-to-government relationship that the Métis Nation of Ontario has been building with this province for more than two decades now.

The MNO is recognized as a government by Ontario and by Canada. Shortly after the Supreme Court's decision, Ontario negotiated an interim harvesting agreement with the MNO. Then, in 2015, the Ontario Legislature unanimously passed the Métis Nation of Ontario Secretariat Act, and in 2018, a new framework agreement on Métis harvesting was signed.

We're also recognized by Canada through two self-government agreements signed in 2019 and in 2023, in which Canada committed to negotiating a self-government treaty.

I am pleased to be here on behalf our government and the Métis citizens and communities we represent in this province. As of today, we represent 32,000 Métis citizens living in Ontario. They work in our communities and drive our local and provincial economy as we have since the days of fur trade—the days before Ontario was Ontario.

Métis continue to live here today, still proud of our history, culture, way of life and our contributions to this province.

Today, the MNO as a province-wide program and service delivery system employs 28 employees in Thunder Bay and almost 500 across the province. We also have a large, positive impact on local economies in Ontario. This year coming up, the Métis Nation of Ontario annual general assembly will be held right there in Thunder Bay, generating substantial local revenue by bringing thousands of people to the city who will be staying in hotels, going to restaurants and shopping locally.

Not unlike the agenda for our general assembly, our pre-budget submission is focused on a small number of targeted, high-impact investments that will deliver results, creating economic resilience and growth in communities all over the province. One of the biggest undertakings aligns with the government's commitment to increase affordable housing supply across Ontario. The MNO currently has multiple shovel-ready projects which will build affordable and culturally appropriate housing for Métis families.

One of our key shovel-ready housing projects is in Kenora. Our Kenora affordable housing build will deliver 30-plus affordable rental units with ground floor office spaces. To provide fast, cost-efficient delivery, we are developing this project with modular construction and focusing on climate-resilient infrastructure for the northern climate. It is ready to go the minute that we get provincial permit approvals.

As part of the pre-construction phase, we applied for an archaeological permit with the province, and we had selected that we would prefer an expedited process. We were initially told that this would take 30 days; it has been almost a year.

The MNO is ready to deliver cost-effective housing in Kenora to reduce the housing crisis that is faced in that community and to continue to be a leader on these housing initiatives. We just need permission from Ontario to go ahead. We're asking the government of Ontario to expedite these permits so that we can hit the ground running and put roofs over people's heads. We support the government's efforts to cut unnecessary red tape, and we look forward to working with the government to resolve these permitting challenges.

We also have a vision and a strategy to deliver affordable and culturally appropriate housing for Métis families in rural Ontario; we just need to clear that bottleneck. Similar to shovel-ready housing project in Kenora, we have another project ready to go in Midland, Ontario to create 14 affordable rental units for Métis families in the historic Georgian Bay Métis community. The site is ready, it's set aside, the community consultations have been completed and construction can begin this year.

In this instance, we need capital funding to start digging. The MNO is requesting \$3 million in provincial capital funding to begin construction. The development will include 12 semi-detached and two detached homes, all offered at 80% of market rent. Both this investment and

expediting permit approvals align squarely with Ontario's goal of accelerating housing delivery. It adds new supply, supports local construction activity and helps prevent displacement that would otherwise drive up costs in the social services sector.

Métis citizens are workers, business owners, tradespeople, entrepreneurs and community leaders. Our movement, our travel in this province and the decisions that our government makes bring huge economic prosperity to various regions in Ontario. We contribute directly to Ontario's labour force, to local procurement and to regional economic development, particularly in northern and rural communities, where growth is often hardest to achieve and programs are stretched to their thinnest.

Every dollar and every minute invested in Métis-led housing and infrastructure is felt locally. It supports construction jobs, creates long-term assets, reduces pressure on the health and social service systems and strengthens community stability.

The Métis Nation of Ontario is not asking for one-off support; we are offering continued partnership. We have shovel-ready projects, proven governments and the capacity to deliver results quickly and responsibly.

1120

My community can vouch for this. The first of our Métis Nation of Ontario housing projects was completed in my community, with 20 housing units at that 80% of market rent, with 20 families that now have a safe, affordable home to live in.

Our continued, two-decade-long partnership with Ontario Aboriginal housing support services provides over 3,300 housing units in the province of Ontario.

Investing in Métis communities is not just about reconciliation; it is smart economic policy that delivers real, measurable returns for Ontario. We are a reliable, consistent partner. We are ready to build. We are ready to partner and ready to contribute even more to Ontario's economic future.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Mitch Case: I thank you for your time and I would welcome any questions.

The Chair (Hon. Ernie Hardeman): Well, thank you very much for the presentation. That concludes the presentations for this panel.

We will start with MPP Fairclough.

Ms. Lee Fairclough: Thank you to all of the presenters this morning. It's been great to hear your suggestions for us at this committee. We will have two rounds of five minutes of questions, so I will be asking questions of all three of you over the course of that.

I am going to start with the Ontario SPCA and Humane Society. Thank you, Shawna and Drew, for your presentations.

Before I became an MPP, I worked in health care for a lot of years, so it's sort of interesting to see some of the parallels that you're describing, actually, in terms of veterinarians and veterinary services and the ability to support communities.

I'm wondering if you could expand a little bit more on your ask. I was following the program that you were describing. It's really been underspent for the last few years and you're wanting to—is it to create a new animal access fund from it? So maybe a little bit more on that. But then I'm also interested to understand why the other one is underspent. Is it because of a lack of interest? Is it just the way it's structured? What were the problems leading to it being underspent?

Mr. Drew Woodley: Sure, maybe I can speak to that.

The Veterinary Incentive Program—we'll start there—is designed for, like I said, large-animal veterinary practice or what's called mixed-animal veterinary practice, where you have to have some component of it be large-animal. It's essentially agriculture veterinary practice, which is very different than shelter or companion animal. We primarily handle cats, dogs, bunnies, other small animals. So if you're trying to access to a community veterinarian for our dog or your cat, this wouldn't be kind of veterinary practice you would likely be looking at.

Because of that underspending, where they allocate 20 spots per year for veterinarians to take part in this program, because those spots aren't being filled, it's creating a surplus for subsequent years. It's a multi-year program that, as long as you stay in the program, you continue to get funding. So once that first-year spot isn't used, we know that the year 2, 3, 4, 5 programs aren't going to be spent and it creates that surplus.

Our ask: At this point, we are open to a number of options. OMAFA, which supervises the program, could expand the qualifications of the existing Veterinary Incentive Program. Alternately, it could say, "We want to have a separate category, separate program, that focuses exclusively on companion and shelter medicine, but we will fund it through the unspent portion of the Veterinary Incentive Program." The sector would be open to either option.

In terms of why the Veterinary Incentive Program isn't being fully utilized, I couldn't say. It's not our area of veterinary care and I wouldn't want to hypothesize. OMAFA might have better indicators, based on their experience directly with the program. All we know is that the program isn't spending its fully allocated budget.

Ms. Lee Fairclough: Okay, great. Thank you.

How much time have I got?

The Chair (Hon. Ernie Hardeman): Two minutes.

Ms. Lee Fairclough: Great, thank you.

So I'm going to transition then, because I think both of the other two presentations focused on the really important issue of housing and access to affordable housing, and what that will mean for those that are trying to live below the poverty line, currently, on ODSP and OW. But then also, more generally, we know that three in five Canadians are actually worried about losing their housing if their financial situation were to change tomorrow. That's a big number.

I'd like to come to you first, Mitch Case, from the Métis Nation of Ontario. If I'm understanding your ask correctly, you've got a project that's ready to go. You're not looking

for funds, per se—the project up in Kenora. You're not looking for additional funding; it's just the permitting that's the barrier there to getting that project started?

Mr. Mitch Case: Correct.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: Okay. So that seems like something more straightforward. I'm sure my other colleagues here at the table will be able to comment on getting that moving.

And then for the one in Midland that you've described, again, this would be some net-new supply. It would be at 80% of market rate, which, again, I think is a need that we've got in the system for affordable housing. Can you just talk again a little bit more about the capital investment that you're looking for to get that started?

Mr. Mitch Case: Essentially it would be to support the initial construction phase of the Midland build. We have some funds through our federal housing accord, but a little bit more than what we have is required. With the largest Métis community in the province of Ontario being right there in Midland, Penetang, it makes a lot of sense for government to invest there.

Ms. Lee Fairclough: Okay. And that was the one that you had said you had completed all of the consultation needed. You've got full support—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the question.

MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming out this morning and sharing your perspective with us as we do these pre-budget consultations. It's very helpful.

I'm going to continue on with you, Mitch. I just want to thank you for working to develop housing in this area. We need housing all across Ontario, so thank you for your nation's leadership in trying to get that kind of housing built for our communities.

I just want to understand—I'm the parliamentary assistant to the Minister of Red Tape Reduction, so when you talk about reducing red tape, that perks my ears up. Just explain more about the red tape that you're experiencing. I know a little bit about the project; I think there might be some issues with consultation. So just explain to me a bit more what really is the issue you're facing there when it comes to red tape.

Mr. Mitch Case: Our technicians can follow up directly with your office on the exact specifics of the Kenora situation, but my understanding is that it's the phase 1 archaeological study that initially the ministry had said is a 30-day process. That was almost a year ago, and it's still not complete and not moved forward at all. So I'm not sure what the barrier is on the ministry's end, but if we're looking at putting roofs over people's heads, a 30-day process shouldn't turn into a year.

Mr. Joseph Racinsky: Actually, at ROMA, we had a delegation from the town of—I think it was Fort Erie in Niagara, and they are having issues with archaeological processes there too. So it's across Ontario where there are

some concerns about just how that process works. Thank you for that.

I'll go next to Shawna and Drew. Thanks for coming. You may be aware: Last session, we introduced Bill 75, the Keeping Criminals Behind Bars Act. As a part of that, there's a big portion of that act very focused on animal welfare, banning practices like declawing, debarking. I just wanted to get your perspective on that legislation.

Mr. Drew Woodley: Sure. There are two parts to that. One is around the invasive medical procedures. We are very supportive of the bans on cats and dogs and invasive medical procedures. We've provided feedback to the ministry on some ways we would like to see the legislation and regulations improved, but generally speaking we are very supportive of that.

On the consultation on unnecessary veterinary procedures, that's something we have been calling for for a long time. The Solicitor General committed to doing that consultation over two years ago and we've been following up with his office to really push that forward.

We were quite disappointed to see, however, that tail docking is not included in the public consultation documents that were provided by the ministry. When the promise of a consultation was initially announced, it included tail docking, but for some reason, that seems to have been dropped from the public materials under consideration.

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Mr. Joseph Racinsky: Thanks for that, Drew. I understand that Lakehead University is constructing a veterinary portion of the university there. What impact do you think that will have on the concern that you raised to the committee today?

Mr. Drew Woodley: I'll maybe get Shawna to touch on that, but we're very supportive of that project. We are contributing to that project. One of the challenges, though, is it's going to be several years before those veterinarians are in a position to practise, so it is a good longer-term solution, but it doesn't address the more immediate need.

Mr. Joseph Racinsky: And in the last session, we were talking with the Ontario Dental Association about having more mobility of skilled trades across provinces. Is that something more immediate you think could be a solution, like trying to attract these veterinarians from other provinces like Manitoba, for this region?

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Drew Woodley: By and large, it's fairly easy for veterinarians to move province to province. Where I think the provincial government could potentially take more of a role would be looking to other foreign jurisdictions to see what could be done to recruit veterinarians to come to Ontario—looking in areas where there is a fair amount of labour portability. Certainly, in North America, it's relatively easy to move from one jurisdiction to another, so I think it would be more about the recruitment process rather than the procedural barriers.

Mr. Joseph Racinsky: Okay, well, thank you for that. I appreciate it.

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

Now we go to MPP Vaugeois.

MPP Lise Vaugeois: I'd like to begin with Tracey MacKinnon. First of all, I want to thank you—well, I want to thank everybody—but I want to thank you for bringing some of your lived experience here.

When CERB was given during the pandemic, that was a \$2,000 minimum that was believed to be what it would take to survive. And yet, OW is \$733 a month and ODSP is \$1,400 a month, far below that basic understanding. We also know there's no rent control on newer buildings and so on. Getting clean, safe housing is extremely difficult for anybody who doesn't have a lot of money in their pocket right now.

You also talked about basically being in a state of perpetual emergency. We see that with the number of people who are using food banks, which is at a historic high, and the number of the people who have nowhere to live and people who are forced to live on the streets right now in 30-, 40-below temperatures. It's horrifying.

You were on the basic income pilot; I wonder if you could talk about what a difference that made to your life and the people that you know who were also on the program.

Ms. Tracey MacKinnon: That was quite a while ago. It seems like a decade ago, because it was almost a decade ago. When I was on the basic income pilot project, it was almost comparable to working a full-time job, without actually having to work a full-time job.

MPP Lise Vaugeois: I think part of what is important for people to hear is actually how expensive and hard it is to live when you're poor. If you don't have money for groceries or you're scrambling to get grocery money, then you've got to have money to get on the bus. Then, you've got to sit on the bus for an hour possibly—

Ms. Tracey MacKinnon: If the bus is even running.

MPP Lise Vaugeois: —if the bus is running, and go and stand in line at a food bank and get whatever is available at that food bank. And then, you can take the bus and go back home. It becomes an all-day exercise to meet your very basic needs. Can you talk a little bit about those challenges?

Ms. Tracey MacKinnon: Can I just finish?

MPP Lise Vaugeois: Sure.

Ms. Tracey MacKinnon: Okay, because that actually leads into it.

In Thunder Bay, the housing situation is dire. This past October, the LSPC PiT count found that homelessness continues to rise: 652 people are currently experiencing homelessness, which is 17% more than the 2024 count of 557 people. In the 2024 count, more than half of participants cited high cost of rent and low income being the biggest barriers to housing.

On December 19, Elevate NWO held a news conference urging Thunder Bay city council to declare homelessness a state of emergency. Even with temporary increases in overflow beds, it's still estimated that 50 people were staying in encampments. A joint response from the city of Thunder Bay and TBDSSAB stated that, "a municipal state of emergency does not, on its own, provide new tools

to resolve homelessness. It does not guarantee additional funding from other orders of government, nor does it authorize the city to redirect private industry or override market forces."

One in four people are experiencing food insecurity. More than 12 million people are struggling with the rising cost of living. Canada is experiencing food insecurity. Everyone deserves to have a place to call home and food to eat.

"To bring about change, you must not be afraid to take the first step"—Rosa Parks.

MPP Lise Vaugeois: Thank you. Do we have time left?

The Chair (Hon. Ernie Hardeman): One point four minutes.

Ms. Tracey MacKinnon: Did I answer your question, at least? Sorry.

MPP Lise Vaugeois: It's close enough, and we've got another spot.

Shawna and Drew, you talked about having to rely on locums, which we know is a very expensive way to provide services. I see that you're trying to find money out of other budgets and move that and be more flexible. Do you have other thoughts on how to address the lack of people who are here right now? We know the vet school is longer term.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Shawna Beaulieu: Well, incentives and exposure are important. There are a lot of solutions in place, like we talked about, like the Lakehead University veterinary program, which is excellent. That's opening up 20 spots to students from the north. The way that the program is structured is actually that students will come for their two first years in Thunder Bay and then they will complete the program, third and fourth year, in Guelph. So having incentives in place in order for them to come back to the north is important. Because what will happen, your third year, fourth year, that's where you're doing your placements with clinics. In order to have them come back, I think incentives would help.

I think that also what's lacking in the north is really a veterinarian—to have that veterinary community. Right now, as a new grad or new to the sector, it's difficult, because you're kind of here on your own. There are no specialists in northern Ontario. You're wearing very many hats—

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

MPP Fairclough.

Ms. Lee Fairclough: Shawna, we'll pick up on that, because I was going to ask you something similar. The picture that you just painted is very similar to how we had to recruit health care professionals to the north for years—

Ms. Shawna Beaulieu: NOSM, yes.

Ms. Lee Fairclough: —and the creation of NOSM. And even when I was in Kapuskasing, yesterday, talking with some of the front-line clinicians there, many of them are from the community, have gone to train and then they have come back. This strategy around having people do

the training locally and then staying seems to be one of the winning strategies.

How have you envisioned the training continuing to expand more locally, and do you do anything to recruit in the high schools etc.? A lot of the other health care organizations put a lot of time into planting the seed in young people's minds early about the opportunities in some of these professions.

Ms. Shawna Beaulieu: Through the OSPCA, we have a pretty robust education program, humane education, and that's right from school age all the way to high school, in order to educate on animal welfare as a whole, ownership and the different careers that you can follow, as well. There is some effort going there.

The interest of students and youth wanting to get into veterinary care is high; there are just not many schools for them to go to. That's really the issue. We have a demand for volunteers and staff that come and work in animal care, and a lot of students that are very ambitious into getting into veterinary care. It's a matter of those spots. Those extra 20 spots will certainly help with that.

Ms. Lee Fairclough: Thank you. I'm just going to turn my attention for the rest of my time.

The Chair (Hon. Ernie Hardeman): Three point three.

Ms. Lee Fairclough: Great, thank you.

I do want to come back to the issues of housing and homelessness. Again, I too, Tracey, appreciate you sharing your lived experience with this. This year, myself—I'm in the Liberal caucus—and my colleague Aislinn Clancy from the Green Party, actually, co-sponsored a bill, the Homelessness Ends with Housing Act, because we feel we really need a strategy to get ahead of this. It included thinking about housing-first approaches and how we might be able to support that. We know that homelessness is up another 5,000 since last year—over 30% in the north was what AMO was identifying last week. I've got the food bank in my riding in Toronto, and again, food bank use is at an all-time high.

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What would be a couple of things you would love to see us focus on in a strategy to end homelessness? Some people said 10 years was not ambitious enough; let's say we want to end it sooner. But what would be some of the few things you would suggest to this committee and to the government on what they would focus on?

Ms. Tracey MacKinnon: In what respect?

Ms. Lee Fairclough: In terms of having a strategy to end homelessness and get people housing.

Ms. Tracey MacKinnon: I don't want to harp on a basic income—but a basic income.

Ms. Lee Fairclough: Yes. It would make a big difference.

Ms. Tracey MacKinnon: Whatever form, whatever title, whatever name you want to give it, whether it be a guaranteed livable income or a universal basic income or a basic income or a targeted income.

Ms. Lee Fairclough: That's good.

As I've talked to people that are on ODSP and living on ODSP—like you've highlighted, again, that's still below the poverty line. But I've also talked to many of them that are also working as well but then get capped because of some of the limits around their ODSP. They wouldn't be able to work full-time, given some of the disabilities they've got.

Do you have any reflections on that aspect of the program?

Ms. Tracey MacKinnon: I believe the cut-off is that someone on ODSP can earn up to \$1,000 a month; after that, it's clawed back 75%.

Ms. Lee Fairclough: Yes. This has been an issue that I've seen in the structure of the program too, and in talking to people wanting to work.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: I know that could be an option, to increase that. I think it would give people that feeling of being able to contribute to society in the way they want to, right?

Ms. Tracey MacKinnon: Yes.

Ms. Lee Fairclough: Thank you very much.

Ms. Tracey MacKinnon: You mentioned another political party. I actually ran, provincially and federally, for that party.

Ms. Lee Fairclough: Oh, okay. Great. Thank you very much. The Liberals or the Greens?

Ms. Tracey MacKinnon: The Greens.

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

We'll now go to MPP Smith.

Mr. Dave Smith: Shawna and Drew, I've been trying to get something in in every one of our meetings. I hope you will work with me a little bit on this; it's a little out there for you.

I'm at that age where I'm very nostalgic about my childhood. So I'm trying to get my favourite childhood show brought back, and that is The Littlest Hobo. I'm hoping that you would agree that, if we could bring back The Littlest Hobo, it's a great example of how an animal really resonates with the community, brings people back up and uplifts them. I'm hoping you would agree with me on that statement.

Ms. Shawna Beaulieu: I'd definitely agree. I think The Littlest Hobo is such a good representation of a dog. It's kind of interesting; he's almost a northern dog, like that shepherd-husky mix that we have here. I love that show too.

The Chair (Hon. Ernie Hardeman): I would ask to get back to the budget. Any further questions on the budget?

Mr. Dave Smith: So you'd be supportive of a budget increase in Ontario arts to support The Littlest Hobo?

Mr. Drew Woodley: As long as there's matching funding for the veterinary sector, yes, absolutely.

The Chair (Hon. Ernie Hardeman): If we could get back to the business at hand? Any further questions?

Mr. Dave Smith: Yes—just sticking with the SPCA: My local SPCA, the Peterborough Humane Society, has

something called “Snoopy balls.” They’re Christmas decorations that are, basically, based around the character Snoopy from Peanuts. It is a fundraiser specifically for individuals who are experiencing intimate partner violence, because what they have said to me is that 72% of those who are experiencing violence will not leave a violent situation if they have a pet, because there is no place for the pet to go. Personally, I think that is a fantastic initiative that they have.

Is that something that we should be looking at on a province-wide basis? Do you see very much of that here in the north, where you’ve got an individual who is caught in a domestic violence relationship and they refuse to leave because of their pet?

Ms. Shawna Beaulieu: Yes. That’s a prime example: Where animals are suffering, people are suffering; where people are suffering, animals are suffering, so we do need to address veterinary care access issues for people as much as animals. I think it does speak directly to that. There are all kinds of issues. I don’t have statistics that I can specifically speak about when it comes to domestic violence and animals, but it’s well known in the animal welfare community that it is an issue, that people won’t leave abusive situations because they have pets.

Mr. Dave Smith: And they’re afraid that if they leave the pet behind, that the anger would be taken out on the pet.

Ms. Shawna Beaulieu: Correct.

Mr. Dave Smith: Going back to your request and conversation about veterinary access here in the north, I understand the program that you’re referring to specifically was for large-animal vets because in the north we have more of a challenge with large-animal veterinarians. You did say you’re supportive of Lakehead’s initiative with a new veterinary school, but it will be years before it’s in the making. The concept behind that is very similar to FONOM’s where we know when people are trained in an area, they tend to stay in that area. Should we be looking at expanding that with vet technicians as well? Do you have a challenge with vet technicians in the north, attracting them, similar to what you are with veterinarians?

Ms. Shawna Beaulieu: Yes, most certainly. The more veterinarians that will come out of that program, hopefully—we’re going to need more support staff, but there’s as much a shortage of registered veterinary technicians as there is veterinarians. Support staff could be a challenge. When we did have a full-time veterinarian, we were running a full-time clinic. Often, we would have gaps in registered veterinary technicians as far as support staff so we had to scale back our numbers of public services until we were able to fill those positions.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Dave Smith: We’ve also had a request—and this is from a previous year—to expand the scope of practice for vet techs. Are there enough vet techs in the north that if we were to expand the scope of service for veterinary technicians so they could do some of the additional things that they are trained for, are there enough it would make any difference for you?

Mr. Drew Woodley: I’ll jump in here. The model that the College of Veterinarians is developing around that would still tie registered veterinary technicians to a veterinarian. So, yes, they would have an expanded scope of practice, but it would still be connected to working for a veterinarian and working in a veterinary clinic where a veterinarian is present. Without that core of veterinarians in an area, the expanded scope of practice for the RVPs isn’t going to materialize because it’s not like they can roll into a town and hang up their shingle and start practising. They have to be tied to a veterinarian.

Mr. Dave Smith: So, if I can summarize, there isn’t a single solution to it, this is something that is a little more complicated and just adding more vets won’t be—

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

MPP Mamakwa.

Mr. Sol Mamakwa: Thank you, meegwetch, to the presenters. I know there are a lot of things happening up here in the north. I know that recently there was a First Nations, specifically Nishnawbe Aski Nation, and Fort William First Nation was urging the city of Thunder Bay to declare a state of homeless emergency, especially during this cold that we just went through.

I know people are dying. A lot of our constituents, members from my riding of Kiiwetinoong come to Thunder Bay. Not only that, but I think it’s important that they—I remember just a few weeks ago, there was a young lady that passed away at a bus stop because she had no home. I’m just kind of wondering, Tracey, do you support that call for the declaration of homeless emergency? But also if you can speak about the patterns of poverty in Thunder Bay. Meegwetch.

Ms. Tracey MacKinnon: Thank you, MPP Mamakwa. I actually previously worked in a homeless shelter and that was the most heartbreaking job I think I’ve ever had in my life. It was this time of year and turning people away after we were maxed out was heartbreaking. I got to go home after my shift was done, and the people coming that we had to refuse had no place else to go. They wanted to come in, and we had to say, “No, we have no room. We’re at max capacity.” That was more than heartbreaking.

Mr. Sol Mamakwa: Meegwetch.

Also, Shawna, I just want to acknowledge and recognize the Ontario SPCA on the work that has been happening in promoting veterinary access in northern Ontario, and more specifically, in First Nation communities.

I know, when I became an MPP, I didn’t realize how often I would find myself talking about veterinary services or the lack of it in the riding I represent in far northern Ontario.

I’m just wondering, Shawna, if you can give us an idea of what happens in northern communities when there are no veterinary services and what the challenges look like. Meegwetch.

Ms. Shawna Beaulieu: Well, the biggest challenge on the community members’ part is, like I spoke about, community health and safety. When we’re not offering spay/neuter services—and we can do that in north, and we

continue to do it, but we need more veterinarians in order to do it very effectively, and that's through MASH clinics coming in to community and offering spay/neuter services as well as vaccination services. Because when dogs aren't altered, they're not being spayed and neutered, they do tend to pack up, there becomes an overpopulation, the dogs become aggressive, and that's extremely dangerous for children and people in the community.

As well as infectious disease—if we're not vaccinating animals, then infectious disease becomes an issue. So that is an issue.

There's an animal welfare issue as well because if there's an overpopulation of animals, then those animals aren't being cared for.

It's also very difficult to even get pet food up to northern communities. That can be a challenge.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Sol Mamakwa: Meegwetch. I know the extent of what happens. I remember travelling into a First Nation community, and they had a vet clinic at that time. In that community of 1,500 people, they had over 600 dogs. And I know the way they categorize that community—dogs as well—rez dogs could be stray dogs, but they also have the pets that are in the home.

Also, one of the things I've learned about is the wild dogs. The wild dogs kind of start roaming around with the wolves, and that's kind of scary and that's what we're dealing with.

So I just wanted to say meegwetch for the work. Meegwetch.

MPP Lise Vaugeois: Is there a little left?

The Chair (Hon. Ernie Hardeman): We have no time left.

Thank you very much. That does conclude the time for this panel. We thank all the panellists—a huge thank you for sharing your presentation with us, taking the time to prepare and the time to be here. We very much appreciate it. We look forward to using that in writing the report to bring back to the powers to be. Thank you very much for participating today.

With that, the committee stands in recess until 1 p.m.

The committee recessed from 1154 to 1300.

The Chair (Hon. Ernie Hardeman): Good afternoon, everyone. We'll now resume the 2026 pre-budget consultation.

As a reminder, each presenter will have seven minutes for their presentation. After we've heard from all three presenters, the remaining 39 minutes in this time slot will be used for questions from the members of the committee. This time for questions will be divided into two rounds of five minutes and 30 seconds for the government members, two rounds of five minutes and 30 seconds for the official opposition members, two rounds of five minutes and 30 seconds for the recognized third-party members and two rounds of three minutes for the independent member of the committee.

I will provide a verbal reminder to notify you when you have one minute left for your presentation or speaking time. Please wait until you are recognized by the Chair

before speaking. As always, all comments should go through the Chair.

Any questions from the committee? If not, we will go to the first panel.

TAKINGITGLOBAL

NORTH SHORE FAMILY HEALTH TEAM

THUNDER BAY AND DISTRICT INJURED
WORKERS SUPPORT GROUP

The Chair (Hon. Ernie Hardeman): The first panel is TakingITGlobal, North Shore Family Health Team, and Thunder Bay and District Injured Workers Support Group.

With that, you've heard the instructions. I will let you know we do ask each presenter, when they speak, to introduce themselves before they speak. If anyone is virtual, they also must introduce themselves when they speak so we can attribute the comments to the right people.

With that, we will start with TakingITGlobal.

Ms. Jennifer Corriero: Good afternoon. I'm grateful to be here. My name is Jennifer Corriero. I'm the executive director of TakingITGlobal, an Ontario-based charity that was founded in 1999, and we operate the Connected North program. We've been doing so for the past decade, so it's my first decade with Connected North.

I'm here today to express our sincere gratitude on behalf of 14,000 students in Ontario, 500 teachers in Ontario and 80 different schools across northern Ontario. This includes 50 public schools and 30 First Nations-operated schools that we partner with who access the Connected North program. To the government of Ontario, we thank you for your support over the past three and a half years.

Connected North delivers live virtual field trips for students from kindergarten up to grade 12. We link these live experiences to the Ontario curriculum. These experiences are with galleries, museums, science centres, cultural centres, the Canadian space station, dentists. We have such a range of topics across every subject area.

We work with 450 content providers—125 are based here in Ontario—and we pay per session. We send little science kits or art kits so that there are hands-on activities for students to access learning that would otherwise not be possible where they live. This also includes musical instruments, financial literacy sessions.

We've been recognized by groups like the Canadian Association of Science Centres, by the United Nations World Summit on the Information Society—the only Canadian organization out of 1,000 globally selected in the e-learning category, so we're making Ontario proud as an Ontario-based charity.

We feature career options for students so that all students—with a focus on First Nation, Inuit and Métis students—can see different career options featuring people in different careers, including the trades, being a banker, being an entrepreneur. We're featuring Indigenous excellence through our platform.

This year, Connected North is seeking to expand support from the government of Ontario through a multi-

year agreement of \$975,000 per year each year for the next three years, as we have had to ask for annual funding over the past three years. This multi-year funding would allow us to have continuity of access, improve efficiencies and ensure that we maintain the momentum and trust with our community partners and strong track record rooted in respect. This renewed support will allow us to build a healthy homegrown economy. Our programs have a strong track record, and we look forward to sharing more of those details with you.

I would like to now introduce a senior member of our staff, Jennifer Manitowabi, who will share a first-hand account from her experience with the program.

Ms. Jennifer Manitowabi: Boozhoo. My name is Jennifer Manitowabi. I live and work remotely in Obishikokaang First Nation. I am deeply passionate about teaching and helping educators deliver dynamic learning opportunities for the students in Ontario schools.

I am proud to work with Connected North, a virtual learning platform that provides access to education for students in remote communities across Canada. Connected North provides a vital connection to educational opportunities, from the science involved in working with the structures of beadwork, the math involved in birchbark and the levels of literacy it demands to become a published author. My personal favourite lessons involve hide tanning, traditional dancing and storytelling. It is a learning platform that enriches our students' cultural understanding and provides support for their progress through K-to-12, and this can prepare them for a bright future.

Many of our students are among the hardest to reach in Ontario. These communities might be accessed only by plane or winter road, and the opportunities that students access through Connected North are vital for their mental health. For students in rural communities, it is difficult for educators in the classroom to help our young people prepare for life beyond school and expose them to a wide range of job opportunities that they could have.

I want to share a student success story. It comes from our provider, Kokom Scrunchies. During a Connected North session, 13-year-old Mya teaches students about how she started her own business, how she continues to gain resources and expands the future economy. When students see this, they too have the courage to better themselves. Through Connected North, they are able to use their skills and talents to imagine themselves as entrepreneurs and help Ontario thrive.

The virtual sessions are delivered by Connected North and have grown into a movement that inspires each student we reach. At Connected North, we know that an integrated approach to learning is essential to realizing a prosperous future in Canada, where students can be inspired to learn and grow in all subjects.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jennifer Manitowabi: Over the past 10 years, Connected North has established a network of teachers—Anishinaabe knowledge keepers—and students have gone on to do amazing things. It has been a privilege to witness

how our students have thrived as a result of these opportunities.

Thank you.

Ms. Jennifer Corriero: Thank you.

The Chair (Hon. Ernie Hardeman): Is that it? Very good. Thank you very much for that presentation.

Our next presenter will be North Shore Family Health Team. The floor is yours.

Ms. Mary Lynn Dingwell: Okay. Good afternoon and thank you for the opportunity to speak today. My name is Mary Lynn Dingwell and I'm the executive director of the North Shore Family Health Team, serving the communities of Terrace Bay, Schreiber and Pays Plat First Nation. Joining me virtually are colleagues from family health teams across the northwest. We share similar concerns of each of our northern communities having unique struggles. Trena is from Manitowadge, Michèle from Marathon; Melissa from Nipigon, Shannon from Greenstone and Jennifer from Vermillion Bay.

My family health team turns 20 in April. It started with an early win for an NP, as we were short a physician in our communities. My communities, as with my virtual colleagues' communities, are funded under a RNPGA model. We were funded for four physicians, but we only had three.

For several years when the family health team and the physician complement were full, we were able to offer a wide range of programs and services, including access appointments with the NP or physician. In the last five to six years, we've struggled to fill family health team and physician positions, and can no longer offer access appointments with primary care practitioners. This places extra strain on the physicians, as people will go to the emergency department, which, under RNPGA, is stocked by the same primary care physicians.

The role of the family health team differs in rural northern communities. We end up being the catch-all, as community members look to us to provide the services that other organisations would provide in urban areas. We do this because these are our communities. The patients are our families, friends and neighbours, and if we didn't offer the service, they would have to travel to Thunder Bay. It took me almost three hours to get here today, driving.

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Family health teams in RNPGA communities will provide service to all community members, regardless of attachment. RNPGA communities differ, as the same physician provides primary care, hospital care and 24/7 emergency access. In our rural communities, we see everyone. Their records are in our EMR, but they may be waiting a long time to see a provider, and they may not have a consistent provider, as we have sporadic locum coverage when we are short providers.

The two biggest challenges we as EDs face in the north are not being funded for the number of staff needed to take care of the health needs of our communities, and difficulty recruiting or retaining staff as other organizations such as hospitals provide better compensation. By not funding the needed resources for primary care teams, you risk people

not receiving preventative care, disease not being identified early and chronic disease not being managed regularly, which leads to an increased cost as people either need more specialized care in Thunder Bay or are hospitalized locally, which places more strain on the local physicians. In 2024-25, my four allied health care professionals provided service to over 1,236 unique patients.

What we are asking for is that the province immediately release the remaining \$115 million in committed work-force funding. This already-budgeted investment supports the invisible team: nurses, social workers, dietitians, other allied health care professionals and administrative staff who enable family physicians and nurse practitioners to practise at full scope and care for more patients. No new immediate funds are required. Releasing this funding will prevent further attrition and stabilize teams before the next expansion wave.

Ontario should invest \$430 million over five years to close the structural compensation gap. The 2025 funding provided for recruitment and retention was a 2.7% increase when it had been more than five years since the last increase. That remains a persistent 15% to 30% structural wage gap that must be addressed to stem the tide of staff burnout. This investment will align with primary care compensation and market rates, attract family physicians, nurse practitioners and allied health care professionals into team-based practice where attachment capacity is highest and enable new teams to become operational quickly and sustainably.

We are asking for a shift to global budget for family health teams. This would allow family health teams greater flexibility, which is especially important in the north where we have difficulty filling leaves such as maternity leaves. It would provide more flexibility to work with our OHT partners in response to the needs of our communities, and it would support succession planning, as currently there is no funding in our HR budgets for succession planning.

We would like the ability for small teams to carry over a small set amount of money. This would support succession planning so that new allied health care and executive directors are supported in the transition. My one NP had to retire before the new NP could start. There is no money in our budget for ED succession planning. We're not able to mentor new leaders. We ask that the government be cognizant of the fact that some family health teams have only one manager, who is the executive director and who also may have HR, IT or building crises, and unnecessary or last-minute reporting interferes with the patient care.

Lastly, we'll always accept money, but money provided at the beginning of the fiscal will help ensure that the money is used in the most strategic manner possible.

I have some stories to share. Both Michèle and Shannon have lost NPs to the hospital, which provides higher compensation. Shannon wants to hire an RN and pay for their training to become an NP, but no one will accept the position. Every one of us here today has had a position open in the last two years for at least three months, some for the whole two years—not a big deal in urban areas where

those positions are one of many, but a very big deal in our rural communities where they're one of one: one social worker, one NP, one dietitian and one receptionist.

Many of our communities have an NP or physician position that they can't fill. I had a social worker who we thought would take over the executive director role when I retire. Unfortunately, she left for a different position in our communities that allows her the opportunity to be a middle manager, a pay increase from her social work position and compensation that is close to mine but without the responsibility.

I am Mary Lynn Dingwell, the executive director for the North Shore Family Health Team, and 30 years ago I accepted a position in health care after the organization used the metaphorical story of the river: instead of pulling people out of the river downstream, preventing them from getting into the river upstream.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Mary Lynn Dingwell: After over 30 years in health care, I still see most funds falling into the downstream organizations.

We are AFHTO members across Ontario. We use our expertise and drive to keep people out of the river, but we're limited by the concerns I've discussed. We need you, the funders, to address these concerns and to join us to deliver on this historic opportunity to radically change health care. Thank you for your time.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation. We now will go to the Thunder Bay and District Injured Workers Support Group.

Mr. Teddy Bobrowski: Do we have Eugene on Zoom? The vice-president of the injured workers group—he's supposed to speak first.

The Chair (Hon. Ernie Hardeman): Well, we haven't got him on, so you get to speak first.

Mr. Teddy Bobrowski: I guess it's me, then. Hopefully he'll join us before I finish.

Nice to see you all here today. This is my first time doing something like this. My name is Theodore Edward Bobrowski, but you can call me Teddy. I'm a long-time injured worker; 35 years I've been an injured worker, or 36 years now. I just turned 66 in December.

The reason I've come and the reason I'm speaking is on behalf of injured workers. There has been a lot of misinformation about injured workers and the WSIB and I'm here to enlighten you as to what is really happening with injured workers.

When I first hurt myself in 1990, I went off on compensation for eight months and I missed a doctor's appointment and I was cut off. I was forced to return to work on painkillers. I had my doctor write a letter for me, at my request, so I could return to work, because I was losing everything. I ended up having a second injury in 1993 and was off work for another four months and I was cut off again by compensation—no explanation.

I worked with the Worker Adviser of Ontario for the next seven years to get reinstated. The day I got reinstated for compensation benefits was in 2000—the summer of 2000. I had lost everything that I had worked my whole

life for, up to that point. I was a homeowner. I was a business owner. I was a real estate owner. I lost everything. I ended up drug-addicted, homeless and suicidal. This is the true story of WSIB. This is what injured workers with complex or hard-to-prove injuries—it took me six years to get an MRI, and it was done through my own family doctor, not through WSIB.

I ended up with a permanent psychological disability for what compensation put me through. I don't want to see that happen to others anymore and it's still happening today. I am not a one-off; I'm the 10%. Some 10% of injured workers—this is just a rough number, it's not exact. But approximately, and there's a small percentage, 10%—which is not actually a small number when you think how many thousands of injured workers there actually are just here in Ontario and that's all I'm talking about. This is not just an Ontario problem, it's not just a Canada problem; it's a worldwide problem. Some countries don't even have compensation for injured workers and if you seriously hurt yourself, you end up on the streets. You end up being a beggar.

The day that I got reinstated was the day I was going to kill myself. I had a plan and I was going to do it, but before I did it, I thought, "I'm going to go down to the WSIB office in person and demand answers." So I showed up on their doorstep. I got reinstated that very day for my benefits, after 10 years of fighting. I was living on \$110 a month. That's what I was getting in compensation. I was a construction worker, a labourer. I made good money. I lost everything and that's why I'm here today, to fight for others and speak on behalf of others.

WSIB has returned billions—billions; that's with a B, not a M—billions of dollars to companies and corporations, off the backs of injured workers, off the 10% of injured workers with long-term, complex injuries. They're denying, they're deeming and they're cutting people off, and people are forced to find their own way. Sir William Meredith wrote the five principles of the Meredith Act, which is going for second reading in the House. I believe Lise Vaugois will be bringing that forward and—

The Chair (Hon. Ernie Hardeman): Your co-presenter is now on the line.

You can carry on. The time belongs to both of you.

Mr. Teddy Bobrowski: Do I know how much time is left?

The Chair (Hon. Ernie Hardeman): You have two minutes and 42 seconds left.

Mr. Teddy Bobrowski: I'm going to wrap it up quickly. There's so much I want to say and there's so much that needs to be said, but I'm going to give the last two minutes to Eugene. He is the president of the local injured workers' group here in Thunder Bay. I'm also on the board for injured workers here in Thunder Bay. I'm also on the board for ONIWG, which is the Ontario network of injured workers, and I'm also on the board for speakers' school in Thunder Bay, which has helped me to do this, what I'm doing here today. It's a spinoff of injured workers.

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The billions of dollars that are being returned to companies and corporations off the backs of injured workers is a shame and a sham. I see people; I run a peer support group every Wednesday—I ran it this morning. I took everybody to the casino for breakfast and bought them breakfast. But there are a lot of people, injured workers like myself, that are suffering. I got cut off at 65; I no longer have benefits from WSIB. My injuries didn't go away. I thought at 65 I would be healed because WSIB cut me off. I assumed my injuries would leave; they didn't. I still have them and I live with them every day, but I'm no longer compensated for them. That's what the system was set up to do: compensate for our injuries.

I'm going to now allow Eugene to speak for the last little bit.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Eugene Lefrancois: Welcome to the 1850 Robinson treaty area, my area.

First, I've got to say, WSIB is not using tax money. For some reason, Ford announced that he's given away \$2 billion of tax money. Tell him to stop. You guys don't even know where your money is coming from. I've been saying this for the last 10 years.

You have to support Lise Vaugois's private member's bill, the Meredith Act. If you want to be fair to workers, there you go. We're talking billions.

If you're financial, can you get the people in the Premier's office to stop using WSIB as an election tool? Because that's what—\$10 billion? Stop that. You hide behind policy, not laws, because then it can circumvent the Legislature. That is fair, right?

I would love to have said more, but Ted is good.

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for the presentation, and maybe we can get more of it in in the question period. That concludes the panel presentations.

We'll start the first round of questions with the government. MPP Dowie.

Mr. Andrew Dowie: Thank you to all the presenters for being here.

My first question is for Jennifer. Thank you so much for being here. I think I was able to take a fulsome trip to northern Ontario, probably for the first time, maybe just two years ago, realizing access to the things that we take for granted in the south just doesn't exist. You don't have a cell signal. You don't have WiFi. You've got very, very limited access to technology. So, if we're going to unlock the opportunities of the north, ensure that youth have the opportunity to make a great career right at home, we do need access to technology in northern Ontario, so I certainly commend you for the work that you've done and calling attention to this.

So I wanted to better understand some of the barriers to access to technology that exist that you're trying to remedy. Obviously, I know we are engaged on bringing broadband in, but some areas can't. Satellite is not quite an option these days; hopefully it will be soon when we maybe have a domestic supplier. But I'm hoping you

might be able to elaborate on what's needed to get us to where our northern communities will truly be in a position to thrive.

Ms. Jennifer Corriero: Yes, thank you for the question and focus on technology. I've been an advocate on access to technology since I started the charity in the early days of the Internet. Sometimes when we talk about access to technology there is a focus on the hardware or the software or the Internet connectivity. What I would also argue is it's about meaningful content and that sense of community.

So Cisco, which is the technology company that actually started the Connected North program in 2013, invested significantly in looking at the infrastructure that would be required for the high-definition video conferencing, and then they transferred the program to our charity. They responded to the call from our current Governor General, the Honourable Mary Simon, back when she was president of Inuit Tapiriit Kanatami, looking at the high suicide rates in Nunavut, Inuit Nunangat in general.

Our program focuses on the content, and the prerequisite is high-speed Internet, is two-way video conferencing like what we're experiencing now for this meeting for those who are not able to be here in the room, and to ensure strong representation, especially for our Indigenous students, to see themselves reflected in successful ways across all the subject areas. So through technology, students are able to travel places that might cost over \$50,000 for them to travel, or just to rent a bus for the day it could be \$600.

So, yes, I can't really comment on satellite versus bandwidth, because you probably have teams that know the infrastructure gaps better. But the investments that are being made are creating increased access, which is growing our waiting list of schools.

Mr. Andrew Dowie: Okay. Thank you—
Interjection.

Mr. Andrew Dowie: Yes, I do. Thank you, Chair. I do have a follow-up.

Thank you for that, Jennifer. Just in terms of your organization and what you see as best practices that you've learned, we want to always make sure that we're doing the right thing. So the outcomes that we're able to measure, the kinds of skills that we're able to see in youth—what are some results that you've seen from the efforts that your organization has put into improving this access?

Ms. Jennifer Corriero: Thank you for the question. Carleton University has just completed—and we published this on our website—a one-year intensive evaluation. The methodology was called a contribution analysis. They studied our theory of change. They conducted interviews with teachers and with our content providers, and they looked at the student surveys as well as teacher surveys. The results are extremely positive and sound.

I'll give you some specific numbers:

—96% of teachers feel that sessions—that would be live virtual field trips, all within an hour. The teacher is still in class; the virtual guest is facilitating as an instructor;

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jennifer Corriero: —96% of teachers feel that it improves attendance and motivation for learning;

—93% of teachers agreed the program affirms student identities and sense of pride in who they are;

—89% of teachers are more confident using technology; and

—96% of teachers say sessions spark curiosity and learning, so students want to learn more.

Mr. Andrew Dowie: Excellent.

The Chair (Hon. Ernie Hardeman): You have 33 seconds.

Mr. Andrew Dowie: Thirty-three seconds? Okay.

Jennifer, one final question for you: We see cyber security as a big issue. Student privacy is almost certainly paramount. We want their futures to be bright and not tarred with impacts. So do you have any recommendations for building on that?

Ms. Jennifer Corriero: Absolutely. A lot of public school boards are suing social media companies, for example, because there's nothing regulated.

Everything we do is pre-screened; live monitoring support; we promote healthy cyber security skills with students. So we need to build skills.

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

We'll now go to MPP Vaugeois.

MPP Lise Vaugeois: I'm hoping to get to both the family health team and to the injured workers in this round.

Mary Lynn, actually, about your travel time: There was an accident on Highway 11/17 that just happened in the last hour, so the highway is closed west of Ignace 55 kilometres. I'm glad it only took you three hours to get here today and that the highway was open.

I know that that 2.7% increase that you just got, which just doesn't meet inflation, has come after a long many years without any increase whatsoever. Is that correct?

Ms. Mary Lynn Dingwell: Yes.

MPP Lise Vaugeois: Also, you're dealing with a lack of equitable pay, people doing the same kind of work for family health teams but paid quite a bit less than people doing that work in hospitals. I know in the official opposition, we feel that it's very, very important that those pay rates need to be made equitable and consistent regardless of where you are working. Perhaps you could come back to us a little bit about the kind of stresses it creates on your institutions. But it also creates conflict within communities when hospitals then poach the people that you've brought because they can pay more, but you need your work to done also in your family health teams.

Ms. Mary Lynn Dingwell: Yes. Shannon, do you want to speak to this one?

Ms. Shannon Kristjanson: Sure. Can you guys hear me?

MPP Lise Vaugeois: Yes.

Ms. Mary Lynn Dingwell: Yes.

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Ms. Shannon Kristjanson: Okay. Thanks, Lise.

Yes, I've been struggling with this for quite a few years now. Just a quick example: I am funded for four nurse practitioner positions. Those nurse practitioners would be the MRP for patients, which means they're the most responsible provider. They would take care of all of their health care. I only have one of those positions filled at the moment, and actually, for the last couple of years, I've only had one of those positions filled. The hospital, which is in the same parking lot as where we are—you can make around \$40 an hour more as a nurse practitioner at the hospital. So it's really difficult to recruit or retain almost all of the positions in health care in the north, but specifically nurse practitioners, just because of the pay difference. It's huge; it's very significant.

Just to speak a little bit to the internal conflict that it causes: We're a very small group. We have to work with each other everyday in health care in these small, rural communities, and it does cause conflict when one agency is really struggling and another agency is able to have a lot of resources, because they're able to offer a much higher pay.

Ms. Mary Lynn Dingwell: Yes, and it's not just allied health care professionals as well. Jennifer just lost her reception to the Ontario health team and Melissa is always on pins and needles, because her reception is very good and could get higher funding elsewhere, so she is always trying to bend over backwards for her.

Just for the financial part: I actually started as a social worker in 2006, and if you look up until the last increase, out of that whole time, it would've equaled a 0.63% increase per year when I look back on the numbers. That's for the social work position with a family health team. The last increase increased that by another 2.7%.

MPP Lise Vaugeois: Thank you. We'll come back in the next round.

Teddy, I wonder if you can explain to people, what does deeming do? What is deeming under the current WSIA and why is it such a big problem?

Mr. Teddy Bobrowski: Deeming is a nightmare for injured workers, and it should be illegal. It was brought before the United Nations, I believe, and found to be not worthy of what they're doing—they said it shouldn't be being done. So it's still happening. When it happened with injured workers, they tell the injured worker they have a job that doesn't exist, and they cut their benefits by minimum wage. So if someone is earning \$20 an hour and their benefits will be reduced by that amount of money.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Teddy Bobrowski: So if minimum wage is \$17-something an hour now, that's how much your benefits would be reduced by. You only get 85% of your net and then reduce that by minimum wage. People are existing on nothing. It's not worth it. People are turning to OW and ODSP, which is taxpayer-based, and it's letting companies and corporations off the hook.

By deeming somebody, they say that you have a job. So here in Thunder Bay, they might say you might be a parking lot attendant. Does anybody know of any parking lot attendant jobs here in Thunder Bay?

MPP Lise Vaugeois: No.

Mr. Teddy Bobrowski: There are none. A Walmart greeter—they don't hire disabled people at Walmart; they only hire internally. So that job doesn't exist as well. But they will cut you benefits, saying that you have a full-time job that doesn't even exist.

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

MPP Fairclough.

Ms. Lee Fairclough: Thank you to all of you that have made time to come and talk to us today. I will be asking questions of all three of the presentations over the course of my two time slots.

I am going to start with you, Mary Lynn. Thank you for travelling three hours here today to come to talk to us. I really appreciated your very specific asks of what you feel like you need to be able to deliver effective primary care in the north.

One of the things that really struck me—and I would say, some of what you ask for echoed what we heard from the Timmins Family Health Team yesterday as well; very similar. But you've made this comment about how it's time to shift to global budgets for family health teams, especially up here, especially knowing that people who are working in the hospital are really all the care that's available in town. Can you talk a bit more about why that would be an advantage, what flexibility it might give you and how would you ensure you'd still be able to be accountable to meeting the needs of people's health care in the community with that model?

Ms. Mary Lynn Dingwell: Michèle and I both sit on our hospital boards, for NOSH, and we see the difference between the flexibility that the hospital has to respond to the needs of the communities, but then also the people that are available to hire in the communities. They have the flexibility to do that.

I lost my social worker. We have somebody in the community who is trained in palliative care. She's an RN. We wanted to hire her. I had to get permission from Ontario Health to hire her. We are hiring her part-time because she's already on a contract until the end of March, so I had to put in a request to hire her part-time and then a social worker virtually part-time. We would never see that at our hospitals. They would never have to go through that process, so I think that's just a simple example of that.

Melissa has a receptionist who does so much more than reception and she is not able to pay her more out of her operational budget to make her an admin assistant. We don't have the flexibility to do that.

Ms. Lee Fairclough: Before I became an MPP, I was the president of a hospital. I've worked around health care a lot of years, 27 years, and I've often wondered this: How do we give more flexibility in the way we can use the investments that being made to meet the needs of people in the community. I was really pleased to hear you actually articulate that today and some of the advantages.

Ms. Mary Lynn Dingwell: Our family health teams have boards of directors, so we are doing what's in the best interest of our communities.

Ms. Lee Fairclough: I really agree with you on that.

I wanted to also just ask—you talked about releasing the workforce funding. We heard that yesterday, too. Again, can you highlight how you'd use that today, if there was that release?

Ms. Mary Lynn Dingwell: What we actually did with my family health team, our board gave us an extra 1% increase over the 2.7% just to do a little bit of stabilization for us. That has made people happy, so they want to stay little more in their positions. But if we have that funding now, we are giving them more than a 2.7% increase, which is not comparable to the hospital and other sectors, but it's better than 2.7%.

Ms. Lee Fairclough: My next question—I find sometimes people worry that we are not as creative as we should be in our publicly funded health system, but in my experience, particularly people working in the north come up with some of the most creative solutions, actually, to develop systems of care etc. Do any of you want to highlight something that you have done, that you're particularly proud of, to creatively address some of the challenges that you've got of delivering care in the north?

Ms. Mary Lynn Dingwell: Yes, we can highlight a lot. Trena's family health team is part of the hospital. Trena, you can explain that. Before you do that, Michèle, Shannon and I are in very different communities where we're a few hours apart, but we share IT, we share a quality improvement decision support specialist that helps us. She works remotely, our IT works remotely, so we've become creative in how we share resources.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Trena Roberts: Here in Manitouwadge, we are unique in that we're integrated with our hospital, so with the shortage of funding that we've had, we are able to share resources such as IT, HR, maintenance, cleaning. That has helped us be able to maintain our budget without going into a deficit at this time.

Ms. Mary Lynn Dingwell: Michèle works really closely with the physician groups, as well. They do a lot of shared programming and students, and you could speak more to that, Michèle.

Ms. Michèle Lajeunesse: [*Inaudible*] NOSM University so we often have our students working here with us. We also accept placement students as part of our Marathon Family Health Team, so we do a lot of that work. Something that I'll highlight, too, which has helped with recruitment and retention, that we've done in the past few years is incorporate a compressed workweek. Our workers—

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

We will now go to MPP Sarrazin.

Mr. Stéphane Sarrazin: Thank you to all of you for being here today. It's always a good opportunity for us to understand better. I will start, I guess, with Mary Lynn. I'm just trying to understand, now that we're talking about the North Shore Family Health Team—so there's actually multiple clinics? Can you explain how many physicians you have and how many nurse practitioners? Is it all the same team, or it's different locations?

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Ms. Mary Lynn Dingwell: So, with all of us, we're all in different communities. We're all different teams. We all are unique family health teams. My community is three hours away. Michèle is an hour past me. Trena is an hour past her. Shannon is the other way, and Jennifer is up to the west. So we're all different.

My family health team supports two doctors' clinics. One is funded for two and one is funded for two and a half physicians.

Each of us support the doctors' clinics in our communities. All of our communities are funded for physicians to be RNPGA model.

Mr. Stéphane Sarrazin: If it wouldn't be for a recruitment problem, you would each have many more physicians at each location? I'm just trying to understand how many patients you serve and how many patients you've got on a waiting list. I'm just curious, because I know, in my area, I've got some stats, and we've heard a lot about different health teams—just out of curiosity.

Ms. Mary Lynn Dingwell: I'll speak for my community really quickly. We have 3,000 patients. Our physicians do everything in the community. There's no wait-list; there's nobody waiting for attachment, because we see everybody. So if they can't get in to see a physician, they might see the RN for diabetes. But the wait time is a long time.

Trena's community and Shannon's community are even—we're short two physicians; they're short a lot more. So Geraldton and Manitouwadge have even more of a struggle to get physicians. I'll let them speak quickly about their population and their physicians.

Trena?

Ms. Trena Roberts: Here in Manitouwadge, we have about 2,000. We are funded for three physicians, and we only had one permanent physician for the last 20 months, who does the primary care, the emerg department, long-term care, hospitalist and also is our chief of staff. We have been in a predicament for, like I said, 20 months, trying to do locums, which has been a challenge.

Ms. Mary Lynn Dingwell: Shannon?

Ms. Shannon Kristjanson: We're also part of an RNPGA group. We are funded for seven physicians; we currently have three full-time physicians. We've never had even close to our complement. If you look at our whole primary care situation, we have about an 80% vacancy. When you think about that, we're the same as Mary Lynn, where we just see anybody. We don't necessarily have to roster patients; we just see them if they're in the community. However, that doesn't mean that everybody is rostered. We have about 4,000 people in our community, and we have hundreds and hundreds—probably over a couple of thousand—of people that, at any time, might not be rostered because we just don't have enough primary care providers to roster them.

Ms. Mary Lynn Dingwell: Michèle, you're short an NP and physician?

Ms. Michèle Lajeunesse: Yes. We are funded for seven physicians; we currently have six. We also have an NP position that has been vacant for 19 months now.

One thing I'll highlight too: that physician recruitment is a challenge, but it's the family health team and as well as the other administrative support that supports that physician group. So if we want to attract physicians to work in our communities and in affiliation with our family health teams, it's really beneficial to fund family health teams appropriately, because we are the ones who allow physicians to be working at their full scope, attach more patients and increase their capacity. Without adequately funded family health teams and interdisciplinary care providers, it's really difficult for us to retain positions. So these two issues are very closely linked.

Ms. Mary Lynn Dingwell: Yes. The physicians are not funded through us—

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Mary Lynn Dingwell: —but the NP and the other allied health care.

Jennifer, I know your physician is going to retire soon.

Ms. Jennifer Loewen: Yes. Thank you. Yes, we have a long-standing physician who has worked in our community for approximately 36 years who is getting ready to retire. We are having a difficult time recruiting that position.

Again, I totally agree with Michèle: The work that the NPs, the RNs and all of the other allied health care professionals do supports that physician. They see that when they come and do site visits. Again, even our admin staff—our receptionist, our clerical—the work that's being done from all of those positions to support the team is incredible. To lose them, yes, it's very stressful. We have a really great team, a really great community. We just want to keep providing that service, and hoping that we can recruit the team and retain the staff that we do have. It's—

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

We'll now go to MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch, Chair. Meegwetch, thank you, to the presenters: the two Jennifers from TakingITGlobal; but also the North Shore Family Health Team, certainly Mary Lynn, Michèle, Melissa, Jennifer, Shannon and Trena; and also Eugene and Teddy from Thunder Bay and District Injured Workers Support.

I think what I'm hearing from the North Shore Family Health Team is that the team that you have is a very team-based care, that is underfunded. It sounds like a very good program. For a number of years before I became an MPP, I did health administration and health policy, and I understand how it works, where you have to provide need-based care.

I think, especially in more of the rural areas in northern Ontario, there should be no way where the people in the north should go through this, trying to provide access to health care in these areas. So I again implore the government members here to, again, start looking at—you cannot forget the north. You cannot forget who we are. Just be-

cause we are from the north does not mean that we should not have access to the equitable health care that is there.

Also, again, TakingITGlobal: I want to acknowledge but also recognize the importance of working with youth, students—and especially students and youth from northern communities. I know we face a gap in educational equity for students in northern Ontario, and I believe what I heard is that is what Connected North is helping to address. Just a very quick question: What is your vision for Connected North?

Ms. Jennifer Corriero: Thank you. I'll answer, and, Jennifer, I'll give you the floor.

Lifting the aspirations of students—you know, we're hearing about gaps in different fields—and inspiring future nurses, future teachers, future politicians, future entrepreneurs, and giving those pathways and being able to respond to the need. I fly to Marten Falls First Nation in just a few hours. They were on our waiting list for two years a year ago, and we were able to get them started with accessing the program. It's just that sense of belonging for students.

Jennifer?

Ms. Jennifer Maniwabi: I drive right to Geraldton after this meeting as well.

Our vision for Connected North is to expose students to opportunities that they would not see otherwise, like eye dissections, squid dissections. These sciences, this is what will get them to NOSM, and that is my vision. Meegwetch.

Mr. Sol Mamakwa: I know that we will be on the road either today or tomorrow, but I know that my colleagues will be flying to Sudbury.

One of the things I guess I want to ask the North Shore Family Health Team: I know the underfunding—is there a certain amount that you're asking for to address the issue that you're facing today?

Ms. Mary Lynn Dingwell: With our AFHTO organizations, we're asking for \$430 million over the five years to close the structural compensation gap, and we're asking that the \$115 million in committed workforce funding be released. But then we've all put in expansion funding requests, so we would like to see those funded as well, especially in the north and especially for our rural communities.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Sol Mamakwa: Very quickly, I'm going to go back to TakingITGlobal. I know many youth in the north are struggling with mental health. Suicides are all too common. And I know from my home community, in the last six months, we lost two 12-year-old girls who died by suicide.

1350

Can you talk about the impact your work in northern First Nations has had for youth mental health? What does it mean for the youth?

Ms. Jennifer Corriero: My condolences. Last night, we had an event open to the community at Thunder Bay Art Gallery featuring content-provider Sara Kanutski and Helen Pelletier, and a lot of young people were there.

There have been recent funerals due to suicide. Teachers share that Connected North offers sparks of hope for students. It's not just about showing up in school, but showing up in life and being connected with people who are making healthy choices, going through so many struggles and also feeling uplifted. That is our role.

I am not Indigenous. I live in the south, and my passion for the north is the values of respect, kindness—

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

We'll now go to MPP Fairclough.

Ms. Lee Fairclough: I'm going to start with some questions for Jennifer and Jennifer as well. I was really struck by your vision. I loved the example that you gave, Jennifer, about the science kits, the science experiments, and that that's going to get people to go and study science and then turn to STEM as well.

In terms of the program, how do students get to you? Is it a very direct connection into the public school system? How does that work?

Ms. Jennifer Corriero: We have agreements with school boards based on request. So, once we're requested, let's say it's a teacher and the word has been spreading, we have to have a formal agreement either with the school—so, approved by the principal—or the district.

We do have partnerships with 80 schools: Keewatin-Patricia District School Board; the Lakehead schools here, Algonquin school, McKellar school; Superior North, the Catholic schools there; Northwest Catholic District School Board; Rainy River District School Board; the Windigo, the First Nations school; Shibogama. It's slowly grown.

When we have the agreement with either the school board or the school, the teachers gain access to our platform. It's like an Uber for education, which I can't say on a First Nations reserve that doesn't have Uber, but for any of you from the city, you can kind of get what the interface is. The teachers can browse through a menu—we do send a print copy to the schools. There are 2,000 session offerings, and they can book it. We are like a travel agent, except they don't leave their home community. We send the materials. In our budget, we pay for the shipping. We have cost-sharing agreements so we're not completely dependent on government funding. We've started to create an endowment, because we want to be able to weather any storm, because there's so much unpredictability.

The students of today become the leaders of our organization for tomorrow, and it's already happening. We've hired many former high school students who are now hosting the sessions, greeting the classrooms. There's a live host that we hire, as well as the content provider, the one that delivers. We reach the students through the teachers, and we tag every session in our back end to the specific curriculum objective.

In a small community, you might have one teacher who is responsible for five grade levels and every subject—a subject they've never taught, like science or maybe music. They can't teach music, because they don't know how to play or don't feel comfortable playing an instrument—or a non-Indigenous teacher wanting to teach First Nations

students. Wherever the gaps are, they can select and bring them in. I even find that people who are very knowledgeable in an area extend their knowledge by bringing other resources, because sometimes kids get bored listening to the same person.

Ms. Lee Fairclough: Right.

And Jennifer, what would you say is the most popular curriculum that you've taught in this program with the kids?

Ms. Jennifer Manitowabi: I find music. It brings us back to that mental health: all the aspects for a person, the hope and the spirit. I would say music is very popular.

At the same time, seeing yourself—so, when you're meeting with a financial literacy presentation and you're like, "Oh. Yeah. I'm going to start to think about what I can possibly contribute."

Ms. Lee Fairclough: Oh, that's great. Thank you very much.

Ms. Jennifer Corriero: We prep our providers, so even with financial literacy, they'll be like, "How do you start a business?" and they're making mittens with yarn. We'll make sure that the examples are relatable for the kids.

Ms. Lee Fairclough: That's great. I picked that up, and I loved those examples. Thank you.

I do want to come to Eugene. You mentioned this—and I think it's really important that we're looking at how we're investing in injured workers. I know, working in health care, we've seen injured nurses go the same path around reliance on opioids and then the spiralling that often comes later with that. So I just wanted to say thank you for sharing the perspectives that you did. Certainly, I would agree: It's really important that we get upstream in supporting people very effectively to really try to prevent that spiralling that might occur.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: I just wondered if you wanted to comment a little bit more on that issue.

Mr. Eugene Lefrancois: Yes, we have a lot of nurses who are injured, we have a lot of people who are injured, and probably the number one now is PTSD and stress. They're connected, right? Those are high numbers.

But if the WSIB has \$2 billion to give back to the employers, WSIB has to spend that money on injured workers. It's the injured workers' money. It's not tax money. It's not employers' money anymore. It's injured workers' money. Doug Ford, who is doing all this, has no right to hand over \$10 billion to the board. Just think: if we had \$10 billion extra, how much can we—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time. I hate to cut it off there, but that's the end of the time for that question and also the end for the panel.

I want to thank the panel for the time they took to prepare and the able way they came and presented it to us. It will be very helpful to the committee as we move forward. With that, thank you all very much. We will now move on to the next panel.

We would remind the members of the committee, if you want to talk to the past panel members, to go further back so we can get on with the next session. Thank you very much.

THUNDER BAY REAL ESTATE BOARD
CANADIAN MENTAL HEALTH
ASSOCIATION, KENORA BRANCH
ASSOCIATION OF FAMILY HEALTH
TEAMS OF ONTARIO

The Chair (Hon. Ernie Hardeman): The next session will consist of the Thunder Bay Real Estate Board; the Canadian Mental Health Association, Kenora branch; and the Association of Family Health Teams of Ontario. With that, there are two that are virtual. The first presenter in this panel is here and coming up to the table.

As with all the others, you will have seven minutes to make your presentation. You are also the first speaker on this panel. So you have seven minutes to make your presentation, and at six minutes, I will remind you that that's it. And we ask that everybody starts with introducing themselves to make sure we have the right name on Hansard.

With that, the floor is all yours.

Ms. Karen Hill: Good morning, Chair and members of the Standing Committee on Finance and Economic Affairs. My name is Karen Hill, and I am getting over a bad cold. Sorry if I sound a little raspy; I'll make my way through it. I'm here on behalf of the Thunder Bay Real Estate Board and more than 250 realtors who work with buyers, sellers, landlords and tenants across our community. Thank you for the opportunity to speak to you today.

Housing supply and affordability remain defining issues for Ontarians. Rental housing is a central part of the solution. A healthy rental market should work for everyone. It should offer a range of homes, different price points, sizes, support, stability and security, and provide a real path to move up the housing ladder over time.

In Thunder Bay, that path is getting harder. Both landlords and tenants agree that the system is out of balance. Recent polling by the Ontario Real Estate Association found that seven in 10 landlords and tenants support modernizing the rental rules to better reflect today's market realities and create a more balanced system for everyone.

Rental vacancy in Thunder Bay is around 2%. A typical two-bedroom is now \$2,000 to \$2,500 per month. Tight vacancies still drive up rent prices, slow the path to home ownership and make challenges like labour mobility and community growth even tougher.

Our submission focuses on three practical, budget-aligned priorities to boost housing supply, enable infrastructure and improve affordability in northern Ontario. These recommendations build on the existing provincial tools and align with the province's capital plan and recent housing reforms, including Bill 60.

1400

First, expand housing-enabled infrastructure funding to unlocked serviced land. In the north, the constraint is not

often land; it's serviced land. Municipalities have available sites, but without upfront funding for water, waste water, stormwater and roads, projects can sit for years before shovels are in the ground. That delay shows up in our numbers, and our inventory under construction is falling.

The provincial government did a great job in securing the Alstom contract here for Thunder Bay, which means 200 new jobs. But by 2028, we need multi-family and single-family homes for these employees. We recommend increasing the funding envelopes for the Housing-Enabling Water Systems Fund and the Municipal Housing Infrastructure Program by 50% over three years. We also recommend a dedicated northern and mid-sized municipality allocation that reflects higher per-unit servicing costs and shorter construction seasons.

To support smaller communities, expand the Ontario Community Infrastructure Fund and adjust its formula to reward proactive zoning and approvals. This will help communities like Thunder Bay bring serviced lots online sooner and get builds faster. It would complement the Building Faster Fund and address chronic undersupply without needing broad tax increases.

Secondly, we recommend accelerating the construction of modular and factory-built housing to build faster in northern, rural and Indigenous communities. Thunder Bay knows what it means to be in a short building season. Labour shortages and winter conditions can slow traditional construction. Off-site methods shift more work indoors, reduce on-site time and can help deliver homes faster with fewer disruptions.

We recommend launching pilots in rural, northern and Indigenous communities using standardized pre-approval designs that can be adapted to local needs. The goal is simple: to add attainable units quickly and in places where starts remain too low, like here, where we've seen a 26% drop year over year.

Third, prioritize transportation investments that unlock housing supply and economic growth and remove avoidable barriers in the delivery chain. In northern Ontario, highways are infrastructure that enable housing. Reliable corridors supply labour mobility, reduce construction costs and help communities grow. Isolation hampers everything from worker relocation to material deliveries, which feed our supply shortages.

We recommend prioritizing improvements to Highways 11 and 17, including continued twinning and safety upgrades on all key segments of the northern network, as well as practical operational fixes.

During the spring thaw, load restrictions and inconsistent permitting can delay the delivery of factory-built homes for weeks. Ontario should create a clear, consistent permit pathway for factory-built housing deliveries during the spring thaw that protects roads while avoiding unnecessary delays. In a short season, losing that delivery window can mean losing a full year of housing delivery.

Taken together, these measures focus on consumer affordability. We urge the committee to include these in your priorities and in your pre-budget report with a clear northern lens. Thunder Bay and northern Ontario are ready

to be partners in building more homes faster and in a way that is practical and fair.

Thank you for your time. I welcome your questions.

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

Our next presentation is the Canadian Mental Health Association, Kenora branch, and it will be on the screen.

Ms. Sara Dias: Hi. My name is Sara Dias, and I'm the chief executive officer of the Canadian Mental Health Association, Kenora. Thank you for the opportunity to participate in these consultations.

I'd like to start by expressing our sincere gratitude to the Ontario government for providing a 4% increase for community mental health and addiction services in the last budget. This vital stabilization funding will help our sector manage pressing financial pressures including inflation, necessary wage adjustments and the growing cost of day-to-day operations. Most importantly, it enables our CMHA branch network to sustain the level of care and support we currently provide to more than 110,000 people each year.

While this increase offers short-term relief, it does not resolve the long-standing challenges we face, including chronic underfunding, persistent staffing shortages and the rising demand for services that continues to put significant pressure on the system. That is why we encourage the government to keep up the momentum this year and provide another round of stabilization funding for the community mental health and addictions sector.

While CMHA has a branch in Thunder Bay, the Kenora branch is also closely connected with the city, as the mental health care in northwestern Ontario is delivered through a regional system, not in isolation by individual communities. Thunder Bay serves as the regional hub for specialized mental health services, and many of our clients in Kenora and surrounding communities are routinely referred there for higher acuity and specialized treatment. This means that Thunder Bay is often a point of care not because the need originates there but because it is where the regional capacity exists.

As a result, any pressures or gaps in one part of the system are felt throughout the northwestern region. It is also why, across the northwest, the challenges look the same. People experience homelessness, co-occurring mental health and substance use issues, long waits for care, staff stretched thin and too few specialized services to meet growing need.

Municipal research indicates that more than 8,000 people are homeless in northern Ontario—a number that increased by 37% over the past year. This is largely due to a growing shortage of affordable community housing in the region. In Kenora alone, a recent needs assessment report revealed that the city has a shortage of 1,620 units—a deficit projected to grow to about 2,500 by 2031 as population grows and service demands increase.

For our sector, the shortage serves as a critical barrier to recovery and stability. Long housing waits significantly increase the risk of crisis hospitalization and chronic homelessness for people living with mental illness or substance use challenges. The numbers underscore this

point, with the northwest health region reporting more than four times the number of emergency department visits related to mental health and addictions compared to the rest of the province.

In light of these growing challenges, last year's budget increase was not sufficient to keep pace with rising demand or to relieve the ongoing strain on the system. A sustained and predictable investment is urgently required to stabilize services, improve quality of care and retain skilled mental health professionals. Without this level of support, the sector remains fragile and unable to respond effectively to the growing needs of Ontarians.

This brings me to our formal pre-budget request: We are asking for an additional 4% base budget increase for the community mental health and addictions sector in the 2026 budget. This investment would enable competitive compensation, support the recruitment of up to 200 currently vacant positions across our branch network and expand access to care for an additional 8,000 Ontarians seeking mental health and addictions services. It will also enable CMHA branches like ours to go beyond providing mental health and addictions services to our communities.

Our services focus on the whole spectrum of well-being, including housing and food security, employment supports and other social determinants of health. At CMHA Kenora, for example, we provide mental health and addiction supports like crisis intervention and structured psychotherapy. We also operate the emergency shelter and provide court support and telemedicine services to our community.

We are also a key partner on the HART hub in our community, which is one of the two Indigenous-led hubs in our province. Providing another 4% funding increase this year will allow us to maintain all these critical services to ensure Ontarians struggling with mental health or addiction issues receive the care they need when they need it. It will also help to ensure we have a stable workforce to adequately staff the essential services we provide.

Our current funding has not kept pace with the increased need for our services. Our sector has received a 9% increase in the last 11 years, compared to inflation increasing at least 30% over that time.

Investing in community mental health and addiction services will deliver proven results to the rest of the health care system. Research shows that every dollar invested in community mental health saves multiple dollars in hospitals and justice costs. Continuing to provide stabilization funding for our sector will allow us to address key issues that are impacting our partners, municipalities, hospitals and first responders.

In closing, I would really like to thank the committee for making the time to hear from CMHA Kenora and other stakeholders in our region. I'm happy to take questions.

The Chair (Hon. Ernie Hardeman): Thank you.

We will now go to the Association of Family Health Teams of Ontario.

Ms. Jess Rogers: Many thanks. Good afternoon, honourable members of the Standing Committee on Finance and Economic Affairs. Thank you for the opportunity to

speaking before you. My name is Jess Rogers; I am the CEO of the Association of Family Health Teams, or AFTO for short. Joining me virtually, as you can see, and even above, you can sort of see the teams that are here and the distance they are from Thunder Bay. I've got April Delorme, Crystal Kaukinen and Pat Delf. And you just heard from another group of our team members, I think, in the previous session.

1410

So I'm speaking to you from the association writ large. We're 190 primary care organizations of team-based primary care across Ontario. We include family health teams, nurse practitioner-led clinics, Indigenous primary health care orgs and many other team models.

Our mandate is to work hard to ensure equitable access to team-based primary care. So we're aligned to where the government is headed and the commitments the government has already made in the past year or so in terms of primary care teams and ensuring that we're attaching as many Ontarians to that high-quality care.

In terms of our whole organizations—so, 190 of them—we actually care for four million Ontarians and growing. That's the lens that we bring here in terms of the expertise, the experience that those teams have to tell you from the ground what's really needed to ensure that we maximize the investment the government has already made and continues to make in this space so that it is legacy-building and we have a sustainable way forward for primary care as the foundation for the health system.

In northwestern Ontario, that reliance in terms of the investment is even more pronounced. We serve, across our teams, more than 100,000 people in the northwest area, so it's important for us. We wanted to choose Thunder Bay to participate in this engagement intentionally because we see such important opportunities but significant barriers in northern and rural communities where primary care is not just the front door, in some cases it's the only door, and is often where the pressures of Ontario's health system are felt first and most significantly. It's also the place where we can have an impact on cost as well in terms of investment.

So with the \$2.1-billion primary care action plan, Ontario did set a very strong goal, along with the Primary Care Act, which is substantial for this province to have an act that we can build from. But with that said, what I'd encourage the committee to think about is a house. When you think about the foundation of a house, it's absolutely critical that you're doing maintenance on that foundation, that you're doing everything that you can to ensure that it is strong. And at the first floor, picture the welcome mat: These are our teams. These are the primary care organizations out there that are caring for the community currently while also trying to expand.

The vast majority of the investment that this government has made is on the second-storey addition: new attachment for new Ontarians. We as members are on board for that. That said, you cannot build a second-storey addition on a crumbling foundation on a first floor that's not being maintained. The invisible team that is working

within these teams need to be right-sized in order for us to be able to build forward. I can't wait for an ensuite bathroom on that second floor, but I don't want to end up in the basement, is sort of where we're coming at this. The result, if we don't address those concerns, is a system that's trying to expand capacity while actively losing the workforce required to deliver that expansion.

Just these last few weeks, Ontario announced it's investing in expanding teaching clinics and increasing seats to educate the next generation of health care professionals. These investments are critical, but without addressing the system that those graduates are entering, the return on investment will not be realized. From a fiscal perspective, this is not workforce planning; it really is a leaky pipeline, where we are training clinicians only to see them leave primary care for higher-paying jobs or not even enter primary care. This mismatch exists across the province, but it's magnified in rural, remote and northern communities.

Recruitment in rural regions already requires additional spending: reallocation costs, temporary housing, signing bonuses etc. When the wages remain structurally uncompetitive, teams are forced to cycle through these costs again and again, which is a misuse of funds in many respects where we could have the investment come in for consistent wage increases and steady and stabilize the foundation.

Closing the primary care compensation gap isn't just about fairness, this is about protecting public investments that you're already making on the education, recruitment and structural investments. When primary care compensation lags 15% to 30% behind market rates, the outcomes are predictable. I should say that's 15% to 30% behind market rates for every profession working in primary care teams. It's not specific to any one profession.

So what happens is teams can't recruit, retention deteriorates, remaining staff burn out and physicians and nurse practitioners reduce their patient rosters or don't take on more patients because they simply can't, so our attachment capacity shrinks. We're happy that we're able to move forward on attachment—the numbers are looking promising—but we're not confident that they're sustainable going forward.

So what are our asks? There are three. The first is, immediately release the remaining \$115 million in already committed workforce funding. It's called recruitment and retention funding. No new funding is required immediately. This funding supports that invisible team—that first floor, the foundation—and allows the family doctors and nurse practitioners to practise at full scope and therefore attach more patients.

I will point out, just as a point of example to this committee, that you made this commitment last year and the funding letters did not come out to teams until August. The funds did not flow out to the teams until September or October. Yes, it was retroactive to April 1, but our teams work on one-to-two-year contracts with the government. They cannot plan appropriately.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Jess Rogers: Second, invest \$430 million over five years to close the structural compensation gap in primary care. After more than seven years of wage stagnation, the 2.7% increase last year does not come close to addressing the 15 to 30% market gap.

And the third, you'll be happy to hear, doesn't cost you any money. The third is that we need to remove policy barriers that are inefficient and causing lag time in all kinds of things, from approvals to where teams can spend their funds through to where they can move funds within their budget. There are simple things this government can push forward in a very quick time frame that will allow our teams to have a little bit more flexibility. They are their own organizations; they are governed. You can hold them accountable, but they need to be able to run their organizations to meet the needs of their community.

Thank you so much, and I appreciate your time today.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation. That concludes the presentations.

We'll start now with the first round of questions with MPP Saunderson.

Mr. Brian Saunderson: I want to thank each of our presenters who are here in person or virtually for taking time today in your busy schedules to contribute to the budget process for 2026. Thank you for the important work you do in our communities.

I'm going to start with you, Karen, from the real estate board, just on your housing recommendations. I am the parliamentary assistant to Minister Flack, so this is an important part of my responsibilities at Queen's Park. You know this government has made a big effort with the HEWS funding and health and safety funding to push infrastructure forward, but in the north—I know the model is slightly different when you have a large urban area, or even like my riding of Simcoe–Grey, which has a mixture. We have large infrastructure for communal water and waste water systems. Up in the north, that's not always the case.

You talked about trying to create a northern stream or northern envelope for the HEWS funding. Can you just expand on what you think that might look like?

Ms. Karen Hill: Sure. I also have a colleague here, Ashley. Can she come and join us for the questions as well?

Mr. Brian Saunderson: I'll look to the Chair for that.

The Chair (Hon. Ernie Hardeman): With unanimous consent from the committee, she can join us—agreed.

Ms. Karen Hill: Thank you.

Ashley is our government support from the Ontario Real Estate Association, and she has been working with Timmins, Sudbury, Sault Ste. Marie and Thunder Bay, so I think she has a wider scope on this than I do, even.

Ms. Ashley Schultz: Thank you.

I think what's really important about developing this infrastructure in northern Ontario is that we're really looking for water, waste water and highways. We don't necessarily—in our research and proposals we put forth to—

The Chair (Hon. Ernie Hardeman): I'll just stop you for a moment. Could you introduce yourself before we—

Ms. Ashley Schultz: Oh, I'm sorry. Ashley Schultz. I'm from the Ontario Real Estate Association.

The Chair (Hon. Ernie Hardeman): Thank you.

Ms. Ashley Schultz: We're not really in the business of telling you, necessarily, how we want to do it. Our research and policy analysis shows different solutions for different parts of northern Ontario, but a big part of that is that infrastructure piece and helping us set up the framework to build more houses.

And kind of using our colleagues here on Zoom who talked about building the house: That foundation piece is really missing in northern Ontario. We just don't have the infrastructure. We don't have the water set up. We don't have the roads set up. And so that's really where we're hoping to see some budget dollars get allocated.

The Chair (Hon. Ernie Hardeman): If we could also have the title to add to the name.

Ms. Ashley Schultz: Oh, I'm sorry—government relations specialist for northern Ontario.

The Chair (Hon. Ernie Hardeman): Thank you.

Mr. Brian Saunderson: I appreciate those comments, and maybe we'll have an offline discussion on that, because I've got a couple of questions.

I wanted to go to your second portion of that: modular home construction. You have a slower building or a tighter building season up here, and we heard yesterday in Kapuskasing from a modular home construction company. It's been a big topic in the south as well, because we need the housing now. And so, I'm wondering what you've seen up here in terms of modular housing construction. Is it happening and are there suppliers up here?

Ms. Karen Hill: Yes. I believe we have probably six or seven. I've met with a few of them, and I know Kevin Holland has as well. We have a really big push and a really big acceptance. The realtors spoke with the banks, and we pushed for the last year. RBC actually has a mortgage available if someone wants to put a modular home on a current, existing serviced lot.

1420

We are seeing it a lot in Thunder Bay. They opened the doors and we had all the realtors view it, and we really stand behind them. There's less waste because everything is cut to size. We have a huge labour shortage up here, so it's nice because it's not waiting for another electrician to come or it's not holding up any of the progress. We're really seeing that modular is a great solution up here right now. And they can build anything. You can send them a two-storey house, a split-level house, you can put it on a concrete slab, you can put it on a basement. It's a really great solution up here.

Mr. Brian Saunderson: Okay.

How much time do I have?

The Chair (Hon. Ernie Hardeman): One minute one.

Mr. Brian Saunderson: Thank you for that.

I'm going to switch over to the Association of Family Health Teams of Ontario, Jess and your team. Thank you all for attending and your input. You bring a nice overall

lens because we're up here in the north talking about some local issues, but you service people all across the province—I think you said four million Ontarians.

I come from a rural area in southern Ontario, and it seems to me that a lot of our family health teams are very closely connected to the bricks and mortar of a hospital. That may be the case in southern Ontario; I don't think it's the case up here. Can you talk about the different challenges that that presents?

Ms. Jess Rogers: Sure. Thank you for the question.

A couple of pieces: We definitely have a number—probably less than 10 of our academic family health teams are co-located close and/or near to a hospital, but they still function as their own independent organization. There are a couple of examples more, as you said, in the suburban Ottawa and Toronto area, where it's a little bit different. But by and large, the overall family health team model is their own sort of bricks and mortar co-located organization—

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

MPP Vaugeois.

MPP Lise Vaugeois: For the family health teams: First of all, I'd like to thank you for the work that you do. I know that it's been underfunded for a very long time and that the 2.7% increase just doesn't bring you up to par. Maybe you can just explain a little bit about how that affects recruitment and retention?

Ms. Jess Rogers: Yes, absolutely. As we sort of said in our piece, when we look across every health care professional that works within these teams, regardless of profession, there is anywhere between a 15% to 30% gap between—not just across sectors like primary care to hospital or to long-term care, but in some cases even across the primary care sector.

Something that's really important for the committee to appreciate is family health teams and nurse practitioner-led clinics have a salary grid the government provides to us, and it's based on that of what they actually fund us. There are a lot of limitations put on these organizations in terms of what that could look like and I think there are some structural pieces we could look at that are not necessarily high-cost items but to give the organizations a bit more flexibility in terms of how they use those funds.

But again, 15% to 30%, in addition to not having received an increase in over seven years in the primary care sector—I think my colleague from CMHA quite readily pointed out what inflation has looked like. A 2.7% increase was very difficult. We started to see people leave right away. As soon as those funding letters came out in August, we heard from all of our teams that there was a bit of a mass exodus in terms of teams that had been holding on.

If primary care truly is the foundation, maybe we're going to get there as a system in this province. We're on board and we want to do it, but we have to right-size. We have to stabilize this workforce.

In the north in particular—I'm sure you heard some stories—our teams here have recruited nurse practitioners

up here with 20 years of experience who leave within three months because the patients are so complex. They don't have as many benefits, bonuses of being up here, so it's extremely difficult to recruit up here before there's even that level of discrepancy between wages.

MPP Lise Vaugeois: Thank you very much.

How much time have I got?

The Chair (Hon. Ernie Hardeman): Three point one.

MPP Lise Vaugeois: Oh, fantastic.

Sara Dias, CMHA: I think all of the things that were discussed in this session are very closely related. And again, you're dealing with funding shortfalls—kind of chronic funding shortfalls.

When we're struggling for housing, which Karen and Ashley have been talking about, if you become homeless, you have a mental health problem. You might not have had one in your work when you were working before, when things were more stable in life, but when you lose that stability, you are going to wind up needing mental health care, and you can see how each of these things compound. Also, with our primary health care, when everybody is stressed and pushed past what they can actually cope with and work with and stay healthy themselves, the situation tumbles.

I just wonder, Sara, if you could—I just kind of made a statement rather than a question. But perhaps you could just talk a little bit about—again make it clear to us why it makes a difference that you be adequately funded and what the impact is when that is not there.

Ms. Sara Dias: I thank you very much. Absolutely, we have a large housing and stock issue. We have multiple rent supplements available but no units to fill—those particular units with individuals because we don't have the units.

In addition to that, just having a roof over your head is not enough. People require a lot more intensive community supports and additional supports in order to address homelessness. We have lots of individuals within our region now losing long-standing employment within our region—mill closures, etc.—that enhances the need for our services. So not only just an investment in the housing continuum; we also need investments in mental health and the whole continuum of services in order to support that demand that's coming through.

The Chair (Hon. Ernie Hardeman): One minute.

MPP Lise Vaugeois: Thank you.

I think I'll go back to the family health teams because the family health teams have been doing a team-based model. Perhaps Crystal from the nurse practitioner-led clinic—if you could talk a little bit about the history of that clinic and how integrated the programs are there. Again, this is another reason why the funding needs to be appropriate for the work that you're doing.

Ms. Crystal Kaukinen: Hi. Thank you very much. Yes, we as well as the family health teams and nurse practitioner clinics work in a team-based model, so we rely on many different health care providers to provide service for our patients. We have social workers who provide mental health services, system navigators who help our

patients navigate our confusing health care system, dietitians, kinesiology, nurses of various types as well as physicians and nurse practitioners all working together for one goal. That is for the health—

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

We'll now go to MPP Fairclough.

Ms. Lee Fairclough: Thank you to all three groups for presenting. I will be coming to each of you over the course of my two question slots.

Sara, I'd like to start with you, with the Canadian Mental Health Association in Kenora. I was struck by your comment that there are four times the emergency room visits in Kenora than anywhere else in the province right now. Can you talk a little bit more about what you're seeing and what are the service gaps that you really feel that you need to be able to fill in your community?

Ms. Sara Dias: Thank you very much for the question. Yes, we are seeing a large service gap in regard to point of entry for service within our region and the emergency department and, just like Jess had indicated, our primary care being that entry point into the service delivery. I know that in Toronto alone, there's eight crisis teams. In north-western Ontario, there's only nine within the entire region. So we don't have the capacity of services in the community in order to respond as first points of entry, so individuals either use 911, emergency responses or the emergency department to get that need met.

Ms. Lee Fairclough: Thank you for that answer. I think we are hearing, actually, over the course of the last two days, both up in Kapuskasing and now here, housing and affordable housing really need to be a focus. So it's good to hear that you're leaning into that in your community in Kenora—it's good to hear.

I would also just say that when we were in Kitchener, I was very impressed that the start of the real estate board presentation was similar, which was, "We need to start resolving issues at the Landlord and Tenant Board." There's a lot of agreement about that from both the tenant and the landlord perspectives, really ensuring that there's access to affordable housing.

1430

I wondered, Ashley, if you wanted to comment a little bit more on some of the recommendations. I was very impressed with your northern perspective today and your presentation. But how is that issue playing out up here in Thunder Bay?

Ms. Karen Hill: We do have available units sometimes, and with the inconsistency in the landlord-tenant act, we're finding that some landlords are leaving those vacant. They could fill them.

One of my colleagues put up an apartment a couple of weeks ago and got 93 applications. So the people need the housing, but the risk is too great with the current, outdated landlord-tenant act. That's how they're feeling right now. We don't want them leaving it vacant or doing something like putting it on Airbnb, because we need housing on every level.

Ms. Lee Fairclough: That's great. Thank you. I really sense a willing partner to come to the table on these issues.

I also sense that in the CMHAs that we've spoken to as well, Sara, and I wondered if you wanted to comment on that issue at all.

Ms. Sara Dias: Yes, absolutely. We have a huge housing crisis need. That needs assessment report was just released by the city of Kenora last month in regard to the number of units that I have put into my presentation, and what we're actually going to be needing for targeted. We have unused rent supplements because the need is so great and there are no units to be able to fill those things.

So we need that in order to ensure that we create a continuum of wellness for people in order to support not only their housing needs but those wraparound services that come with that as well. That makes that tenancy very successful.

Ms. Lee Fairclough: Thank you very much. I serve as well for the Liberal caucus as the critic for hospitals, mental health, addictions and homelessness, and it's very clear that this link between health and housing—they really do go together. So it's great to see two organizations here in very different businesses recognizing that we need to find solutions so that we can get upstream of the homelessness issues as well.

How many more minutes, Chair?

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: I will turn to my colleagues at the Association of Family Health Teams of Ontario and continue in the next session as well. Jess, it's very good to see you again. Are you still there? I should be looking at the camera.

Ms. Jess Rogers: I'm here.

Ms. Lee Fairclough: There we go. Hi, Jess.

In the last presentation, we've heard from a few different family health teams—including Timmins yesterday and then the previous session—with similar asks. One of the suggestions in the last presentation was moving to global budgets for family health teams, and I just wanted to hear a little bit from you. Again, as a previous hospital president, there's flexibility that comes with that and how you can creatively use that budget to fund the services and the people that you need. Have you got any comments on that from the perspective of AFHTO?

Ms. Jess Rogers: Yes. Global budgets is one of those things in that third bucket. We think it's a no-cost item for the government to look at some of the ways in which the contracts are set up to provide greater autonomy and flexibility, still with the accountability required—

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

We'll now go to MPP Racinsky.

Mr. Joseph Racinsky: Thank you to all the presenters for coming out this afternoon and thank you for everything you do for your communities here in northern Ontario. I really appreciate it.

I'm going to start with Jess as well—I'll keep talking to you, Jess. Thanks for being here. Thank you for recognizing our government's creation of those 17 teaching clinics.

I think that's really important. We heard in the last round, like you mentioned, from some other family health teams here in the north, and we heard about a vacancy they had. They have the funding for the position but for 20 months it's gone vacant. They've got some retirements coming up; they're really concerned about that.

Another program that our government started was the Learn and Stay grant, which is about \$262 million over three years to encourage students to stay in more rural and remote communities, like mine in rural Ontario, down in the south. Do you think that that is a positive program and something we should continue, that would be helpful for your areas?

Ms. Jess Rogers: I can start us off. April, Crystal, Pat: If you have a specific, just put your hand up so that we know.

What I would say to that is, overall, across our members—because, again, it's 190 organizations—we received relatively positive feedback around the Learn and Stay program. I think, again, there are opportunities to streamline processes and make things a little bit more efficient, and also recognize some of what's required in order, on the team's end and the organization's end, to make those programs successful.

I don't know, from a northern lens, whether or not there's anything Pat, Crystal and April would suggest as specific to the north.

April, I see you coming off mute, there—nothing to add? Okay. Crystal? Pat?

Ms. Crystal Kaukinen: The only thing I might add is that that funding is excellent for new people coming into the roles, but it does nothing to support the current people who have been working in those roles for the last several years.

Ms. Jess Rogers: Yes, and in some cases, it exacerbates the difference in terms of wages, right? So now you have, within a team, people knowing what people are making because they're part of one program, and they're new and making more than the teams that have been there slugging away. Sometimes that can obviously create tension and a challenge, I think, locally, but also from a government perspective as well.

Sorry, Pat.

Ms. Pat Delf: We don't use the Learn and Stay, but I echo that. If you are giving incentives to hire new people, it doesn't reward the people who have been here since we started the FHT. It's great if we can get new people, but not many people want to move north, so it really hasn't worked as an incentive for us.

The wage difference is just so noticeable from one side to the other, that \$15 to \$30 difference to walk across the parking lot and work at the hospital. The 2.7% that came was a big disappointment to all those people who had been hanging on. And now, most of my employees have second or third jobs to make ends meet.

Mr. Joseph Racinsky: Just following up on that, I appreciate the request for increases there, but I'm also aware that a lot of our northern hospitals are in need of doctors as well, and they have staffing shortages as well.

So outside of funding, what can we do to attract more workers, more health care professionals, to places like northern Ontario?

Ms. Jess Rogers: I think it's an important question. What I would offer is what we know from the research evidence, not only in this province but across the board. The investment in primary and community care services has a huge ROI with respect to cost savings downstream in terms of use of emerg and hospitals. In our rural communities, that's tricky because there hasn't been a lot of capacity for primary care, and where it is, it's difficult to grow that capacity.

So what I would offer is, some of this is about the way in which you set the foundation, and it may take a few years to catch up. But if we have a strong primary and community care system in these regions and an investment in terms of the physicians that are required there as well as other professionals, some of the pressure on the hospital side alleviates, as well as some of the downstream costs, which I think is an important consideration.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Pat Delf: Housing. We are desperate for housing for new staff to move in. We've got lots and lots of mining happening in the Red Lake area, and we're all looking for housing, even for physicians.

I will put a plug in for the Practice Ready Ontario Program. We have two physicians through that program. It's been wonderful, but we struggled. If we hadn't had the co-operation of one of our mining companies to assist us with housing, we would have no place for them to live.

Mr. Joseph Racinsky: Well, thanks for that. I'm probably going to run out of time, but on housing, I'm just going to the real estate board. Recently, we passed the Fighting Delays, Building Faster Act. We tried to bring balance to the Landlord and Tenant Board. How important is that to getting more people to become landlords to get more rental housing? You mentioned the need—93 applications—but there's still fear amongst people to become landlords. We heard from another real estate board: There's a third of people who have the space to become landlords. So what can we do get more people to become landlords?

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

MPP Vaugeois.

MPP Lise Vaugeois: My question, actually, is also for Karen and Ashley. We had concerns about Bill 60. You're talking about reforming the landlord and tenant act, but part of what we see is that there are not enough adjudicators. Also, for many people who have to do it online, it fails for them. It seems to me that there's another aspect in the existing act that could be fixed now to create that balance.

We want it to be fair for tenants and for landlords. We don't want landlords to be afraid to rent, and to do that, they need to know that they are safe, that they will get a hearing in a timely way. The tenants also need to be able to get a hearing, preferably in person, which is what the

legal services are also asking for. Can you speak to that for us?

1440

Ms. Ashley Schultz: Thank you for the question—great question. One of the things that we have recommended is to bring back additional adjudicators and bring back those in-person hearings. Lots of our policy research showed us that those hallway meetings between landlords and tenants, when they get face to face, in person, there are resolutions there as well.

Our recommendations are to benefit both the tenant and the landlord. That needs to be a cohesive relationship to see those people who have the ability, and have the space and capacity to build additional units—see them putting forward the capital and taking the risk, right? And so, that is one of our pushes as well with government: We would like to see the return of in-person meetings, we want more adjudicators and we really want to try and get some mediation type of services in place, where landlords and tenants can be face to face, and really alleviate some of their issues that way as well. It's a great point.

MPP Lise Vaugeois: Thank you.

Do you want to speak, Sol?

The Chair (Hon. Ernie Hardeman): MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch to Karen and Ashley from the Thunder Bay Real Estate Board—good to see you; also, Sara Dias from Canadian Mental Health Association, Kenora branch; and certainly, Jess Rogers from the Association of Family Health Teams of Ontario.

Very quickly: I think when we talk about housing, I'm wondering—say, for example, in Thunder Bay—how many homes, whether it's affordable or other housing, have been built since 2018 in Thunder Bay?

Ms. Karen Hill: I have the statistics just for the last year: only 60 new homes. I also sit on the mayor's task force for the federal funding, we have about 268 additional dwelling units that have been added—so that's someone who owned a house and put a basement suite in. They're really focusing on apartments, multi-family and additional dwelling units right now, but we also need single-family dwellings as well.

So that is kind of the next phase of the mayor's task force unit to start looking at that now. As you can tell, we don't have enough units being built. We still need a lot more.

Mr. Sol Mamakwa: Okay. Thank you.

I want to switch over to the Canadian Mental Health Association. I know across the north, people are struggling with mental health, and not only with that, but with addictions, there is a crisis happening. One of the things in my region—they're our friends, they're our family members, our children. I want to say one thing: The rate of self-harm for children and youth in the Sioux Lookout area is 88% higher than Ontario's overall rate.

So I think what I want to ask is: Does CMHA, Kenora branch work with First Nations across the north to provide mental health services?

Ms. Sara Dias: Thank you for the question. Yes, our data also indicates that youth hospitalizations for mental

health are up by 136% as well. So I can indicate that our branch has a couple of lifespan programs that are mobile that go into First Nation communities—one being our mobile mental health and addictions program. It was a pilot project that now has turned into permanent base funding as of this past fiscal year.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Sara Dias: And we service communities at Eagle Lake First Nation, Grassy Narrows First Nation, and we just onboarded Whitefish Bay First Nation within our region. But that's a small, select portion of the entire north-west.

Mr. Sol Mamakwa: Very quickly, I don't know if you'll have time: If someone is struggling with their mental health or experiencing a crisis, what would it look like for them to access support in the Kenora district?

Ms. Sara Dias: So as I had indicated, in regard to the north, there is not a large amount of crisis services. We have nine crisis teams within the entire northwest Ontario region. Toronto has eight crisis teams alone. They're not 24 hours—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question. Maybe we can get that through in the next question.

MPP Fairclough.

Ms. Lee Fairclough: Do you want to just finish that answer, Sara, to the end? Because I think it's an important question. If somebody wants to access crisis service, what does it look like in your area?

Ms. Sara Dias: In our area, if our crisis teams are not available—because they're not 24 hours—it's through 911 service or the emergency department.

Ms. Lee Fairclough: I think, just to build on that, it was going to be a question that I had as well, for you and the family health teams here. When I was in Kapuskasing yesterday, I learned in my morning visit to the hospital that one of their struggles is the pathways to specialists seem to have become quite difficult, including the pathway for psychiatry as well.

I wondered if you might just comment on that from a northern perspective—how you're able to support your patients in being able to get access to more specialized care from your communities where you are, and what are some of the barriers that you're experiencing in that regard?

Ms. Sara Dias: There are huge barriers for access to psychiatry. We're usually referring to our outpatient services through Lake of the Woods District Hospital, which has a large waiting list. If the funding is not attached to our current existing programs in order to receive those contracts for psychiatry ourselves, we don't have any options, other than the wait-lists through the hospital.

Ms. Lee Fairclough: Okay. Thank you.

Any others want to comment? Pat or April?

Ms. Pat Delf: Yes—same barriers, plus transportation. We don't have any public transportation, except for air, out of Red Lake. Treatment options sometimes don't even exist if people can't drive themselves out of the community. They just can't go to specialist appointments at all.

Ms. Lee Fairclough: Yes. I will say, too, that was a theme last night. This was the rationale for making sure the roads were there, the roads were safe and the roads were open, too: for people to get access quickly to some of the more specialized care that they need.

I do want to come back to the funding, Jess, that you've been requesting around the family health team. I'm certainly supportive of it. I understand the discrepancies between the primary care and the hospitals.

Are you envisioning that, with some of those changes too, there are ways that we can increase access for people in terms of the hours and the time that services could be available? I think this has always been one of the rationales for, maybe, why there's differences in salaries between hospitals and the community. But on the flip side, I've always sensed a lot of commitment to access and ensuring access in the primary care environment. I don't know if you have comments on some of the other measures, beyond attachment, that we could be achieving, especially now that we're moving in this team-based model.

Ms. Jess Rogers: Thanks for the question. April and Pat, feel free to chime in.

What I would say is, yes, absolutely. This isn't a linear curve in terms of first, you get everyone attached, and then you provide access and provide quality care. We have to be doing that all the way through.

So that return on investment—by stabilizing the workforce, you have certainty that you've got those three RNs that can still run that extra program or that extra clinic, and the NP can stay for some of the after-hours clinic.

Part of the workaround, unfortunately, is when you're not really sure if you've got a stabilized workforce, where people are kind of coming and going. It's harder to put some of those programs in place so that you can ensure that you've got the right level of access and that people know where to be going. You can't be innovative either, because you're just always trying to catch up. And let's be honest, the morale isn't great either, right?

There are huge advantages to having that stabilization that would allow for greater efficiency and effectiveness, I think, and being able to work with partners differently around the right flow of patients through the system, rather than it feeling quite broken throughout.

I don't know if April and Pat have anything to add.

Ms. Pat Delf: If I were to add an example, it would be RN nurses are trained, or have been with us a long time, and have extra training in wound care.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Pat Delf: Sometimes, they can do things, like with the TeleVU glasses, that keep a patient here. They don't have to go and stay in Thunder Bay for two weeks to receive some specialist care. So investing in primary care saves money downstream—or upstream; whichever way you're looking at it.

Ms. Lee Fairclough: That's great. Thank you very much.

I think, for my last question—I asked this of the previous group: I find that clinicians in the north are often some

of the most creative for the ways that you deal with supporting people in their care. Is there an example that you'd like to share of how you worked very creatively in our publicly funded health system to make sure people are receiving the care they need?

1450

Ms. Pat Delf: I think because we're small communities, we connect patients with all the other services. Lots of our people will go see someone in their home or go the extra mile, pick up their groceries or their prescriptions—

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

It also concludes the time for this panel. I want to thank all the participants for all the time you took to prepare and all the able way you came to present it. I'm sure it will be of assistance to us, so thank you very much.

SIOUX LOOKOUT FIRST NATIONS
HEALTH AUTHORITY
NORTHERN ONTARIO
AVIATION COMMITTEE
ONTARIO ENGLISH CATHOLIC
TEACHERS' ASSOCIATION,
THUNDER BAY SECONDARY UNIT

The Chair (Hon. Ernie Hardeman): We now will switch to the next panel, and that's the Northern Ontario Aviation Committee; Sioux Lookout First Nations Health Authority; and the Ontario English Catholic Teachers' Association, Thunder Bay secondary unit, if they will come forward.

Everybody is here, and I hope everybody has heard the instructions. You will have seven minutes to make your presentation. At six minutes, I will say "one minute." At seven minutes, I will say "thank you" and move on. We also ask each participant to identify themselves for Hansard to make sure we have it recorded properly to the presentation.

With that, the first presenter is the Northern Ontario Aviation Committee.

Mr. Carlo Cappello: That's not me.

The Clerk of the Committee (Ms. Lesley Flores): He was here, but he left the room. He was here before.

The Chair (Hon. Ernie Hardeman): He's not here at the moment—wait a minute.

The Sioux Lookout First Nations Health Authority—that's virtual?

Ms. Monica Hemeon: Hi. We're here, yes.

My name is Monica Hemeon. I'm the vice-president of regional services for Sioux Lookout First Nations Health Authority. Online, we have—

Ms. Sonia Isaac-Mann: Hello. My name is Sonia Isaac-Mann. I am the president and CEO for the health authority.

Mr. Brian Calleja: Good afternoon. I'm Brian Calleja, vice-president of finance and corporate services for the health authority.

Ms. Monica Hemeon: Sonia, they don't have the option for PowerPoint, so everybody has a copy if you want to go ahead.

Ms. Sonia Isaac-Mann: Okay. So I can't share my screen?

The Chair (Hon. Ernie Hardeman): You're good.

Ms. Monica Hemeon: I'm hearing yes, you can.

Ms. Sonia Isaac-Mann: Okay. Let's see if it works. Can everybody see that? Can everyone see the PowerPoint presentation?

Interjections.

Ms. Sonia Isaac-Mann: Yes? Okay, great. I'll get started.

Like I said, my name is Sonia Isaac-Mann. I'm the president and CEO for the Sioux Lookout First Nations Health Authority, which was created in March of 1990 by First Nations leadership as one of the recommendations from the Scott McKay Bain report.

We provide a broad range of health services and programs to 33 First Nations that are in the Sioux Lookout area—there's a map here that shows the northwestern region. Primarily, we provide services including primary care, mental health, addictions, public health, diabetes, chronic disease—we also have a health research unit—developmental services, which is primarily children's services, as well as other areas like strategic policy and planning, engagement and quality.

SLFNHA prioritizes training, employment and advancement for First Nations, particularly from the communities that we serve. We have over 40% of staff right now that are First Nations and more that are Indigenous, so we do have some that are Métis. We have community input as part of the work that we're doing, and the cultural needs reflect the programs and services that we do deliver. We are looking at this as a primary principle for providing those services closer to home for the communities that we are serving.

The program needs that we've identified for the purposes of the 2026 budget include four areas. The first one is our approaches to community well-being. This is essentially our community-facing or population public health area for the organization. We are looking at a gap in how we can actually deliver full service to the communities that we serve. We are missing 79 FTEs. This needs to be implemented so that we can actually expand the services, including registered nurses; social workers; prevention workers, which includes diabetes, cancer, human trafficking; health promoters; public health facilitators. The cost associated with this is \$31.2 million to cover employment, training and travel.

The next area is developmental services. Like I said, this is primarily to support children and families to overcome barriers and lead healthy and inclusive lives. These services include areas like autism support; FASD diagnostics; psychiatry; pediatrics; psychology services; dietitians; therapy services, including speech, behavioural, occupational areas; optometry and then transitions into adulthood so when they age out of the system, we're supporting them into accessing adult services.

Similarly to ACW, we have a gap in the requirement for FTEs at 79.5%. These positions include occupational therapists, physiotherapists, audiologists, dietitians, rehab assistants, navigators and coordinators. The cost associated with this is \$19.4 million to cover employment, training, travel and administration costs.

The next area is community health hubs. We currently have eight community health hubs that we've established in the communities that we serve. Those eight are located in Cat Lake, Keewaywin, Muskrat Dam, Webequie, Nibinamik, Mishkeegogamang, Sandy Lake and Weagamow. These services are dedicated to communities for service and lodging. It's a unique model where it combines the ability to have clinical space as well as program service delivery space with living space for the health professionals that are coming into community. There is a great need for this in our region and the communities that we're serving as there's not enough space for housing and accommodations when professionals go in.

Building on the success of those eight that are currently up and running, we are proposing another eight in the communities that we would look to provide support. The total ask for this is \$9.6 million to cover all construction costs at approximately \$1.2 million per building.

The Chair (Hon. Ernie Hardeman): One minute left.

Ms. Sonia Isaac-Mann: Okay.

The last area is the family residential healing lodge. We signed an MOU, or an agreement, with Eagle Lake and Kenora district services on the establishment of a family residential healing lodge in their community. Unfortunately, we have not been able to secure funding for this as of yet.

The one-time costs for this include major capital, minor capital as well as operational costs which require 44.5 FTE positions. The total ask for this is \$35.3 million for the first year, including \$26.3 million for major capital, \$1 million for minor capital and \$8 million for annual operational costs.

That is the end of my presentation.

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

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

We will now go back to the first one, the Northern Ontario Aviation Committee. It'll start by itself. All it requires is your voice.

1500

Mr. Tom Meilleur: Well, wonderful. Thank you very much.

Chair and members of the committee, my name is Tom Meilleur. I'm the executive vice-president of North Star Air, but I come to you as chair of the Northern Ontario Aviation Committee. The committee was set up years ago. It deals mainly with northern Ontario infrastructure and safety in the north.

I'm here today on behalf of the northern aviation partners, regional carriers, technical specialists, First Nations leadership and thousands of northern residents whose daily lives depend on safe and reliable air transport. Across

northern Ontario, 29 remote airports operated by the Ministry of Transportation serve as the lifeline for those communities, connecting communities to health care, food, essential goods, emergency services and year-round mobility.

Yet these lifelines are failing. All of these airports are outdated, non-compliant with current regulations and incapable of supporting future growth. This is not a new problem; it has been deteriorating for decades.

The crisis in the remote northern airports was put to the committee, and we came up with the 2025 Nishnawbe Aski Aviation Needs Assessment, developed in partnership with NOAC, clearly outlining the scale and urgency of the crisis up north. Runways are too short and too narrow, limiting investment in new-generation aircraft and preventing the use of modern approach procedures. Navigational approaches require higher minimum descent altitudes, because the infrastructure cannot support safer, lower-visibility operations. Large gaps exist in weather reporting, creating uncertainty and reduced operational predictability. Service levels are inadequate, including insufficient de-icing, low staffing levels and inconsistent operational coverage. Terminal buildings are undersized or outdated, lacking proper screening areas and equipment needed to prevent the flow of alcohol and drugs into vulnerable communities.

These deficits have real consequences: medical patients stranded, essential medication delayed, food delayed, medevac flights unable to land, preventable loss of life. This is not theoretical; this is happening today in Ontario and in real communities who depend on us to keep them safe.

The NAN/NOAC needs assessment identified three key areas of essential actions. First off is to implement a temporary exemption from what they call TP 312, fifth edition, by declaring clearways and stopways as runways. That's a technical term, but Transport Canada's TP 312 is what governs the operation of an airport. This interim step can extend usable runways for up to 500 feet, improving safety and lowering the cost of transportation prior to new construction. We need to bring all remote airports into compliance with TP 312, fifth edition—which, by the way, was published in July 2015, a decade ago—and extend the runways for the future to 5,000 feet from 3,500 feet today. Currently, none of the 29 remote airports meet these regulations. Runways must be relocated or upgraded to accommodate modern aircraft and support community growth.

The third one is to update service levels to meet real-world operational needs. This includes de-icing capability, adequate fuel, proper runway maintenance, emergency response readiness and appropriate staffing. Most airports are staffed by one person on a full-time basis, weekdays only, despite the fact that there are 24/7 medevac operations and regular scheduled operations demands beyond a 9-to-5 job. This is unsafe, unsustainable and, quite frankly, unacceptable. Imagine yourselves flying into Thunder Bay and not having any equipment at your disposal.

Why this can't wait is more than half of all northern travel are medical travellers. Yet poor weather causes cancellations and missed flights each month—flights that would have been successfully done with better approaches and ground services. Inflation, climate change and aging infrastructure are compounding the crisis.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Tom Meilleur: Communities face higher food cost prices, passenger fares, reduced access to health care, increased frequency in emergency evacuations, supply chain instability and infrastructure that has exceeded its service life. These failures also carry direct costs to the government, especially in health care, where missed or cancelled flights create inefficiencies, repeated appointments and delayed treatments. Without modernized airports, these problems cannot be resolved.

What we're asking for is the cost of inaction. If we fail to act, medical travel will remain unreliable, with cancelled appointments, inefficient health care delivery and serious health risks from delayed treatments. Supply chains will continue to break down, leaving communities without essential goods during severe weather. Emergency evacuations will remain unpredictable and dangerous—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time and hopefully, we can get the rest out in the question period.

We now will hear from the Ontario English Catholic Teachers Association, Thunder Bay secondary unit. The floor is yours.

Mr. Carlo Cappello: Good afternoon. Thank you for allowing me to speak with you today. My name is Carlo Cappello. I'm a Catholic teacher and the unit president of the Ontario English Catholic Teachers Association, Thunder Bay secondary unit. I'm here representing 200 professionals who teach grades 9 to 12 in publicly funded Catholic high schools in Thunder Bay.

Catholic teachers in Thunder Bay and across Ontario want nothing more than to do the job they love, in the learning and working environment that best supports students. It is my hope that the current Ontario government will make real investments in our schools and classrooms that support student learning and provide teachers with the resources they require to foster student growth and achievement.

When looking at education funding since 2018, the Ontario government has underfunded schools by \$6.3 billion. According to the Financial Accountability Office of Ontario, in 2024-25, real per-student provincial operating funding to school boards was \$14,504 per student, the lowest level over the last 10 years. It is further anticipated that with the current funding model, that figure will drop to \$14,111 per student in 2027-28. When we compare that to the real per-student school board operating spending in the 2024-25 school year at \$14,997 per student, the trend of underfunding classrooms, when adjusted for inflation, is clear. This trend is not sustainable for our students or our teachers.

In my 28-year career in education, I've never seen a time in which classrooms were more crowded, in which incidents of school violence were higher, in which teacher recruitment and retention was more difficult and in which the mental health and well-being of students and teachers was more fragile. There is a clear and positive correlation between the challenges teachers see and experience in their classrooms and schools each day, and the decrease in education funding over the past several years. According to the Conference Board of Canada, every dollar invested in publicly funded education yields \$1.30 in total economic benefits to Ontario. Yet at the same time, the opposite holds true for every dollar cut from schools and our classrooms.

Today, teachers have more students on average in each of their classrooms and fewer resources to teach or assist their students. For example, grade 9 destreamed math teachers in my local unit reported having classrooms of over 34 or 35 students, many whom had special needs or required special assistance. With the shortage of student support professionals, which is a separate matter related to the decrease in educational funding over the years, our math teachers found it incredibly challenging to provide their students with the one-to-one support many require. In discussion with my colleagues both locally and around the province, the increase in class size and decrease in supports for student needs is a recurring theme, and it needs to be addressed. Frankly, large classes have a negative impact and outcome on student achievement, teacher and student mental health and EQAO scores.

1510

In addition to larger class sizes, supports for special education are also at an all-time low. Over the years, classroom teachers have observed student support professionals being reassigned from mainstream classes to only special education classrooms. This is partly due to the shortage of educational professionals as well as a rise in students with special needs and incidents of violence in special education classrooms. This is not to say that the increase in violent incidents only occurs in special education classrooms, or that our special education classrooms are adequately staffed either. On occasion, students in these classrooms have been required to go home for safety reasons, as there were not enough special education support staff available at schools to properly assist them. This is an unfortunate reality in our schools, one that exists because we lack the appropriate funding to ensure that adequate support staff will be in place. As a result, special-needs students in both our special education classrooms and our mainstream classrooms are not receiving the appropriate support they deserve.

Another example of how our current education funding model has affected classrooms can be seen in our aging technology that is not keeping up with the demands of modern teaching pedagogy. Teachers are increasingly encouraged to leverage and incorporate technology in their classrooms as a teaching tool, but the cost of new computers, software, hardware and other resources has outpaced budgetary constraints, and boards have found it difficult to

invest in the latest or best technology, which is a disservice to the students that we serve. Add that to the ministry's initiative to mandate e-learning classes in our publicly funded schools—classes which are staffed at 30 students to one teacher—and there exists another situation where large classes and insufficient funding is causing a gap in student achievement and support.

The new reality in Ontario schools is clear: do more with less; teach more students in split grades with less support; offer more opportunities to students in specialized pathways, such as Specialist High Skills Major, advanced placement, STEM initiatives, e-learning, deep learning, but do it with limited resources and aging technology; support students' mental health and well-being, but do it with limited budgetary constraints and with less professional supports like social workers, psychologists and child and youth workers.

The outcome of this reality is also clear: increased teacher burnout; a student mental health crisis; an increase in violent incidents, which are often calls for help from our most vulnerable students; student attendance concerns. These are real issues affecting teachers and students in our schools today.

Every student, regardless of their individual need, should have access to the resources they need to thrive. Our government needs a real plan, with improved and meaningful investments to foster healthier schools and students and teachers alike.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Carlo Cappello: Catholic teachers, as always, stand ready to extend our expertise and our experience to ensure every student gets the learning environment that they deserve. The 2026 budget is a crucial chance to provide strong support for Ontario students, an opportunity the province cannot afford to miss.

Thank you, and I would be happy to take any questions.

The Chair (Hon. Ernie Hardeman): Thank you very much for the presentation. That concludes the presentations.

We will start with MPP Mamakwa.

Mr. Sol Mamakwa: Thank you to the three groups that presented. I think it's important to be able to listen to some of the issues facing northern Ontario.

I was just going to say, Thomas Meilleur, I think you weren't quite done with your presentation. I was wondering if I can give you some time to complete your presentation.

Mr. Tom Meilleur: Well, I appreciate that, Sol. I know where I ended it.

Costs will continue to rise in communities that already face the highest cost of living in Ontario and, most importantly, lives will continue to be at risk. No Ontarian should fear that an aircraft cannot land when they need help the most.

Northern aviation is the backbone of northern life. New, all-season roads may help, but they will never replace aviation. No medical patient will travel 12 hours on a gravel road for care. Wildfire evacuations cannot rely on road access. Medical emergencies cannot wait for road

transportation. The evidence is clear, the urgency is undeniable and it is our responsibility.

For more than two decades, northern communities and aviation partners have been told that improvements are coming, yet today we still cannot meet even the minimum standards of modern regulations.

We do not need more studies. We need action: sustainable funding, coordinated planning and a collective commitment to safety, dignity and equity. NOAC and its stakeholders stand ready to work collaboratively with the province, the federal government and First Nations partners to deliver real solutions. We ask the government of Ontario to bring all stakeholders to a round table to provide sustainable funding and prioritize this essential file.

Thank you, Sol. Meegwetch.

Mr. Sol Mamakwa: Meegwetch.

I know I have 24 First Nations that are part of my riding that aren't road accessible, which says that we need these airports to be able to access the constituents. I think over the years I've travelled—I don't even call them airports. I call them airstrips because they're gravel runways. That is so 1950s. It's so long but that's the way First Nations are treated in this province of Ontario.

Thomas, is there any notion that this province, is there any notion that this government is undertaking, or willing to undertake, the review of remote airport operational models in partnership with First Nations?

Mr. Tom Meilleur: Thank you for the question. The MTO has been talking about this—and, by the way, I go back 40 years in northern Ontario, working in aviation. This conversation started in the 1980s about improving these airports.

So, we've been told they are working on more studies—engineering this time. They are taking it more seriously. It's a \$1.5-billion upgrade requirement over, probably, a period of seven to 10 years to bring the airports just up to standard. I'm not talking about making them better.

Mr. Sol Mamakwa: Has NOAC, your group, recommended specific operational funding increases to the Ministry of Transportation of Ontario? And if so, what response has been received?

Mr. Tom Meilleur: Nobody is talking money yet. They're talking a feasibility study. They're talking looking at the engineering and coming up with a plan. However, again, I remind everybody that this has been said to us since the 1980s. There are about three reports on this.

Anybody who travels up north, whoever travels, will realize the airports are just—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Sol Mamakwa: I know that, given the unique vulnerabilities of fly-in First Nations, including medical emergencies—you talked about that earlier—the critical infrastructure failure and the high cost of living, even the winter roads are becoming less reliable. You've talked about that. Why are remote airstrips not treated as critical infrastructure? And why do they want more studies rather than just funding it?

Mr. Tom Meilleur: We have never heard of any funding. That's a great question. We don't have an answer to that. What we know is the urgency is getting worse with the climate changes.

But it's not all about, "Give \$1.5 billion." What we're talking about is saving efficiencies in the government. The government ultimately pays for this, whether it be federal or provincial—

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

MPP Fairclough.

Ms. Lee Fairclough: Thank you to all three groups for your presentations. I do have questions for all three over the course of my next two question slots that I've got.

I am going to start with Sonia Isaac-Mann and her colleagues from the Sioux Lookout First Nations Health Authority. I have to say, as somebody who worked in health care before I became an MPP, I've always watched the development of your health authority. It was great to hear kind of an update of the way that you're delivering programs.

1520

The asks that you've got here—a lot of them are very clearly focused on wellness and well-being. I wanted to maybe just ask if you could talk a little bit more about the need for these programs.

And then my second question will be, they're quite large programs that you're planning to get started and/or add to here. The FTE numbers are really high. We've heard a lot over the course of the last few days about recruitment in the north and in the Far North and the challenges in that, so I just wondered if you could speak to how you would approach that, ensuring that you have the human resources that you need to be able to deliver these programs.

Ms. Sonia Isaac-Mann: Thank you for that question; I appreciate that. None of us are unaware of the disparities that our communities are facing in northwestern Ontario. I think that's partly what we're looking at around community well-being and supporting our communities through the programs and services that they've identified as their needs. We're responding and looking at creating and building upon the existing infrastructure around programs and services that we already have, which includes that population health and public health piece, as well as developmental services.

I think the importance here around children can't be understated. We service over 3,000 kids with developmental services, and we do have a looming threat with Jordan's Principle funding elimination. So part of what we're trying to figure out here is how we continue those support services for children and their families, because they've identified those as priority areas.

The other piece is in terms of the HR question, and this is a challenge. We are experiencing challenges now, for example, with ACW, the Approaches to Community Wellbeing. We have about 58 staff in those roles right now and we've got about 10 vacancies, and it is difficult to recruit. Part of what we would need to look at is an HR

strategy in terms of how we build capacity at the community level so that they can actually fill those roles and deliver those services directly to their own communities. That's our focus number one.

The other area is, obviously, we are looking at skills training and education for other staff that we have within the organization that could potentially fill those roles. So it's not just a one-pronged approach; we are looking at a multi-faceted approach around HR and recruitment.

The other area is around retention. Keeping people in those roles is really important as well, so we are going to be looking at that as part of the needs moving forward.

In relation to, for example, the family healing lodge that we are in collaboration with—Eagle Lake—they've also identified that they've got people who are ready to step into some of those roles, working directly with community on what their needs are and building the capacity there. So I think we've got a good foundation to really move the needle on skills building and capacity building at the community level.

And then, obviously, providing those support services is really going to be key so that they're actually providing service from the perspective of a First Nations community. I think that's really important because they're the ones that are finding the solutions that they need.

Ms. Lee Fairclough: That's great. Thank you for that answer.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: In terms of just the training that you're describing for the positions here such as RNs and social workers etc., what are the collaborations that you have with the training programs to support people in communities developing this? I really love how you describe that that's your primary focus. Could you just talk a little bit more about how that's occurring?

Ms. Sonia Isaac-Mann: Yes, for sure. I'll just say one comment on this and I'll hand it over to Monica Hemeon, because she has been working on this for a little while as well. We are looking at alternative models for skills-and-capacity-building and training—micro-credentialing, for example—so communities don't necessarily need to leave community to go get trained.

We are also working with universities like NOSM to build the capacity of physicians in the region so that we're building our own health professionals in the region. I'll just get Monica to talk a little bit about that because she—

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

We now go to MPP Saunderson.

Mr. Brian Saunderson: I want to thank all of our presenters for taking time today to come and share your thoughts on the upcoming budget and also for the work you do in our communities.

Thomas, I'm going to start with you on airports. I was formerly a mayor in a rural area in southern Ontario—Collingwood at the base of the Georgian Bay. We had a municipal airport which actually wasn't even in our municipality, but this was a different story. But they're expensive to run. I'm just wondering if you can tell me, what's

the ownership structure of the airports outside of our First Nations area?

Mr. Tom Meilleur: Outside of the First Nations? So if we talked about the 29 airports up north, they're owned and operated by the ministry of transport office—MTO.

Mr. Brian Saunderson: In Ontario?

Mr. Tom Meilleur: Yes. And it's funny because a lot of times the MTO doesn't realize that they have airports. I remember 10 years ago talking to the minister and he said, "No, no, that's Transport Canada." But it isn't. It's owned by the Ontario government.

Mr. Brian Saunderson: I know there's a distinction between an airport and aerodrome. In Collingwood, ours has been declassified from an airport which would've given us access to federal funding down to an aerodrome which didn't. How are they classified, the 29 airports?

Mr. Tom Meilleur: They're classified because they have scheduled operations in it. However, the Ontario government has failed to capture as much ACAP funding as they should, and that's another thing.

This whole problem doesn't exist only with the Ontario government, but the conversation hasn't happened with the federal government yet. There are various other departments that are involved. You take \$1.5 billion and you divide it by two—federal, provincial; then you divide it by subgroups; you're talking about \$10 million to \$15 million per year to fund this. You know, health care, ISC and all of these other things.

But the conversation—I asked many times the ministry of transport, have you started the conversations? And the answer is no. You haven't started on exemption; you haven't started it on funding. That's what we as NOAC hope to get at the table with the right people to start finding the funding. Because you can't fund it for one year and then stop. It's got to be a long-term seven to 10 years of funding of \$1.5 billion.

Mr. Brian Saunderson: You talked about wanting to sit down at a round table. Who would be involved in that round table?

Mr. Tom Meilleur: We'd like to see the federal government—various departments, Transport Canada being the first because they have jurisdictions over air travel. We would like to talk to Indigenous Services Canada. At the provincial level, we definitely need the MTO, the owner-operators, but we also need health, because health is such an integral part of this funding. They're going to save millions and millions of dollars here if they get the patients out in time, and don't have to reschedule because you have lost time, you have health risks and all of that. So what we are trying to do is say, there's an ROI on this for the government.

Mr. Brian Saunderson: Of the 29 airports that you're talking about, because I know in the First Nations health structure, they're talking about 33 communities that are largely fly-in communities. MPP Mamakwa was talking about gravel runways. I would imagine those gravel runways are in those communities, not in Kenora and Thunder Bay. Is there a larger interplay with the federal government in our First Nations airports?

Mr. Tom Meilleur: There is, and I think they need to be at the table. It seems that the governments seem to point fingers and say, “Well, it’s not ours.” “It’s not ours.” But if we get them all together in one room and have a serious conversation, I think you’ll find—national defence has a huge budget right now, let’s tap into it. We have to spend the money, we have to get up to that, but also we have rangers up there that are critical to the infrastructure. There are great people up there in that ranger role, they are protecting the sovereignty—

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Brian Saunderson: And to go a little farther in the discussion and you know that this government is focused on the Ring of Fire, and that’s going to involve infrastructure and we’re starting road construction in the spring. Is there an aspect of the aviation that’s going to be serving the Ring of Fire?

Mr. Tom Meilleur: Absolutely. None of their staff will be travelling by road in and out of that community. The roads are great—they’re a great idea; they’re years away—but they don’t help you when you have a forest fire cutting you off. I lived through that experience in Pickle Lake, where we only had one road, and the fire was on the road, coming towards the town.

1530

I realize that the infrastructure is not a short-term investment. It’s a long-term investment we’re looking for to keep those airports operational.

Mr. Brian Saunderson: I appreciate that. Thank you.

The Chair (Hon. Ernie Hardeman): Thank you very much. The time is up.

MPP Vaugeois.

MPP Lise Vaugeois: I’d like to speak to you, Carlo Cappello. Before I was an MPP, I was teaching teachers at Lakehead, and I have spent a lot of time in the schools. I do want to make sure people know what a good reputation the Catholic school board has in Thunder Bay.

I also want to thank you for pointing out the size of cuts that have been experienced over the last seven years, which that are dramatic, and the problems for special ed students who wind up being sent home because there is no one to look after them. That has a huge impact on the economy, as well, because the parents can’t work.

I also appreciate that teachers do this because they love to be there. They want to be there, but at a certain point, they break. They can’t carry the load anymore. The load is too much, and you’ve made that very clear.

Cindy Blackstock has said that we know what a government cares about by where they put their money. What we’re seeing is money taken away from a very fundamental service that is for the future of all of us. I wonder if you feel like the system has been set up to fail at this point with the continuous cuts.

Mr. Carlo Cappello: We’re at a breaking point. I think that over the years, what we’ve seen with these cuts—I mean, we appreciate the investments that have been made, but they’re just not keeping up with inflation. Real-time, like I mentioned, when you look at operating funding to school boards per student, it’s \$14,504 per student, which

is the lowest over 10 years. That figure is going to drop to \$14,111 in 2027-28. School boards this year paid \$14,997 per student, which is above the operating costs that they’ve received funding for.

So when you look at it in those figures, I believe that it is. When I say we’re at a breaking point, we’re at a breaking point. I’m looking at it from a northern, small school board, like Thunder Bay Catholic School Board. I don’t speak for the school board itself, but I would say they’re running a pretty lean operation.

When we go to them and say, “Listen, you need to split classes or make amendments to class sizes,” because we have 34 or 35—one of my members just called me today and said, “I have 36 in one of my grade 11 classes.” When I go to the school board, I used to have conversations with them: “We need to split here. We need to split there.” Those were classes of 30, 31, and that was several years ago. We’re up to 35, 36, 37 students, and now they’re saying, “Well, we’ll see what we can do. Maybe we can shuffle those kids into other classes.” The money just isn’t there to split classes like it used to be.

And when we look at special education funding and the professionals that are required to help run those programs—student support professionals, educational assistants—the money isn’t there to provide those people with appropriate salaries and wages. They’re not my members, but that’s a reality that factors into our special education classrooms. That’s why students are being sent home: because those supports aren’t there.

Teachers, for safety reasons, are not qualified, nor are they trained, to do the work that SSPs do. They do critical work. They monitor students who have feeding requirements, changing requirements—I can go on. Those are just positions that we require in those classrooms.

And we’ve seen a shift from the mainstream, from students who used to receive academic supports by SSPs in our mainstream classrooms and, I’d say, special education students. I was a teacher in a classroom over a decade ago—it’s been a while; I’ve been doing this job for a while. What we’ve seen is a shift from—I used to have a student support person that helped me with the special education students in my classrooms that required extra help.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Carlo Cappello: Now those SSPs are no longer in mainstream classrooms; they’re only in specific spec ed classrooms and there’s a shortage. We can’t find them. We can’t find those people to do that work. Those are just two examples, sorry.

MPP Lise Vaugeois: Thank you.

The Chair (Hon. Ernie Hardeman): MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch. Thank you. Very quickly—I know we have less than a minute—but I just want to make a comment. Back in 2018, when we first got elected, I remember the transportation minister coming to me soon after they got elected, and they said “I just got briefed on my file, MTO. And I didn’t realize—I just found out that we run airports here in Ontario.” That’s kind of where we’re at, when you ask that question, MPP

Saunderson; that's where the government is at with airports in Ontario.

Also, the amount requested from Sioux Lookout First Nations Health Authority—those millions of dollars in order to run those programs—those are the actual amounts. Meegwetch.

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

We're going to MPP Fairclough.

Ms. Lee Fairclough: I'm going to come back to you, Carlo, around the education system. I'm going to ask these questions as an MPP that cares a lot about publicly funded education. Also, I'm the mom of teenage boys—16 and 19—so I've seen things change, actually, over the course of when they entered kindergarten to now.

So I wondered if you—I mean, the class sizes of 36 and 37 in grade 11; these are the foundational years for them, learning key knowledge for when they're graduating. Can you also talk a little bit about—you mentioned mental health, and what are some of the needs that you're seeing in the schools, both for the students but also for the teachers, you mentioned as well, and the kinds of supports that you're seeing or aren't seeing available to support people.

Mr. Carlo Cappello: Sure. When we look at mental health supports for students, there are some professionals within our schools that can assist with that, but what we're seeing is more and more and more students require mental health supports that just aren't there. For example, one of my high schools, a couple of years ago, experienced bomb threats to the point where they were either shut down over a half a dozen times or they were put in hold and secure or they were placed in—what's the other one? They were evacuated. We haven't seen behaviour like that before. And that's maybe an extreme example, but that just goes to show you where some of our students are at, on the extreme end.

I'm seeing more and more examples of teachers who are threatened. When we look at the violent component, I think mental health definitely comes into play there because a lot of times, when students are acting out or when they're in a situation where they are making these kinds of threats, or whatever the situation may be, it's a call for help. They don't have the supports at home, they don't have the supports in our schools, and the number of specialized programs that, really, I envision we should be offering for these students just isn't there. It's "place all the students in mainstream classes" where you can—not to say that that's a bad thing, but it would be better if there were actual supports to support students in those mainstream classrooms, professionals within our schools. We just don't see that.

And that has an effect on teachers' mental health. If they're getting threatened, if they're seeing more and more acts of violence within their classrooms—I've had members that have had to evacuate their classrooms. A couple of weeks ago, it had to happen because a student was having a violent incident, so they had to remove their students from their classroom. This was during lunch, and

when the teachers went back to that classroom, they were shaking, and it was, "Okay."

Ms. Lee Fairclough: "Back to it."

Mr. Carlo Cappello: "Back to work." The kinds of supports that we envision should be in the schools to support teachers and to support students just aren't there. That's directly related to the lack of funding that we're seeing and the cuts in funding that we've experienced.

1540

Ms. Lee Fairclough: Yes, and the planned ongoing—that reduction. I'm quite concerned about that. All the evidence will tell us, when you look around the world, the strongest economies, they're investing in publicly funded education and publicly funded health care in real ways and seeing it as that in long-term economic prosperity.

I also think there's an important angle here on retaining teachers. I was at a swim competition on the weekend with my son, and a teacher had seen that I'd posted something about this. She came up to me in the stands and she said, "If they lift these caps permanently, that's the final straw for me."

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: She is a teacher who is extremely committed to supporting kids with special educational needs; that's her focus. She loves doing it, but she said, "If they lift this, that's it. I don't think I can keep going."

What are you hearing from your own members in this regard? How are we going to retain our teachers?

Mr. Carlo Cappello: That's an interesting question. We have approximately 40,000 teachers that are fully licensed with the Ontario College of Teachers who are choosing not to work. We've seen increases in salary, which is wonderful, but that is not translating to attracting people to the profession when they see larger class sizes, higher incidence of violence, increased workloads and a continual decrease in budgets. I don't know how we're going to maintain the levels that we have—

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

MPP Dowie.

Mr. Andrew Dowie: I want to thank all the presenters for being here.

Mr. Cappello, I would like to actually continue with you. Last fall, our Financial Accountability Officer put this to the test a little bit. I know I've heard a lot of conversation about a reduction in funding. I don't think the FAO has reported that. In fact, what they write is that ministry "spending will grow at an annual average rate of 2.5%, from \$40.1 billion in 2024-25 to \$43.2 billion in 2027-28."

Then further, into school boards: "In 2024-25, real per-student provincial operating funding to school boards was \$14,504.... Going forward, that will increase to \$14,521 per student in 2025-26 and \$14,685 per student in 2026-27...."

"In 2024-25, real per-student school board operating spending was \$14,997, above the inflation-adjusted average of \$14,865 over the last 10 years." So "real per-student spending will increase to \$15,068 in 2025-26...."

So I'd like to understand the discrepancy between what our Financial Accountability Officer has said and the numbers that you're presenting, or at least the reduction, or cut, as you said, to education spending.

Mr. Carlo Cappello: Sure. Once again, I'm not connected to the Internet here, unfortunately, so I can't provide you the actual document that I received it from. But that is from the Financial Accountability Office. "In 2024-25"—that's a direct quote—"real per-student ... funding was \$14,504, the lowest level" in "the last 10 years." That's a quote from their document.

Further anticipated—it will drop to \$14,111 in 2027-28, and real student funding for 2024-25 was \$14,997 per student. So, once again, if you're seeing a different—

Mr. Andrew Dowie: I've seen the same report.

Mr. Carlo Cappello: —set of figures, that's fair enough. I mean, those are the figures that I've quoted directly from the Financial Accountability Office.

But what I can tell you is that the real-time budget cuts below inflation, when adjusted to inflation, that we're seeing in the classrooms, over the course of several years, have been larger class sizes, fewer supports, less technology and more and more students in classrooms—students who require supports that aren't there, students with mental health crises or mental health situations that require support that we can't provide to them.

Like I said, the atmosphere in the schools is palpable. We can talk about documents and we can talk about numbers—that's fine. But if you were to walk into a school and you asked experienced teachers how things have changed over the past decade, they'll tell you specifically what I've been telling you and more, because they're in the classroom on the front lines much more than I am. I'm their representative and I speak for them, but they're experiencing that work and they're experiencing those cuts first-hand better than anyone else.

Mr. Andrew Dowie: Chair, through you: Thank you for that.

Further in the FAO report, there are a couple of graphs. It's not showing a reduction. There's a bar graph showing historical funding: in 2021-22, \$31.5 billion in spending; going up to 2027-28, \$43.2 billion. Again, I don't see any reduction in the spending.

Earlier on in 2022, the FAO analyzed and found that 80% of all school board operating spending was towards compensation. So the relationship between the inflation and the negotiated settlements may not always align. We had a time of deflation in 2017-18. We did not cut anybody's salary during that time, even though the actual real cost of the dollar may have gone down, or the purchasing power may have increased.

So do you see a direct relationship between inflation and the negotiated wage settlements?

Mr. Carlo Cappello: When it comes to wage settlements, that is secondary to the needs of the students within the schools.

What I'm seeing is, nowadays, if you were to—and I'll give you an example that's not related to education per se. If you were to go to any of your hardware stores and

purchase wood or building materials, or whatever that's required, you'll notice that it's more expensive. Food—more expensive. When we look at our schools and the costs to maintain schools—the cost to bring in, for example, tradespeople to come and fix schools—that's much more expensive than it was before.

So if you're giving people and you're saying—

The Chair (Hon. Ernie Hardeman): Thank you very much. That concludes the time for that question, and it also concludes the time for the panel.

We want to thank all the participants, both virtually and at the table, for the time they took to prepare and the time they took to be here and present your position. It will help us as we deal with the pre-budget consultation to get the best budget possible for 2026. Thank you all very much.

Interjection.

The Chair (Hon. Ernie Hardeman): We do have to take a short break. We need to wait until 4 o'clock because two are virtual.

The committee recessed from 1548 to 1602.

PERIMETER AVIATION
FOOD ACTION NETWORK OF
NORTHWESTERN ONTARIO
ONTARIO NURSES' ASSOCIATION

The Chair (Hon. Ernie Hardeman): I call the meeting back to order.

I believe everybody that's in the next panel is present and accounted for, either in person or virtual. This panel will be Perimeter Aviation, the Food Action Network of Northwestern Ontario and the Ontario Nurses' Association. The Ontario Nurses' Association will be virtual and Perimeter Aviation will be virtual.

For those who weren't watching all day—I expect everybody has been watching all day to be well-informed—but if you haven't been watching all day, you will have seven minutes to make your presentation. At six minutes, I will say "one minute," and at seven minutes, I will say "thank you." We do ask each presenter to give your name and position as you start to make sure we can attribute your presentation to the right person in Hansard.

With that, the first one will be Perimeter Aviation. The floor is yours.

Mr. Carlos Castillo: Good afternoon. Chair and members of the standing committee, thank you for the opportunity to speak today. My name is Carlos Castillo, vice-president, northern division for Perimeter Aviation and Bearskin Airlines. Can everybody hear me okay? Just want to make sure.

The Chair (Hon. Ernie Hardeman): Yes.

Mr. Carlos Castillo: I have been working in the Canadian aviation industry for close to 25 years and I am here to ask for targeted, sustained provincial investments in the airports that serve remote and isolated First Nations communities in northern Ontario.

For most Ontarians, an airport is a convenience. For fly-in First Nations, the airport is a highway. It is how people

reach medical care, how food and medicine arrive, how medevacs land and how communities stay connected to the rest of Ontario year-round.

I am here to ask for targeted, sustained provincial investments that will make these airports not nice-to-have infrastructure, but essential, life-saving, supportive transportation corridors. When these airports are under-resourced, when staffing is strained, terminal space is inadequate or winter maintenance can't keep up, the consequences are immediate and human: missed medical appointments; delayed medevacs; disrupted food and cargo deliveries; and higher costs for families already facing the highest cost of living in the province.

There are 29 provincially operated remote airports in Ontario. As you know, they are operated by the Ministry of Transportation, MTO. Today, we can't cover them all in detail, however, most of what I'll bring to your attention applies to all of them. To understand the scale and impact that these remote airports have, it helps to look at past year's volumes, and I will use one of the largest First Nations communities as an example: Sandy Lake, with a population of approximately 3,500 people. Current and official passenger data is scarce, but we can go back to a Statistics Canada report from 2000 that shows Sandy Lake moved about 17,000 passengers in a year. We believe this number to remain accurate today. Perimeter serves this community, so we have some first-hand information and data that can corroborate that.

In contrast, Kenora Airport handles a fraction of that: less than a thousand passengers, according to our most recent data we used to serve Kenora. That is an important comparison, and one that we will come back to shortly.

Other remote airports, like Pikangikum, serving a community of about 4,000 people, also see a large number of passengers moving through its airport. These numbers are not abstract; a passenger in Sandy Lake or Pikangikum is often a patient, an escort, a student, a parent travelling for urgent family reasons or a worker supporting critical services.

Now, let's talk about what the travelling public experiences on the ground. In Kenora, the public can walk into a modern, spacious terminal. For example, the Kenora Airport—a beautiful airport—has been described to be about a 900-square-metre facility.

Compare that to what people encounter in Sandy Lake and Pikangikum. Their terminals are landside facilities. Landside facilities most accommodate passengers travelling with luggage for long stays, elders who need seating and warmth, children and families, medical travellers who need privacy and dignity, and cargo movements that often overlap with passenger operations. When even a single scheduled flight overlaps with another or a medevac, or if there is a weather delay, small terminals quickly become overcrowded. That is not simply an inconvenience; it's a safety, accessibility and public health issue, especially in the wintertime, and especially for elders and patients.

If it's possible, I would love to show you a couple of pictures that I have here in my computer. Is it possible to share the screen?

The Chair (Hon. Ernie Hardeman): Yes.

Mr. Carlos Castillo: Will the Clerk do that, or do I need to do it myself?

The Chair (Hon. Ernie Hardeman): You need to do it.

Mr. Carlos Castillo: Okay. Let me know when you can see that. Is it live?

The Chair (Hon. Ernie Hardeman): No—oh, something's happening. There we are.

Mr. Carlos Castillo: Okay. So you're looking at Sandy Lake Airport, the exterior of the terminal. It's a fairly small airport.

Here is the interior, a waiting room to the left, a counter for one of the airlines in the middle and another angle of the counter space to the right.

Here's another angle of the waiting room on the left, one of the washrooms and the storage space that's available for airlines to house some of the equipment they need.

This is Pikangikum—not much different than Sandy Lake; it's about the same space, same size—and, in contrast, the Kenora Airport. It's absolutely gorgeous.

Let me see if I can go back to my other pictures.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Carlos Castillo: Sorry, Mr. Chairman.

Okay. I need to skip quite a few items, but I'll go to the specific ask: We seek political will to address this and other issues. We welcome the provincial decision to conduct a needs assessment analysis that will, for sure, identify this and other challenges.

Here's what I'm asking the committee to recommend in this year's provincial budget:

—a well-prepared plan that includes practical, targeted steps that will directly improve reliability, dignity and safety;

—a plan that will allow the upgrade of runways to non-precision approaches over time. This may involve substantial airport upgrades, wider and longer runways, or a different location for the airport terminal, to respect clearances and distances required by Transport Canada standards;

—fund terminal expansions and landside upgrades in Sandy Lake and Pikangikum, sized to real passenger demand and—

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

We now will hear from the Food Action Network of Northwestern Ontario. The floor is yours.

Ms. Sarah Siska: Good afternoon. Thank you for the opportunity to speak. My name is Sarah Siska, and I'm the executive director of the Food Action Network of Northwestern Ontario. FAN is a regional non-profit working to strengthen food systems so that communities can feel themselves both in everyday conditions and during crisis. Our network includes direct partnerships with seven municipalities and townships, over 90 farmers and food businesses and more than 60 community food organizations.

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Today, I'm going to highlight four budget priorities that directly affect food security, economic resilience and emergency preparedness in northwestern Ontario and amplify specific costed asks that are being advanced by our partners.

To begin, food insecurity continues to rise across Ontario, with more severe impacts in the north. In 2025, over one million Ontarians accessed food banks. In northwestern Ontario, demand increased by 11%, and the Thunder Bay Food Bank alone reported a 35% increase. At the same time, the cost of a basic nutritious food basket for a family of four now exceeds \$1,200 per month and continues to rise faster than incomes.

Emergency food providers are doing critical work, but these trends reflect structural income gaps, not short-term food shortages. We support the Ontario Dietitians in Public Health and the Food Insecurity Workgroup and their calls to improve employment income adequacy using Ontario living wage benchmarks and to strengthen social assistance, including indexing Ontario Works to inflation and increasing ODSP rates to reflect the real cost of living. Income adequacy is one of the most effective upstream investments and cost-containment strategies that's available to the province by reducing long-term pressure on emergency good systems, health care and other social services.

Next, local food systems and regional economic resilience: Investing in local food systems supports food security while also strengthening economic development and supply chain resilience, particularly in regions dependent on long transportation corridors. Through our Thunder Bay in season program, FAN supports a network of over 90 farmers, producers, restaurants and retailers that supply local food. Across this network, the message has been consistent, which is that infrastructure is our limiting factor.

Northwestern Ontario needs targeted investment in food processing, storage, distribution and community food hubs so we can scale production, support institutional procurement and reduce reliance on external supply routes. The economic case for this is strong. Northwestern Ontario workforce research shows that everyone 1,000 jobs created in local farms and food processing supports over 700 additional jobs through suppliers and retailers. Further, our report card data shows that 48% of local farms earn under \$25,000 a year, which underscores how thin margins are and why targeted policy supports matter for farm viability in the north.

We support the budget submission from Sustain Ontario and the Buy Local Food Across Ontario network that calls for \$30,000 to \$60,000 per organization in operational capacity funding totalling \$1.6 million to \$3.2 million, and the establishment of a \$50-million provincial food infrastructure fund to support regionally appropriate food assets.

We're also calling for targeted tax relief for northern Ontario farmers, including strengthening existing farm tax programs to better reflect higher operating costs, shorter

growing season and the essential role that northern farms play in regional food security. These investments will strengthen Ontario's economy, reduce supply chain risks and build food production capacity that will support both domestic and export markets.

Turning to school food programs, we want to know and thank the Ontario government for signing onto the National School Food Program and for providing \$5 million in one-time provincial funding in 2025. However, Ontario's core annual investment of \$32.6 million has not increased since 2014 and currently equates to nine cents per student per day, which is the second-lowest rate in Canada. This limits programs to snacks rather than meals and creates inequities across regions.

In the Thunder Bay district, school food programs served 1.66 million meals in the 2023-24 school year and over 2.19 million meals in 2024-25 which is an increase of over half a million meals in one school year. This growth reflects rising need and impact but also exposes the main constraints, which is capacity. New federal and provincial investments have increased food purchasing power, but many programs are now limited by staffing and coordination capacity.

We support the Ontario chapter of the Coalition for Healthy School Food in their 2026 request for \$210 million annual increase, which would ensure that nearly one million children and youth can access a nutritious daily meal and bring Ontario in line with the provincial and territorial median of 63 cents per student per day. Stable adequate school food funding is high-return investment on health education and household food insecurity. Without parallel investment and coordination in delivery capacity, new food dollars risk going unspent, widening inequities in school boards and regions.

Finally, I want to speak to emergency food planning and preparedness. FAN stewards the emergency food plan for Thunder Bay, a community-led strategy developed during the COVID-19 pandemic to ensure safe, dignified and coordinated food access during emergencies. It's the first plan of its kind in Canada and was recognized as a best practice in Ontario's 2023 emergency management annual report. This work responds to a clear provincial vulnerability. Northwestern Ontario's infrastructure gap means that the region is heavily reliant on long transportation corridors, averaging over 3,000 kilometres long, to meet basic food needs.

When these routes are disrupted, food access becomes an immediate concern. For example, the Nipigon River Bridge just north of Thunder Bay is a critical east-west pinch point of the Trans-Canada Highway. A closure would sever ground transportation between eastern and western Canada and require immediate coordination to prevent food shortages across the region.

Despite this risk, civil society emergency planning is extremely difficult to fund. Recent changes to the Community Emergency Preparedness Grant removed non-profit eligibility and there's no dedicated provincial funding stream for emergency food access and planning.

Civil society organizations already play a central role in emergency response, but they're not formally mandated or resourced to plan for these roles in advance. We're asking the province to re-expand non-profit eligibility under the Community Emergency Preparedness Grant and to establish a dedicated emergency food planning and response fund.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Sarah Siska: In closing, food systems are not peripheral; they're core economic, public health and emergency infrastructure, especially in northern and remote regions.

The Food Action Network respectfully asks the province to consider:

- income and social assistance investments that reflect real food costs;
- strategic funding for local food infrastructure and organizational capacity;
- a sustained, equitable, provincial commitment to school food programs, including delivery capacity; and
- dedicated support for emergency food preparedness and coordination.

Thank you for your time and consideration.

The Chair (Hon. Ernie Hardeman): Thank you very much for to the presentation.

We now will hear from the Ontario Nurses' Association. That's virtual and the floor is yours.

Ms. Erin Ariss: Good afternoon. I want to thank committee Chair MPP Hardeman and members of the committee, of course, for the opportunity to speak today.

My name is Erin Ariss. I'm a registered nurse and the president of the Ontario Nurses' Association, or ONA. ONA is Canada's largest nurses' union. We represent over 68,000 nurses and health care professionals in Ontario. We also represent 18,000 nursing student affiliates who are the future of health care in Ontario.

Health care is one of the most dangerous sectors to work in in Ontario. We're on the front lines in hospitals, nursing homes, clinics and in our communities. When we work in teams, we're always understaffed. When we work alone, like in home care, there is no one to call on when a situation becomes unsafe.

In nursing homes, residents have more complex care needs today than ever in the past. Many have dementia or cognitive impairments, and two in five residents display aggressive behaviours. Without safe staffing, we experience violence, and so do other residents. These are our working conditions. As health care workers, we are subject to violence and abuse every single day, and it is on the rise, unfortunately.

I worked on the front lines as an emergency department nurse for 20 years. While I worked at the bedside, I've been assaulted too many times to mention. I've had my hand broken by a patient. I have been assaulted by the equipment that we use to provide care. My experience as a front-line nurse is the reality for health care workers today.

The statistics speak for themselves: Nine out of 10 nurses experienced some type, some form of abuse at work

in the previous year; 63% of nurses say they have experienced physical violence such as hitting, punching or pushing.

Years of violence, harassment and unsafe working conditions have taken their toll on the nursing workforce. Statistics from the College of Nurses of Ontario show that nearly 8,000 nurses left the sector in 2025, more than in any year during the peak of the pandemic. Meanwhile, Ontario has the lowest supply of registered nurses per capita in the country.

When there aren't enough nurses, when we are always working short, it creates conditions where violence occurs. When there aren't enough nurses, patients don't get the care they need and deserve. This cannot continue. We need the Ontario government to step up with solutions that address the magnitude and urgency of this crisis.

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We are calling on the government to work with us and the other health care unions to implement safe staffing through nurse-to-patient ratios. Nurse-to-patient ratios mean that we are not working short-staffed every single shift, and that gives us protection. Nurse-to-patient ratios improve safety, reduce burnout and improve retention and recruitment. Other jurisdictions, like British Columbia, Nova Scotia and Manitoba, are introducing ratios. The statistics are clear: Jurisdictions with ratios see a substantial increase in nurse retention. We need legislated ratios here in Ontario to make our workplaces safer.

I also want to speak to you today about the substantial underfunding and lack of transparency with respect to health care funding, which has become more evident over the last year. Many hospitals are not up front with how public funding, our tax dollars, is being used and whether clinical funding is going toward clinical hours. This is an increasing concern, as we see instances of some hospitals cutting front-line positions to balance their budgets when this should be the last thing on the chopping block.

Just a few months ago, the Financial Accountability Office projected that Ontario will lose over 7,000 nurses by 2028 due to underfunding. This government must ensure that funding is increased and spent as intended. Funding for clinical hours must be spent on front-line care in its entirety, not IT projects, more management positions or other non-clinical projects.

In primary care, the management of public funds is a top concern. ONA members at the North York Family Health Team were on a 13-week strike recently, because their employer misused government funds meant for retention and recruitment, including wage increases. The Ontario government, both the Ministry of Health and its agency Ontario Health, have a fundamental responsibility to ensure that funding is sufficient and employers use government funding for its intended purpose. We need to see action from the government on this issue.

Mr. Chair, budgets are a question of priorities.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Erin Ariss: The provincial government is spending \$50 billion over 10 years on hospital infrastructure projects but not investing in safe staffing to ensure

Ontarians receive the care they need and deserve. I urge you to change course and read our submission, which outlines 34 recommendations from Ontario's front-line nurses and health care professionals from all sectors—hospitals, homes, community care, long-term care, public health and clinics. It is past time that the government seriously address the understaffing crisis and prioritize the retention and recruitment of nurses and health care professionals. Thank you.

The Chair (Hon. Ernie Hardeman): Thank you very much for that presentation. That concludes the presentations.

We will start the first round with MPP Fairclough. Go ahead.

Ms. Lee Fairclough: Thank you to all of you for your presentations today. Certainly, over the course of my two time slots for questions, I've got questions for all of you.

I am going to start with the presentation about the food network. I learned a lot, actually, in your presentation. I certainly support the idea that we need to be stabilizing people's income, especially at a time when so much of it is going to their housing. I was particularly interested in some of your thoughts around the local food resilience and the approach that we could take to supporting that here. I was just wondering if you wanted to speak a little bit more about the asks that you've made here as well as what kind of an impact you think that would have here, in this area?

Ms. Sarah Siska: Thank you for your question.

For anyone who has spent any time in Thunder Bay or area, they are always surprised by the amount and diversity of food we grow here. People often assume that we are in a very cold place and we can't grow anything. That's not true. I also know someone who is growing seven acres of potatoes in Fort Hope. If they can do it up there, there's no excuse.

But up until very recently, farmers were asked to send their produce to either Toronto or Winnipeg to go through the food terminal or grading stations, to be shipped back to Thunder Bay to be sold in a Thunder Bay grocery store. Often that cost was expected to be covered by them, which is—when we think of the low, very, very tight margins that farmers experience, that is unacceptable.

Similarly, our abattoir has been struggling for years. It's operating extremely part-time. They've been trying to find a seller, and if that closes, the second closest abattoir is a four-hour drive away. When our largest farms in the area are beef, dairy, or folks growing feed crops for beef and dairy, losing an abattoir or losing processing is a massive impact. This is why we talk a lot about the need for infrastructure. We need processing, distribution. We've also lost a number of our local distributors in the last bit.

Despite all that, there has been a growing interest in demand for local food. I referenced the report cards that we do; we found that, in the period between 2011 and 2021, there was a 400% increase in demand and availability of local food. The amount of retailers with local food increased 400%. Same with CSA operations.

We have also seen a lot of support between farmers and food access or community food organizations. There's the

Thunder Bay Community Growing Project here that has donated over 10,000 pounds of beef to charitable organizations, and our Good Food Box program in 2025 spent over \$55,000 on local food. Another example that we really love here is the Northern Fruit and Vegetable Program, which shows that targeted provincial investment can support both agriculture and student nutrition.

Ms. Lee Fairclough: Those are really great examples.

I have two things in my riding that connect to this. One is that I've got the Daily Bread Food Bank in my riding of Etobicoke-Lakeshore that's distributing food across the GTA, but I also have the Ontario Food Terminal. So that is uncanny to me that we're shipping from here all the way down to there and back up to you. Thank you for making those points.

I wanted to next go the presentation from Perimeter Aviation. Carlos, thank you for bringing the pictures. I think we had had an earlier presentation on some of the state of the airports—"airstrips," I think, was how we were referencing them in that presentation today. I think some of the pictures and the statistics that you brought really emphasize the importance.

My own background is in health care, so I do really understand why it is so important to have these access points in and out of communities, especially in emergencies. I wondered if you could speak a little bit more to how much of the work that you do is actually in service of those acute health care needs for people.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Carlos Castillo: Absolutely. It's a complicated topic, obviously, and I'll be as brief as possible. Half of our flights are basically moving passengers that are going for medical needs. There's another large component for medical professionals going to communities to provide services. In our particular case, we are involved on a semi-regular basis, unfortunately, on evacuations for communities for multiple reasons. Kashechewan is going through that recently.

For every one of those flights, as I mentioned in my presentation, it's almost a life-or-death situation in some cases, actually. And because there are so many factors at play here, it is difficult to outline them all in seven minutes. I hope that my colleague that presented—

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

We will now go to the government. MPP Dowie.

Mr. Andrew Dowie: I want to thank all of the presenters for being here.

My question is for Carlos of Perimeter Aviation. Your airlines have a lot of fans here in northern Ontario. I learned a lot about it. You provide a service that is very, very difficult to deliver in very difficult circumstances, so I want to thank you for your service and your company's service to the people of northern Ontario and beyond.

My question is this, actually: We benefitted, in our previous session, from hearing about the northern airports and the ask for further—not just investment, but coordination and an understanding of who does what with respect to our airport system.

I'm hoping that you might be able to shed some light from your perspective on the challenges that are faced by the system today in delivering the service, and where attention needs to be drawn—you know, those below-the-radar types of circumstances that, truly, sitting down in a room could actually resolve and clarify for not only yourselves at Perimeter, but for everyone in the sector.

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Mr. Carlos Castillo: Thank you for those words of encouragement. We take it very seriously, what we do in the service that we provide.

To answer your question: There are multiple sources of funding, for example, for northern airports, as you know. In conversations with other carriers and other providers, we share that sometimes it's difficult to allocate some of those fundings to the priorities that are really plaguing the industry in northwestern Ontario. There are multiple issues that are not simple to resolve. If we need to improve the safety or reliability of the service, it comes with substantial investment in infrastructure at these airports. So finding the priorities, finding the funding, it's always a challenge.

I think in the last couple of years, more so in the last year, we have noticed there is a true political commitment to address this need, to close those infrastructure gaps. Working groups that are forming, needs assessments that are taking place, will paint a clearer picture on the needs that are quite obvious.

The bottom line is that airports were built over 60 years ago for a completely different type of service, equipment, realities, environmental conditions and population. We have outgrown them, so we need to now play catch-up to a large extent, and finding who is going to be not only taking the lead, but providing the funding to complete those substantial investments, presents a challenge, for sure.

Mr. Andrew Dowie: Okay, thank you.

Chair, through you, I'd like to resume.

The Chair (Hon. Ernie Hardeman): Go ahead.

Mr. Andrew Dowie: Because I don't know your world nearly as well as you would—I know there's the Airports Capital Assistance Program from the federal government that appears to be on an application basis. We do have a provincial fund for capital as well; I believe it's through the NOHFC. What other funding opportunities do exist for northern airports from your perspective?

Mr. Carlos Castillo: Unfortunately, you named them both. The ACAP funding hasn't changed since 2000. It's \$30 million capped for all 260-plus airports in Canada that are eligible, so you can imagine those fundings are not sufficient anymore; they were not sufficient back then. They haven't even been adjusted for inflation.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Carlos Castillo: If you adjusted for inflation, it's \$60 million, but again, it's just not enough, especially to catch up with all the changes in demographics and environmental factors that have occurred.

Mr. Andrew Dowie: Okay.

All right, Chair. I'll cede the rest of the time.

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

MPP Mamakwa.

Mr. Sol Mamakwa: Meegwetch to the presenters. Carlos, it's good to see you. Sarah, thank you for the presentation, and also Erin. These are all very important issues.

Carlos, there was a presentation from Tom, as well, regarding airports. I was saying earlier that these are not airports; these are airstrips, because they're just gravel runways, as if we went back to the 1950s. These are highways in the sky for people for the 29 communities that actually are run by the province of Ontario. I think it's not about opportunities for funding; it's about the political will to be able to invest in the infrastructure and the staffing.

I know one of the things I heard in both of the presentations regarding airports is to have the full seven-day service model. What does that mean? Is there no seven-day service work happening right now?

Mr. Carlos Castillo: Correct. Thank you for of the question, and thanks for the comment. Right now, the coverage airport personnel work from Monday through Friday, 8 to 5 in the afternoon.

During that time, they have multiple tasks to complete. There's the maintenance of the airports, the clearing of the runway. It's weather reporting to a certain extent. The operation for an airline to be efficient, especially when regulations have changed, where pilots are not allowed to work as long as they used to—airlines have been forced to become very efficient in their schedule. So we work outside of those hours as well to complete the missions that need to be completed.

I'm not even talking about medevacs. Medevacs are obviously on schedule, and they need to happen at a short moment's notice, but the operation needs to be supported by the airports outside of those hours.

When a runway is not cleared or we don't receive reporting about the runway conditions and how much snow is on the runway, flights may be cancelled, and they are in fact cancelled on a regular basis because of this. Flights may be missed because of inaccurate or inadequate reporting.

That can be avoided by having a full seven-days-a-week coverage and longer windows as well. Weekend service is necessary as well. We cannot complete all the movement of passengers and cargo necessary during a Monday through Friday office hours operation; it needs to be extended into the weekends as well.

Mr. Sol Mamakwa: Yes. There's a reason why I call the airports and the airways highways in the sky. Just imagine if a highway from Thunder Bay to Kenora—their only maintenance of those airports would be Monday through Friday, 8 to 5. That's exactly how it's running.

What is stopping the Ministry of Transportation workers that are on the ground running these airports to only operate from 8 to 5? What's the problem? What is the issue?

Mr. Carlos Castillo: It's a very good question that I hope that you guys will be able to resolve at a political level, but in conversations with the MTO, their policies are clear. I don't have a source that I can provide you with exact reasoning, but they were very clear as to the fact that, yes, they have labour obligations, and also, they have a policy on the hours of operation that needs to be amended at the provincial level.

Mr. Sol Mamakwa: Essentially, what I'm hearing is, they're passing the blame onto somebody else.

The Chair (Hon. Ernie Hardeman): One minute.

Mr. Sol Mamakwa: Thank you for that. I don't know—is there anything else that you haven't shared that you would like to share? You've got less than a minute.

Mr. Carlos Castillo: There's a lot. I can't cover it in 30 seconds, but I believe Tom has probably covered quite a bit. I hope that there's a lot of attention put to this because there's a section of the population that needs a lot of help to support their essential needs to travel. Thank you.

Mr. Sol Mamakwa: Yes. Thank you very much. I think airports, again, are lifelines.

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

We'll now go to MPP Fairclough.

Ms. Lee Fairclough: Yes, that was it. That was good.

The Chair (Hon. Ernie Hardeman): I knew I'd get there.

Ms. Lee Fairclough: Thank you, Chair. I appreciate that.

My questions are coming to you now, Erin from the ONA. Thank you very much for coming to present today. I, like you, am very concerned about where we are with our health care system, and I appreciate the comments that you've made about ensuring that we can continue to deliver the front-line care that we need to. I think we have been stretching the system for a number of years. It's really on the backs of you and your colleagues and members, and your dedicated work to working with patients. So I just want to acknowledge that and say thank you.

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I do believe that through this exercise of looking at opportunities for efficiency—we're also pretty pushed. I mean, I don't need to convince you; we are by far the most efficient in the country on a per capita basis in our hospital system. Now, we are seeing the announcement of some service cuts at a variety of different hospitals, unless this is being addressed.

My question to you is: How do we go through this period? How do we ensure that we maintain the right mix of expertise and professionals in the teams that we need to continue to deliver the kind of service that we need to to our populations? And, in your opinion, the asks that you're seeing, I think, from hospitals—but not just hospitals. All day today, we've heard from primary care teams, we've heard from mental health organizations about the need to really bolster what's happening in our health system.

What are your comments about the kind of investments that we need to be making to sustain that care?

Ms. Erin Ariss: Thank you, MPP Fairclough. It's good to see you again.

I think what I mentioned in my presentation is that in the year 2025 alone, we lost more nurses than at the peak of the pandemic—8,000, to be exact—in Ontario. The vast recruitment and retention tool that we have is nurse-to-patient ratios. But simultaneously, it's the best of both worlds.

You mentioned earlier that Ontario's health care system is the most efficient in the country. The reason why it runs so efficiently is because of the members that the Ontario Nurses' Association represents. The more than 68,000 nurses and health care professionals working in the sector maintain the efficiency. It is on the back of these workers.

But what we're seeing is they are unsafe, there are vacancies and, simultaneously, there is a funding issue. So, nurse-to-patient ratios—you probably wonder that it would be expensive. Well, quite the contrary, actually. Other jurisdictions that have implemented this have seen recruitment and retention improve drastically, and, at the same time, realizing cost savings.

An example I have at my fingertips is Australia. They implemented nurse-to-patient ratios. They realized the cost savings that amounted to AU\$70 million, which is more than twice the cost of the implementation of nurse-to-patient ratios. So you can see how this is an investment but also a cost-savings measure.

At the same time, the nurses and health care professionals within the system will want to continue to work in the system and, ultimately, patients will receive better care.

Ms. Lee Fairclough: Yes, I do agree. When people know they are coming to work and they can rely on their colleagues and that the people will be there to support the care that's needed, it makes it a whole lot easier, doesn't it, to love coming to work every day.

Ms. Erin Ariss: Yes.

Ms. Lee Fairclough: May I just do a time check?

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Lee Fairclough: I've got one minute.

I wanted to ask you a little bit too, while you're here, about what you're seeing in long-term care. I think there has been a ton of discussion about deficits, but we also know the government is currently behind on the bed targets in long-term care and what we would hope to be opening and have available.

What are you hearing from some of your members in the long-term-care environment?

Ms. Erin Ariss: I think the government can invest in beds all they want, but they do need to invest in the folks, the staffing, the people providing the care in long-term care. You can build all the buildings you want, but they would be empty and useless without staff to provide the care.

What we're seeing in long-term care is, again, workloads that are completely unmanageable. Residents that are more complex, that used to be admitted to hospital, are now in long-term care. Violence in long-term care is worse

than it's ever been, and yet there is not an acknowledgement that it even exists.

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

MPP Smith.

Mr. Dave Smith: Thanks, Chair. I appreciate that.

I'm going to start with Perimeter Aviation. I know that Bearskin had significantly more scheduled passenger flights prior to COVID. The challenges at some of the airports that you're talking about—did that contribute to your reduction in scheduled flights, or has the reduction in scheduled flights occurred because of something else?

Mr. Carlos Castillo: It's a good question. The Bearskin case, which is a brand within Perimeter Aviation, covers routes on the southern part of Ontario, as I'm sure you're familiar with. It's more of a post-COVID issue, where the traffic just dropped and it hasn't recovered to pre-COVID times. Whether it's travel patterns that have changed, methods of travel that have changed, the market is just not where it was before the pandemic.

The support of airports in the southern part of the province—I would say lower than parallel 50—is quite different compared to the support you see north of 50. The infrastructure is completely different. Airports are run differently as well. So it's not so much the infrastructure and the equipment that is available at these airports; it's a market issue.

Mr. Dave Smith: It's interesting you pointed out the Kenora airport because I believe you just restarted traffic—scheduled flights to Kenora—I think it was the 15th of January?

Mr. Carlos Castillo: No, it's actually another airline that's doing it. As far as I know, they're going to give it a try. We wish them the best, but we tried for the longest period that we could, and the traffic just never came back.

Mr. Dave Smith: Well, I will say this: If somebody hasn't experienced a flight on one of your Metroliner 1000s, they definitely need to, because when you look at the plane originally and then when you actually fly on the plane, any concerns you might have when you look at the size of it are absolutely alleviated once you're in the plane. I've flown on Bearskin hundreds of times, so I do greatly appreciate the level of service that you do provide and thank you for it.

I'm going to shift a little bit over to the Food Action Network. I'm from the Peterborough area, so my riding is Peterborough–Kawartha. The Kawartha Food Share is based out of the city of Peterborough itself. They serve about 40 other food banks; they're the central purchasing agent for it. And what they tell me is, when I was first elected in 2018, they had a buying power of about six to one. For every dollar that was donated, they were able to purchase about \$6 worth of food. That has dropped to about \$3 per dollar now. Are you seeing a similar reduction in your buying power, or do you even have that much of a buying power here in Thunder Bay?

Ms. Sarah Siska: Thank you for the question. That is a great question. I confess that I don't have that number

off the top of my head. The Regional Food Distribution Association would be our equivalent to that. They are the food bank for food banks. I believe 80% of their food comes from outside of Thunder Bay, even though they do receive donations from local grocers and farms.

I don't have that answer, but I'm going to have to go home and ask that because I know, overall, it is getting more expensive and they're struggling to keep things stocked, but I don't know the specifics on their buying.

Mr. Dave Smith: The reason I ask that is it's great when we have food bank drives and we ask people to make donations to the food bank. But they typically donate food, which is great, but if there is that opportunity for increased buying power through a cash donation as opposed to a food donation, it's definitely worthwhile heading down that path.

The Chair (Hon. Ernie Hardeman): One minute.

Ms. Sarah Siska: Yes, absolutely, especially because—well, costs are going up overall, but we've seen massive spikes in grocery prices at the major grocers but local food prices haven't spiked in the same way. So when people are donating food or subsidizing food that comes from elsewhere, it's often taking away from local farmers' ability to gain meaningful income. So if there are ways that the buying power of charitable food organizations can be increased so that they can directly support local and regional agricultural products, that would actually circulate more money in the region and produce more jobs and hopefully erode that system of food insecurity and poverty that we're seeing.

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Mr. Dave Smith: I think the Chair is going to cut me off here in just a few seconds anyway, so I want to thank everyone for coming out today to do this presentation. It's the end for us; it's been a long day, and I greatly appreciate the patience that you've had with all of us. Thank you.

The Chair (Hon. Ernie Hardeman): We'll now go to Vaugeois.

MPP Lise Vaugeois: Thank you, Chairman. That was brilliant.

Sarah, I'll start with you. You talked about the need for local processing infrastructure. I wonder if you can just give us a bit of the consequences. We know there are great distances, but if the highway is closed, that affects the produce; it affects the animals. Can you speak to that, please? Because it's a really important reason for having local processing facilities and investing in that.

Ms. Sarah Siska: Yes. Thank you for the question. I think a lot of folks—especially those who are either from outside of Ontario or are based in southern Ontario—don't fully understand the scope and scale of Ontario and how isolated we are. We may be a 40-minute drive from the US border, but we're also a seven-hour drive from the nearest city. And northwestern Ontario is almost 60% of Ontario's land mass. But where we're located—I mean, I gave the example of the Nipigon River Bridge, where if there was an accident on that bridge, any ground transportation would have to drive through the States, all the way around Lake Superior. And on the other side, if there was an accident

on the highway near Dryden or Kenora, that would also fully separate it on the other side.

So while it's fantastic that the province is investing and improving our highways, that still doesn't change the fact that we need to bring in food from elsewhere. If we had an aggregation facility here, if we had local distributors—I've spoken about the challenges of our abattoir, but our abattoir at this point is only red meat. If that was expanded to have poultry and fish processing, our market would grow significantly. We are one of the only jurisdictions on the Lake Superior watershed that does not have readily accessible Lake Superior fish in our grocery stores. If you go anywhere in the States, you go in southern Ontario, it's accessible. There's nowhere you can get Lake Superior fish in Thunder Bay.

One of the wins that we have locally is on municipal local procurement, where Pioneer Ridge procures about—they put about \$250,000 a year into local farmers, but the thing that is preventing them from increasing that is that individual farms don't have the capacity to meet their need. So if there was something that could take things from local farms, we would be able to expand that procurement.

MPP Lise Vaugeois: Thank you very much.

And I have a little bit more time?

The Chair (Hon. Ernie Hardeman): Yes, you have 3.1.

MPP Lise Vaugeois: Oh, my God.

Okay, to Erin Ariss, please, on the ONA, a question: We have Learn and Stay grants for new nurses. Do you see, though, that the nurse-to-patient ratio—which is so much needed—are those new nurses staying, or are they discouraged from staying? Are there issues with what they're being paid versus people who are already in the profession, what they're being paid?

Ms. Erin Ariss: So the new nurses—the short answer is no, they're not staying. In fact, we're hearing from new members, new to nursing, that they can't find full-time jobs, that they can't find part-time jobs, if you can imagine, even with the shortage. And those 8,000 nurses that left, many of them are new grads who have been in nursing less than five years. They're taking jobs to be baristas rather than nursing, which is absurd, if you ask me. In what world would that be acceptable? So something must be done urgently if a registered nurse is willing to work as a barista and make more money doing so, and be safer doing so, than working in Ontario's health care system.

MPP Lise Vaugeois: Thank you very much.

I've got a little bit left, right?

The Chair (Hon. Ernie Hardeman): Yes, you have 1.4.

MPP Lise Vaugeois: Okay.

Now, our health critic, France Gélinas, has introduced a number of times motions or bills about nurse-to-patient ratios. So I hope very much that the government will take that on as their idea and make that happen. But I'm curious and concerned about the 13-week-long strike, that was the North York health care providers, and the sort of misuse or misdirection of money that was supposed to go to them. Thirteen weeks is a long time.

The Chair (Hon. Ernie Hardeman): One minute.

MPP Lise Vaugeois: Was there no way for government, for somebody responsible for that money to have stepped in much earlier and said, "Hey, this money belongs to the workers; it's not supposed to be going to other things"?

Ms. Erin Ariss: I would have hoped that someone from the government would have done that. It wasn't without asking for the minister or others in government—Dr. Philpott, for example, other people at Ontario Health—to examine where this money had gone in fact. It had not gone to wages or benefit improvements. But there was no accountability.

MPP Lise Vaugeois: No accountability. Okay. That's probably it. Thank you very much.

The Chair (Hon. Ernie Hardeman): Thank you very much, and that concludes the time for that question.

That concludes the time for the panel and it concludes the time for our hearing. I want to thank everybody for the great job of taking the time to prepare and to come to speak to us. I'm sure that it will be very helpful as we proceed towards the 2026 budget with the information that we have achieved through the hearing today, so thank you all very much.

We also want to remind everyone that the deadline for written submissions is at 6 p.m. on Thursday, January 29, 2026. I remind you that even though you made presentations, you can send in a written presentation. Anything that I cut you off and you didn't get to say, you can say it in writing, and it will still be considered in the consideration as we go forward. We want to thank everyone for that.

Now the committee stands adjourned until 10 a.m., Thursday, January 29, 2026, when we will resume public hearings in Sudbury, Ontario.

The committee adjourned at 1657.

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