

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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## Official Report of Debates (Hansard)

F-19

## Journal des débats (Hansard)

F-19

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

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

Consultations prébudgétaires

1<sup>st</sup> Session  
44<sup>th</sup> Parliament  
Thursday 29 January 2026

1<sup>re</sup> session  
44<sup>e</sup> législature  
Jeudi 29 janvier 2026

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Chair: Hon. Ernie Hardeman  
Clerk: Lesley Flores

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

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## LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS

Thursday 29 January 2026

*The committee met at 1003 in Days Inn by Wyndham Sudbury and Conference Centre, Sudbury.*

PRE-BUDGET CONSULTATIONS  
CONSULTATIONS PRÉBUDGÉTAIRES

**The Chair (Hon. Ernie Hardeman):** Good morning, everyone. Welcome to Sudbury. 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. 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. 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 allotted time to speak.

I want to remind the panellists that you have seven minutes to make presentations. At six minutes, I will say, "One minute," and at seven minutes, I will say, "Thank you." I'll also request that everyone speaking, both virtually and at the table, introduce themselves prior to making the presentation.

With that, we will go to the first panel. Any questions from the committee? There are no questions from the committee.

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES FINANCES  
ET DES AFFAIRES ÉCONOMIQUES

Jeudi 29 janvier 2026

GREATER SUDBURY CHAMBER OF  
COMMERCE / CHAMBRE DE COMMERCE  
DU GRAND SUDBURY  
LAURENTIAN UNIVERSITY OF SUDBURY  
NIAGARA DISTRICT AIRPORT

**The Chair (Hon. Ernie Hardeman):** The first panel will be the Greater Sudbury Chamber of Commerce, Laurentian University of Sudbury and Niagara District Airport.

The first will be the Greater Sudbury Chamber of Commerce. Welcome, and the floor is yours.

**Ms. Marie Litalien:** Thank you. My name is Marie Litalien. I'm the president and CEO of the Greater Sudbury Chamber of Commerce. Members of the standing committee, thank you for the opportunity to participate in the last day of your Olympic marathon of budget feedback. Since I'm first this morning, I'll try to be memorable and I promise to keep this moving at the pace of business: quick, clear and purposeful.

Our businesses are helping deliver Ontario's biggest goals: critical minerals, a skilled workforce and a made-in-Ontario supply chain. Those ambitions don't land without the north, without Sudbury. C'est aussi simple que ça.

You've made real progress with the "one project, one process" framework, Ontario's path to cutting approval timelines and reducing duplication for the mining and mining supply and services industry. Bill 5 reinforces this model with streamlined approvals and binding service standards that strengthen competitiveness. Now we need the next steps: more designated projects, a fully digital and centralized permitting pathway and predictable two-year timelines so businesses can plan, invest and hire.

Our recommendations align with the Ontario Chamber of Commerce's mining 2030 report—where we are a founding member of the council—calling for strengthened Indigenous partnerships, consolidated and predictable permitting, improved fiscal tools to de-risk projects and better energy affordability, workforce development and long-term northern infrastructure planning. Autrement dit, nous sommes parfaitement alignés sur la voie à suivre.

Workforce is urgent. We're asking for 3,000 OINP allocations for northern Ontario along with our colleagues in northern Ontario. Targeted immigration works and, as a francophone region, northern Ontario is uniquely positioned to help the province meet its francophone immigration targets while filling critical gaps in health care, education, the trades and more. Add multi-year post-second-

ary funding and more work-integrated learning and we keep more talent here, productive on day one. On attire, on forme et surtout on retient.

Transportation ties it all together. Highway 69 is funded. Now we need timelines and visible progress, work restarted, agreements finalized and momentum on the ground. This isn't just infrastructure; it's safety, labour mobility and supply chain integrity. C'est un besoin essentiel, pas un luxe.

Reliable daily flights to Toronto should be standard, not a gamble—I think many of you may have experienced that over this week—and ride-sharing. Somehow, we are the largest municipality by area in Ontario that still doesn't have access to these major platforms. Not because people don't want them but because inconsistent municipal rules make expansion nearly impossible. A provincial framework would finally unlock access across northern and rural communities. It would help workers get to their shifts, help employers fill them, boost tourism and make moving around this massive city something other than a logistical quest. Franchement, c'est le temps.

Finally, our businesses are on the front lines of the homelessness, mental health and addictions crisis. It affects safety, costs, staffing. It affects staying open. We appreciate the work already under way and ask that you continue a comprehensive approach with business inputs so supports reflect what communities are actually experiencing. On a tous un rôle à jouer.

As always, the full details, recommendations and evidence behind this verbal submission are included in our written one.

I'll close where I started. We're ready to move at the pace of business. If Ontario wants to lead in critical minerals, clean tech and long-term economic growth, the north must be fully enabled. Northern Ontario won't just support the province's plan; we'll help drive it.

Thank you. Safe travels home. May your taxi appear on time, your flight depart, and the highways stay open. If not, well, I guess I've proved my point.

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

We will next hear from the Laurentian University of Sudbury.

**Mr. Brian Ramakko:** Hello to everyone. I thank you for hearing our pre-budget submission in support of provincial investment in a regionally significant 50-metre aquatic facility in Sudbury.

**1010**

My name is Brian Ramakko, and I'm a member of the board of governors at Laurentian University and the chair of the board's finance and property committee. My personal claim to fame is as owner of an outdoor store in Sudbury, and I fully understand why we need recreational activities in this region.

During the COVID closure, our pool developed a leak, causing the pool to fully drain, and it has been closed ever since. As the only 50-metre pool in the Sudbury region, the Jeno Tihanyi pool is vital and has been sorely missed. Personally, I can tell you it is the number one issue I hear

about from community members when talking about Laurentian, and I do appreciate the time this committee is taking to learn about how important it is for northeastern Ontario.

I remember, as a kid, going to Laurentian and having loads of fun. Firstly, it gave us kids something to do and gave me an amazing positive impression of Laurentian—by the way, I am a Laurentian grad. As a side note, I ended up playing cards in high school with two well-known swimmers at the time, Alex Baumann and Rob Wallenius, one of whom became our Canadian Olympian gold medallist.

The pool is at the centre of our aquatic community. Our kids learn to swim there; clubs train there; families can recreate there. Everyone can exercise there. It will be used by all ages, all walks of life, 12 months of the year. With both Sudbury's and northeastern Ontario's population growing because of economic development, including the Ring of Fire, we need to reinforce and add to both our community's and region's infrastructure, to respond to recreational needs. Hey, and it helps Laurentian having a pool on property; it will get us more students.

To speak to this presentation, I would like to introduce you to Laurentian University's very capable vice-president of finance and administration, Sylvie Lafontaine.

**Ms. Sylvie Lafontaine:** Thank you, Brian.

As Brian mentioned, I'm Sylvie Lafontaine, the vice-president of finance and administration at Laurentian University. Laurentian has been a source of great pride for the city of Greater Sudbury and northern Ontario for more than 65 years. We operate a publicly funded bilingual and tri-cultural institution, a mandate that is quite unique in this province. Laurentian provides high-quality post-secondary education to close to 8,500 individual domestic and international students. It's an important source of learning, research and innovation for northern Ontario and for thousands of students who can access post-secondary education.

But we're not just an educational institution; we are also an economic engine. A recent Conference Board of Canada report confirmed that Laurentian contributes to \$595 million in GDP activity and also supports over 6,800 jobs. Laurentian has been a crucial partner, taking part in the success of thousands of students, faculty and staff, and also to the local and regional surrounding communities.

I'm here today to speak to you about a critical gap in northern Ontario's aquatic infrastructure: the Jeno Tihanyi Olympic Gold Pool. While this facility is located on our campus, the data has proven that it is not just a university asset; it is a regional hub, and before the pool closed due to its age, it served a population of 2.2 million people. Geographically, the next-closest regulation-length 50-metre pool is 1,000 kilometres to the north, or nearly 500 kilometres to the south. It serves communities from Barrie to Thunder Bay.

While the facility was operational, it hosted 50,000 annual visitors and provided over 3,500 hours of programming per year. Its closure has created a massive void in aquatic safety, training, sports, tourism and health pro-

gramming for the entire region. But we're not just looking to experiment; the demand of this type of asset has been clearly established by a few aquatic reviews in all of Ontario. We're now looking to restore this proven asset.

We also recognize that the historical model where the university assumes all the cost for this regionally significant facility is no longer viable. That is why we have spent the last year building a new path forward and we have partnered with the city of Greater Sudbury. We have established a working group with city staff to develop the governance model and the business plan, one that will ensure the long-term operational sustainability of the pool.

However, in order to unlock this partnership and reopen the doors, we need capital investment. Laurentian University requests the provincial investment of \$25 million to renew and modernize the 50-metre pool. The funding will address a critical infrastructure failure that caused the closure, renew mechanical systems and, importantly, also fund the necessary accessibility upgrades to meet current standards. It is important to note that rehabilitating this existing asset is far less costly than building a new facility of this calibre from ground zero.

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

**Ms. Sylvie Lafontaine:** This investment aligns directly with the priorities of this government—not only infrastructure renewal, but also enabling economic activity tied to sports and recreation, as our campus has hosted the Canada Summer Games and competitions from across the province that were hosted at Laurentian University's pool. These economic opportunities for our region are only possible through these types of sports infrastructure and support healthy and active communities.

The Aquatic Sport Council of Ontario recently identified a severe shortage of 50-metre pools in the province, and by investing, you will support aquatic safety and drowning prevention in a region surrounded by lakes.

To conclude, this type of project succeeds when timing, partners and funding are aligned. This is one of those moments. This is a one-time investment with long-lasting impact in the region and beyond. We have the support of the city, we have the support of the Aquatic Sport Council—

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

We now will go to Niagara District Airport.

**Mr. Daniel Pilon:** Thank you, and I believe I have the ability to share slides as well.

Members of the Standing Committee on Finance and Economic Affairs, my name is Daniel Pilon and I'm the CEO of the Niagara District Airport. Many thanks for welcoming us here to speak today. I full well recognize that our presentation is not focused on any economic growth and financial matters related to Sudbury and the surrounding area, however, recognizing that we had originally applied to present in Niagara last week and given the excess of presentations, we'll gladly take the opportunity to do so here today instead. But we did present to your colleagues in November in Niagara, at a pre-budget consultation, and are excited to provide further details here.

My presentation is focused on what we believe is one of the largest transformational projects with respect to Niagara's economy. This relates to the expansion of air access in Niagara to support Ontario's Destination Niagara Strategy. This strategy, unveiled by the Premier in December 2025, speaks boldly to the investments in the tourism industry to double the number of visitors, both domestic and international, to Niagara. My goal here today is to highlight that these investments in tourism, as identified by the Premier, need to be matched by equivalent investments in our transportation infrastructure to attract and transform the tourism experience in Niagara. We were excited to be included in the Premier's announcement and think the timing is aligned, given the recent release of our 20-year master plan.

One of the Premier's comments was that, "As we welcome the millions of new visitors that we're expecting here in Niagara, we'll invest to ensure we have the highways, the transit, the airports that are needed to help people get here quickly and conveniently." Our vision to expand the runway is we're going to revitalize the airport, going to bring people in from all over the world and move quickly on this.

The current tourism experience from the industry in Niagara is robust. Not only are we home to the Niagara Falls and the entertainment and gaming options available, we host an extraordinary number of wineries with extensive culinary options, cultural attractions like the Shaw Festival and the commensurate businesses that guide and support that industry. We are the second-largest tourist attraction in Canada, attracting 13 million tourists annually. As you can see, this has an oversized impact on our surrounding economy, given the diversity of employment associated.

The problem? Well, the problem, as you can see, is that growth in Niagara in tourism has stalled for some time. For the last 15 to 20 years, the annual number of visitors has maintained a distinctive pattern, and it needs to change, and that is done through access. Destination Niagara looks to change that narrative, and a key aspect of such an ambitious project is to dramatically transform and improve the visitor experience, enhance their ability to travel to and from the location and increase the length of time of that stay.

With respect to air access, you can see the issue: Major tourism attractions across Canada all have an airport with scheduled service within 25 kilometres or 25 minutes of city centre. Our airport is well over an hour closer to Niagara's tourist attractions than any other domestic one, and we sit directly in the middle of Canada's 13th-largest census metropolitan area. We are trying to attract international and domestic tourists to Niagara, with the closest starting point roughly 90 minutes away before we factor in traffic of any fashion—which, for those familiar with the GTA, adds significant time to travel. Growth is most assuredly enabled by access.

**1020**

As Minister Sarkaria stated at the Destination Niagara announcement, world-class destinations like Niagara need

a world-class transportation network to make it easier to visit. Our airport has a runway over a thousand feet longer than Billy Bishop, a city centre airport in downtown Toronto. It's 5,000 feet. We are located two minutes from a major regional highway—the QEW—and 12 minutes from both the old town attractions of Niagara-on-the-Lake and the downtowns of Niagara Falls and St. Catharines.

Our airport through-access is a strategic project that would act as an economic engine for so many separate industries in Niagara, much in the same way that our wine industry is predicated on the fact that a simple grape can spawn a host of industries and the economic and cultural drivers that surround it.

Domestic connectivity is additionally a key factor. We are hopeful of keeping tourism benefits both in Niagara and in Ontario by a focus on convenience and access. Reducing reliance on airports in the United States that funnel individuals to our industries is an equally important objective, all the more relevant by the focus and environment of today's reality in our relationships with our southern border and our southern neighbour.

Airports that support tourism exist throughout North America and they thrive. Airports in Vail, Aspen, Montana, Georgia, South Carolina—they support industries that their local economy relies upon. We have the added benefit of a local population of 540,000 individuals, which provides two-way traffic as well.

This is a mundane slide. However, it is likely the most important. We are a Transport Canada-certified airport. They have not certified one in decades. We are an international port of entry, where the Canada border services attend regularly. We have federal zoning protections in place on our surrounding lands to safeguard our airspace, and we currently have a Nav Canada tower active and on site. These items take millions of dollars and decades to acquire, and we already have all of them. Our airport, we believe, essentially has the cheat code to prepare us for expansion.

Additionally, our recently released master plan has had innumerable studies to support it, capturing traffic forecasts, financial modelling, economic impact and zoning and development implications. We have an ambitious project laid out before us, no doubt. It would guide our development over the next 20 years, with a staged approach to development connecting Niagara first to the eastern seaboard of North America directly, and eventually the entirety of North America. This would add well over \$1 billion in economic output, bringing millions of visitors to Niagara, and an essential aspect of completing the Premier's vision for Destination Niagara.

Stage 1 is to enhance our groundside assets, such as an expansion to our existing terminal building and parking, and stage 2 is focused on the growth of our airside assets, such as expanding our runway to 7,500 feet, reconfiguring our taxiways, leaving us with a regional airport capable of supporting four to six gates.

As you can see, it would pose significant economic impact on Niagara over the course of the 20 years of the master plan.

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

**Mr. Daniel Pilon:** And, immediately, we are in the midst of completing the procurements to finalize pre-design work, should funding be available to do so. This would fully refine the project delivery schedule and estimates, as we continue discussions with federal partners as well to support this project.

Our journey is with all three levels of government supporting Niagara, our local owners, the cities of Niagara Falls, St. Catharines and the town of Niagara-on-the-Lake, in addition to working with provincial partners to fulfill their vision and federal partners as well. This includes the advancement of discussions with airlines as we look to transform from a small, general aviation or charter airport into one capable of hosting industries on the national and international stage.

Our request, as part of the 2026 budget, and in alignment with the Premier's vision of doubling the tourism industry in Niagara, is that funding be included in the 2026 budget for a provincial share of our \$250-million airport redevelopment project. This would allow us to move forward immediately with pre-design and planning work, and the cash flow for 2026 would be a small portion of that work, with pre-design and engineering at \$2 million.

In closing, we thank you for your time to speak to the project. We are one of the longest-standing airports in the country, opening in 1929. However, 97 years later, we have other airports with—

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

We will now start the first round of questions, and we'll start with the official opposition. MPP West.

**MPP Jamie West:** Thank you very much, Chair. I'll just start in the order that they've shown up.

For the Sudbury chamber of commerce: First, I know I said it the other day, but I think it's worth echoing that the chamber did amazing work during COVID and I think helped organize a lot of the stuff that was coming from the government in order to help businesses thrive and survive in a very dangerous time. You had done amazing work prior to that, but exceptional work on a regular basis. So I just want to thank you for that publicly.

There are a lot of things you've talked about. The one that first jumps out to me is Highway 69. I just want to echo that. We've been talking about the need for Highway 69. It was a promise that was made in 2018. It's a promise that's made before every provincial government. In the last election, Doug Ford talked about the white-knuckle driving on Highway 69. And I appreciate you saying that this is more than an economic need; this is about us travelling, as well.

But Sudbury, as the hub of the north—we need to get this done. We need to invest. We're in difficult times with the President south of the border. Investing in infrastructure—it is an excellent time to do it—will reduce fatalities on the road, and we're also going to ensure that business can thrive in northern Ontario as you look to the expansion of critical minerals. So thanks for bringing that forward.

I want to give you the opportunity to expand on the need for a comprehensive approach for homelessness. I met with the downtown business association, and in the middle of our meeting, a young lady just slumped over outside the window from an overdose. The response for the individuals there was as if the Purolator guy needed help opening the door. It was a very casual, "Oh, Sally has fallen over. I'm going to see if she's okay," and then they went outside and then came back and said, "Do you have a naloxone kit?" And someone casually wandered away to get a naloxone kit, and they went to go help revive her.

At that moment, I understood the trauma that business owners are facing on a regular basis. If that were to happen near my office or for most of us, it would be a heart-pounding sort of "it moment" of the section. But our downtown business cannot thrive successfully without the supports in place.

I feel like I'm monopolizing, but could you expand on why it's so important that we have the structure?

**Ms. Marie Litalien:** Of course. Through you, Chair, to MPP West: We did a survey recently with some of our business owners asking them about the impact of homelessness, addiction and mental health conditions on their business. There are significant impacts when it comes to employee retention, employee safety, safety and security measures that have an actual cost: most businesses, between \$1,000 and \$5,000 a year; some over \$50,000. So the bigger businesses, such as a mall in our downtown etc., will spend significant costs trying to protect their tenants. Really, the landlords, as well, are feeling the effects, not just the businesses that have a front-facing presence in our downtown; this is outside of the downtown as well. There are issues with crime, harassment and a multitude of different challenges that they are facing.

There are many, many organizations in our community that do fantastic work to help these people. We had a great program called the Welcoming Streets program. That was one by the Go-Give Project in town; they operate the 24/7 warming shelter in town, and they lost some of their funding. Therefore, they are no longer able to provide that service, which is the only service that was available to our businesses. Instead, they must now call 911, when it might be loitering or an outreach worker issue.

So I think there are many organizations doing many things. I think we need to look at and coordinate those services to make sure that the funds that are allocated for those services are being spent more efficiently and have the most effect on the people actually experiencing these challenges.

**MPP Jamie West:** How much time do we have total, Chair?

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

**MPP Jamie West:** One minute? Okay.

I'll just echo that, because there was an announcement, a promise, of opening HART hubs in Sudbury. The commitment was to have that by April 1 of last year. We need to spend the money. We need to support the people who are there.

I meet regularly with families who are struggling to make ends meet—roof over their head, food on the table—and who are on the verge of becoming homeless. We need that investment in Sudbury in particular, because it's my riding, but I'm actually advocating for every small town. I know Sault Ste. Marie, Timmins, North Bay are struggling in similar ways. This is an investment that needs to happen across the province in order to help our businesses stay alive and also to support the community. Those are our friends and our families that are out there.

I think I have three seconds.

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

We'll now go to MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: Thank you all for your presentations today.

Around the Laurentian pool: so, a \$25-million request from the province for a new pool. How many other pools of this size are in northern Ontario?

**Mr. Brian Ramakko:** There are none. That is the sole pool, to my understanding. We have Ottawa, Markham, Thunder Bay.

**Mr. Rob Cerjanec:** We have a couple Olympians who are members of provincial Parliament, and we have other folks who utilize these high-performance facilities. How important is it to have these kinds of high-performance facilities in order to have Olympians of the future?

**1030**

**Mr. Brian Ramakko:** Well, in my example alone, I probably wouldn't be playing cards with Alex Baumann and Rob Wallenius at high school if we didn't have a pool. They would be forced to go to other cities to train properly and move away. And would we even develop them? Because they wouldn't take advantage of that sport or that activity. And there's nothing wrong with hockey and that, but not everybody's a hockey player or whatever, so we need diverse recreational opportunities.

**Mr. Rob Cerjanec:** Would this pool, then, become a facility that you could potentially see competitions at or other folks being able to come to and spend time in Sudbury and stay there and put money into the local economy?

**Mr. Brian Ramakko:** Completely. When the pool was open, it was a proven fact that—Sylvie quoted the numbers—it was used day in, day out, but by the region. We had sports tourism coming. We had tournaments coming. We had everybody visiting. It was truly proven to be used.

As a matter of fact, we had an internal Laurentian study before my time—I believe it was 2019; Sylvie, again, quoted the numbers—that showed that the pool was used all the time. Laurentian itself used it this much. Laurentian paid this much. The community used it this much and paid that much. It was fully, fully utilized by all walks of life throughout the community. We have the documentation. It was proven.

**Mr. Rob Cerjanec:** So it would be huge for the community; it would be great for hosting tournaments, events and tourism, for people coming into Sudbury from places like Thunder Bay, from places like Sault Ste. Marie and

across northern Ontario—even to Barrie, right? From Barrie, coming up here as well.

**Mr. Brian Ramakko:** Right.

**Mr. Rob Cerjanec:** I think it's a no-brainer, in this case. I think it makes sense. Laurentian has gone through a lot of challenges over the years, and I think this would be a really good opportunity for the province to step up and support Sudbury and support Laurentian and create a better community.

Thanks for the presentation today. It's my hope that the government will definitely consider this request. It's my sincere hope.

Marie, thanks for your presentation. It was definitely entertaining and important. As someone who flew to Sudbury, I experienced first-hand the challenges in getting here, where flights were delayed, delayed, delayed and cancelled. I managed to arrive yesterday in advance of being here today. For the amount of time that I spent at the airport, I could have driven to and from Sudbury. So having more reliable connections, I think, is extremely well-taken, especially when connecting out to other parts of the country or the province as well.

I called somebody who I know up here and I mentioned that, and he said, "Well, good thing you didn't drive because Highway 69 is a disaster coming up here as well." So it's well-taken that these are just important, critical investments that we need to make if we want to ensure that goods and transport and our economic opportunity and engine of this area—this region, but also connecting into southern Ontario, connecting into Toronto—are able to succeed.

Around the flights—has the province done anything around that? Are they facilitating or trying to get the airlines in order to do more and make that case?

**Ms. Marie Litalien:** Through you, Chair, to the MPP: Yes, there are conversations that happen at the provincial level and the federal level. It's mainly federal jurisdiction. However, we are working closely with the Ontario Chamber of Commerce as well—they're using their connections at both levels—and the Canadian Chamber of Commerce. So there's a lot of work and a lot of discussions happening, especially when it comes to regional airports.

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

**Ms. Marie Litalien:** Thunder Bay and Timmins and North Bay, even, are having the same challenges. So our hope is that there's a coordinated effort to try to address some of these challenges for all. It's even business travel and day travel. Wouldn't it be nice if somebody could come home to their family at night and do business in Toronto but we can keep the workforce here? So there are many, many different aspects and benefits to that.

**Mr. Rob Cerjanec:** Thank you.

Very quickly, Daniel from Niagara, I noted with interest the province's Niagara tourism plan. Do you know why there wasn't any money for that \$2-million planning grant in that provincial announcement that took place?

**Mr. Daniel Pilon:** No, I certainly couldn't speak to it in terms of at that point. I think we're refining our pre-design work, so those asks are coming forward now, and I

think this is moving forward. The announcement was at the end of December, at that point. So I think that's what we're trying to do, is establish that continued support through the announcement from the Premier that—

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

**Mr. Stéphane Sarrazin:** First of all, thank you to all of you for being here today, taking part in this budget consultation. As a parliamentary assistant of the Ministry of Francophone Affairs and as a parliamentary assistant of the minister of small business, je m'en voudrais de ne pas faire une petite partie en français de notre consultation aujourd'hui pour les francophones de Sudbury.

Je vais m'adresser à Marie, qui est avec la chambre de commerce de Sudbury. On reconnaît, notre gouvernement, que les chambres de commerce—vous êtes un partenaire précieux avec tout ce que vous faites, les rapports que vous avez créés au cours des années. Je ne sais pas si on a eu la chance de se rencontrer. J'ai fait des tables rondes avec plusieurs chambres de commerce; je ne sais pas si une des vôtres. Pour nous, c'est toujours important parce qu'on sait que les petites entreprises sont 98 % de nos entreprises en Ontario, puis ce sont plusieurs millions de personnes qui sont employées par les petites entreprises.

On sait que Sudbury joue vraiment un rôle important dans le secteur minier, puis avec ce qui s'en vient, le développement du « Ring of Fire », je pense qu'il y aura beaucoup de différents contrats, puis de petites entreprises qui vont bénéficier. On parle souvent des grosses entreprises dans le secteur minier, mais on sait qu'il y a plusieurs petites entreprises qui ont des grosses retombées économiques.

Quelques questions : je vais juste lancer ça, puis tu pourrais me répondre—premièrement, merci. Ce serait intéressant d'entendre un petit peu plus à savoir ce que notre gouvernement peut faire, vraiment, pour aider. Je sais qu'on a eu, aussi, des fonds qui étaient livrés à travers notre « Skills Development Fund program », d'où beaucoup d'entreprises et de compagnies ont eu la chance d'avoir des fonds pour justement former des gens dans les « trades ». Je pense qu'avec le secteur minier, ça va être plus important que jamais.

Je me demandais, est-ce que vous avez vu qu'il y a des entreprises dans le secteur minier, même de votre région, qui ont pu bénéficier de ça? Puis, juste à savoir : comment est-ce qu'on peut aider et continuer à être un bon partenaire, à créer les meilleures conditions possibles pour que les entreprises aient du succès en Ontario?

**Mme Marie Litalien:** Merci. La première question, si vous n'avez pas lu « Mining 2030 », un rapport de la chambre de commerce de l'Ontario, s'il vous plaît, prenez le temps. Il y a des bonnes recommandations qui aident au Nord mais aux secteurs à travers l'Ontario. Alors, ça c'est très important.

Partie du rapport : ce sont des partenariats avec nos personnes autochtones; le « Skills Development Fund »; des outils fiscaux qui peuvent aider; le coût de l'énergie—c'est très important pour le secteur minier; si tu parles à

nos industries ici, c'est un défi—and aussi la main-d'œuvre. Ce sont les quatre ou cinq défis qu'on a ici au nord de l'Ontario, que la province peut aider—vous avez des programmes, c'est vrai, mais je pense que ce sont les autres étapes qui peuvent nous aider.

**M. Stéphane Sarrazin:** Je veux juste peut-être profiter de l'occasion pour vous remercier, comme je l'ai dit tantôt, pour votre travail précieux, pour les rapports que vous créez, puis avec tout le partenariat que vous avez avec toutes ces entreprises-là. Sûrement, on va consulter votre rapport. Merci encore.

How much time left?

**The Chair (Hon. Ernie Hardeman):** One point two.

**Mr. Stéphane Sarrazin:** Do you want to take a portion of it?

**Mr. Brian Saunderson:** Sure, yes.

**The Chair (Hon. Ernie Hardeman):** MPP Saunderson.

**Mr. Brian Saunderson:** Maybe I'll continue with you, Marie, but I want to thank all of our presenters. I'm short on time. Maybe I'll pick it up in the second round, but I thank you for taking time to offer your expertise and insights into the upcoming budget—

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

**Mr. Brian Saunderson:** —and for the important work you do in your communities.

Marie, in my riding of Simcoe—Grey, we have MacLean Engineering in Collingwood, and MacLean is a big presence up here with their test mine. They are one of the world leaders in the electrification of mining equipment. You talked about the north being necessary, and I like your tag line: "quick, clear and purposeful."

**1040**

So, mining: How important is the mining sector for Sudbury and the region here?

**Ms. Marie Litalien:** Through you, Chair: It's very important. It is one of the key sectors, and the mining supply and service industry, but it also services the entire north. So it doesn't just benefit Greater Sudbury.

We are fortunate to have a strong government and health care sector as well that helps us weather some of those economic downturns. The mining industry is cyclical, as I'm sure you know, so Sudbury is very resilient—

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

MPP Gélinas.

**Mme France Gélinas:** I will start with Laurentian. Everybody remembers in 2021, Laurentian University declared bankruptcy. Seventy-six programs, according to the Auditor General, were closed. Over 200 faculty lost their jobs. They are out of this. They are trying to turn the page, and as Mr. Ramakko said, reopening the pool would be a nice way to turn the page on this sad history.

The pool was a community asset that everybody used. I can tell you that I played water polo. I learned synchronized swimming. I brought my kids there. I brought my grandkids there. It was a real, real asset. The Sudbury swim club talks about the reopening of the Laurentian pool every single day.

Help us. It's not a whole lot of money. It would help us turn the page on a really, really dark and tough place that we were in. It would bring people from all over not only northern Ontario—back to Sudbury. There used to be competitions at all sorts of levels, all the way to—we had a national competition taking place right here in Sudbury, where people from all over Canada would come to Sudbury to compete.

They are ready, they have a plan, they have partners. It needs to be done. Did I miss anything?

**Mr. Brian Ramakko:** No. Through you, Mr. Chair: A strong partnership with the city—Paul Lefebvre has written in support letters as well, and we have a working partnership with senior management and the city of Sudbury. So we are working on a solid plan and a solid base.

**Mme France Gélinas:** Okay. Before I go on, I'll just let you know that I'm not a really good synchronized swimmer, just so you know, but I tried really hard.

My next question is back to the chamber of commerce. Merci, Marie. I want people to understand what the opioid crisis looks like in northern Ontario. Although we represent only 5% of the population of Ontario, 10% of the deaths are in northern Ontario. Every single week we lose at least three people to overdose right here in Sudbury and area. That happens on our streets every single day.

Go have a look at the businesses downtown. We're not very far from downtown in this hotel. Go have a look and you will see how many landlords are not able to rent their places anymore because businesses are leaving the downtown because of the opioid crisis.

Those people are sick. Those people need help. We know how to provide help to the people who have mental illness. We know how to provide help to people who use substances. We need the resources to do this so that our downtown can flourish again.

Marie, do you want to talk a little bit about the difference in what our downtown used to look like business-wise versus what it looks like now?

**Ms. Marie Litalien:** Yes, thank you for the question. Through you, Chair, to MPP Gélinas: There has been a significant change. We know; we had a pandemic that affected a lot of that. I think it's coming out of that pandemic that's been difficult and challenging.

Our downtown BIA is doing a lot of work. Our municipality is doing a lot of work. We're not there yet. That's why I think a more coordinated approach might be beneficial, and that's why the chamber is recommending that.

One of the things—and unpopular opinion coming, but there are some changes required to the Mental Health Act to how we deliver those services to crime and how we address crime and jails as well, so I think it's important. Our desire is that there's a coordinated approach between all those different areas so that we can try to address some of the challenges that are occurring, especially in the north and in our downtown.

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

**Mme France Gélinas:** I represent the riding of Nickel Belt. There are more mines in Nickel Belt than in any other riding. Lots of people work in the mining industry. But I

can tell you that every second week, one of those miners will overdose, will die and won't be there to support their family, won't be there to support their community anymore. This is really, really tough.

You can have schooling available and all of this. But if they go out for 10 days, they come back for 10 days—I guarantee you, ask any EMS: They know when the shift change is happening at Côte Gold because when the guys come back into town, they're guaranteed to have overdose calls go through the roof. For some of them, they won't be there in time—

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

MPP Smyth.

**MPP Stephanie Smyth:** Good morning, everybody. It's nice to see you all here today. Thank you for your submissions before this committee.

I wanted to start with Marie at the chamber of commerce and come off of some of what our colleagues have been talking about when it comes to mental health and addiction and the situation in Sudbury. It is a story that we're seeing right across this province in municipalities big or small.

There was the mention of the HART hubs that have been promised by this government. What are you hearing in terms of timeline now—I guess it's long past overdue, as of yet—and explanations as to why this hasn't happened and what kind of hope there is on the horizon?

**Ms. Marie Litalien:** Thank you for the question. Through you, Chair, to the MPP: It's not a chamber of commerce project, so I'm not sure the question is for me. However, I do know that there are several social service organizations in town that are working very hard on that project and that there is an announcement coming. That's the update that I have from those social service agencies, the ones that are the applicants on the projects, as well as the municipality. I don't have a lot of knowledge of where that process is, just because it's beyond our scope, but that is what I know.

**MPP Stephanie Smyth:** Right. So there is a timeline, at least, that you're hearing through businesses?

**Ms. Marie Litalien:** That's right.

**MPP Stephanie Smyth:** How critical is it that you're hearing from these businesses that this gets implemented soon, not only for the people suffering but for the businesses that are clearly having a really tough time with this as well?

**Ms. Marie Litalien:** Thank you. I think it is very important, and I think it is a step on the spectrum. I don't think it solves everything, because there are many, many different aspects to this. It helps with one of the areas where there are challenges and where we need help, but it's certainly not a solution for every step of someone's journey through recovery for addictions and mental health conditions.

**MPP Stephanie Smyth:** Thank you for that.

I wanted to move on, just to talk about travel and getting here on Highway 69. As my colleague MPP Cerjanec said—he made it here, after several hours—he had quite a jour-

ney. I myself had what we're calling a harrowing journey up here, with a really bad near-collision on Highway 69 just north of Parry Sound.

As we know, this project that you've been talking about has been going on forever but not happening fast enough when it comes to helping our economy, safety. We know how critical that is and how much you say that it would help workers get to their shifts, boost tourism. Like, the safety issue—what is the cost to Sudbury, from a safety perspective and business perspective, with the lag in getting this project finished?

**Ms. Marie Litalien:** Thank you. It affects businesses every day. I think this may be the issue that I hear about the most from our members, just in terms of supply chain deliveries, meetings, investment, potential, coming here, getting here on time or many different aspects—even just visiting family, tourism, meetings, conventions and conferences. There's that potential here as well. That helps all of those different aspects of the economy—mining supply and services, of course—especially as the province declares the Ring of Fire a priority area.

**1050**

There's a road that needs to go, and there's many roads that need to go, but that's also one of them. We connect the north to the south through Highway 69 and it's critical that it be expanded, so we look forward to that.

**MPP Stephanie Smyth:** Sorry for interrupting—what are you hearing is the biggest roadblock to this happening?

**Ms. Marie Litalien:** I believe it is some agreements that need to be made with the different First Nations. There are three First Nations along that corridor, and there are agreements that need to be done respectfully and with the needs of those First Nations in mind.

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

**Ms. Marie Litalien:** I believe that takes time, as we know—which it should. But hopefully, I think, we can hear some news and maybe get a little bit of a timeline. I think that would be the most important thing.

**MPP Stephanie Smyth:** Just a question about the airport: We heard from Niagara that they are fully able and ready to expand service at their airport with the, I guess, 5,000-metre runway. What's the status with the airport here in terms of the runway? Are you familiar with that at all?

**Ms. Marie Litalien:** No.

**MPP Stephanie Smyth:** Okay, that's fair—just in terms of being able to handle greater capacity.

I'm just going to move on to the pool at Laurentian. What kind of funding have you been able to secure federally at all with this project?

**Mr. Brian Ramakko:** Nothing that I know of yet. I would defer that question to Sylvie Lafontaine, please.

**The Chair (Hon. Ernie Hardeman):** Thank you very much. That concludes the time for that question. We'll have to get it on the next round.

MPP Saunderson.

**Mr. Brian Saunderson:** When we ended the last round, Marie, I was asking about the importance of the mining sector to the Sudbury economy. You had talked in re-

sponse to my colleague's questions about the importance of skills development, enhancing the grid up here and the mining competitiveness with Bill 5.

I'm just wondering if you could speak to the opportunities that developing the Ring of Fire would bring to the mining industry and the supporting industries in town.

**Ms. Marie Litalien:** Through you, Chair, to the MPP: There are significant economic benefits to our mining and mining supply and services companies, not only because of work and jobs that would come out of work being done in the Ring of Fire but because of the infrastructure investment that needs to go into that area, which then benefits our community and the communities surrounding it—so, significant benefits.

Also, it's not the only priority area for mining. I think northern Ontario—Timmins, north of Timmins, Sudbury area—has a lot of potential to develop as well, where those infrastructure investments could be done in already established communities as well to help us sort of expand what's already here and what's already happening. So there are benefits, I think, in many ways for mining supply and services and our ability to expand here.

**Mr. Brian Saunderson:** Great. Thank you very much for that.

I'm now going to turn to Laurentian University. Brian and Sylvie, thank you for your presentation today.

I actually started my political career on a joint task force in Collingwood to develop our rec facilities, which was to include a 25-metre pool at the time, so I know the importance. I know at the time, they talked about how \$1 invested in sport and recreation usually has a multiplier effect of saving \$15. This was in 2001, I think. It had the ability to save \$15 in future health care costs, from mental health to physical health. I'm sure that number has grown significantly. So I appreciate the work that you are doing.

The government had a Community Sport and Recreation Infrastructure Fund that came out in 2024. There were two streams. One was to improve existing facilities. I know from your history you were focused on other things at that time, but I'm wondering if you had made an application to that funding at the time—whoever can answer that.

**Mr. Brian Ramakko:** Thank you, Mr. Chair. I believe Sylvie would be best to answer that.

**Ms. Sylvie Lafontaine:** Yes. Our understanding is that at that time, the municipalities would be eligible to apply for that particular type of funding and the city of Sudbury had applied for that particular funding with the understanding that they had a number of pools at that time that they were looking at for that particular funding, which was for \$1 million. The Laurentian pool did not get to apply or receive funding in that particular envelope.

**Mr. Brian Saunderson:** Okay. The partnership, I think, is a critical piece. When we were doing this back in Collingwood, we were partnering with the YMCA because these facilities now are becoming so much more expensive, and this was pre-pandemic. Since the pandemic, the prices have gone up exorbitantly, as I'm sure you know.

**Mr. Brian Ramakko:** We do.

**Mr. Brian Saunderson:** And so, leveraging the asset and the partnership to keep this pool going—50-metre pools, as you've indicated, are rare beasts across the province, and they're critical. I know you're looking at the sport tourism aspect of it, and you had a very successful model before that; it's got great history, that pool.

I'm wondering if you can talk to me a bit about the partnership arrangement that the municipality and the university are exploring at this point. I know it's a difficult model, operating a pool. When I was doing this 20 years ago, a 25-metre pool fully programmed generally costs the municipality, or whoever's operating it, about \$250,000 a year—

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

**Mr. Brian Saunderson:** —and I imagine that would be higher for a 50-metre pool. I'm just wondering what the partnership that you're discussing looks like.

**Ms. Sylvia Lafontaine:** Yes, at this time, we're certainly working very closely. This particular working group has been put in place to get into the details, both from the governance point of view but also for the ongoing operating. Certainly, the city of Sudbury has the expertise and the staff across all of its inventory of pools, therefore leaving some of that more operational aspect of it, ensuring that there's a good sense of the programming that would occur, that would serve both from the municipality and the communities as well as for the university. It would be really establishing—we have our working group, we have our guiding principle and we're now into finalizing those types of details, but we're working side by side with the municipality and leveraging—

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

We thank you all very much for the time you took to prepare and for coming here and delivering the message. Hopefully, it will help us as we write the report from our exercise in the pre-budget consultations. Thank you very much for being here.

MEDICAL LABORATORY  
PROFESSIONALS' ASSOCIATION  
OF ONTARIO  
  
ONTARIO FEDERATION OF LABOUR  
  
ONTARIO CATHOLIC SCHOOL  
TRUSTEES' ASSOCIATION

**The Chair (Hon. Ernie Hardeman):** We will ask the next panel to come forward: the Medical Laboratory Professionals' Association of Ontario, the Ontario Federation of Labour and the Ontario Catholic School Trustees' Association.

We thank you all for being here and, as with the others, you have seven minutes to make your presentation. At six minutes, I will say, "One minute." At seven minutes, we will move on to the next one. We ask each presenter to

make sure to introduce themselves as they start their presentation.

With that, we start with the Medical Laboratory Professionals' Association of Ontario.

**Ms. Jessie Clelland:** Excellent, that would be me.

Honourable members of the Standing Committee on Finance and Economic Affairs, thank you for taking the time to come to Sudbury to hear about our community's priorities. I hope you had a restful holiday break.

My name is Jessie Clelland. I'm a medical laboratory technologist by trade. I'm currently the manager at the Canadian Blood Services donation centre in Sudbury and also the former board chair for the Medical Laboratory Professionals' Association of Ontario, or MLPAO for short.

The MLPAO advocates on behalf of the medical laboratory profession, including medical laboratory technologists, medical laboratory assistants and technicians. Lab professionals test for thousands of diseases and disorders, including early cancer diagnosis, diabetes, heart disease, genetic markers and more. These tests are required to provide diagnostic and comprehensive care to Ontarians for publicly funded cancer screenings, surgeries and procedures. Combined, these professionals process and interpret over 280 million laboratory tests annually in Ontario and are the fourth-largest health care profession after doctors, nurses and pharmacists.

## 1100

Since the pandemic, our hospital, public health and community labs continue to experience significant labour shortages. Across Ontario, right now, 37% of medical laboratory technologists are approaching retirement in the next few years. According to a recent survey the MLPAO conducted in the fall of 2025, 68% of Ontario labs continue to experience these shortages: 44% of our members say laboratory technologist staffing shortages have stayed the same or worsened over the last year and 40% say their technologist staffing shortages are adversely affecting turnaround times for patient results.

More medical lab training programs are being brought online by Ontario post-secondary institutions. We are grateful for that, but many labs are unable to take and train students due to the shortages. In fact, 37% of labs that currently do not take students indicated to the MLPAO that they would be able to take students for clinical placements if funding for a trainer was provided. This is common practice in other health professions and they are called preceptors.

The MLPAO is proposing a modest but effective solution in our budget submission. We are asking for a one-time, time-limited investment of \$6 million over three years in the 2026 Ontario budget to hire around 130 preceptors to train 1,300 students and alleviate labour shortages, especially in rural and northern labs. The MLPAO is ready to implement this solution immediately. We have part-time and recently retired MLTs ready to come back and train and support students with hands-on training opportunities.

This solution also complements the recent government investments in the Learn and Stay grant, and the addition of 700 MLT seats to help the MLT recruitment and retention in the northeast and southwest regions of Ontario. These preceptors will allow the current MLTs to focus on processing and releasing test results, while the preceptor will spend one-on-one time with the MLT student. This will give the student the dedicated time that they need to learn, while not impacting the turnaround times and the testing being processed.

Thank you for taking time to hear our proposal. We hope we can count on the government's funding for our hard-working medical lab professionals in this year's budget.

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

We now will hear from the Ontario Federation of Labour.

**Ms. Laura Walton:** Thank you so much, Chair. I'm Laura Walton, president of the Ontario Federation of Labour, representing 54 unions and over a million workers in Ontario.

I sit before you today to ask you to invest in Ontario. Now, when I talk about investment, I'm not talking about abstract growth targets or projects that may or may not deliver public benefit decades from now. I'm talking about investment now, investment today that supports workers, their families and the communities that make this province function.

In my role, I have the privilege of speaking with workers across this province in every sector and every region. What I hear is remarkably consistent: People are not asking for promises. They are asking for plans—plans that stabilize the systems that they rely on and allow them to build secure lives.

Budgets are about choice, and Ontario's current pressures are the predictable result of sustained underinvestment. Independent analyses show that program spending is not keeping pace with population growth or our real costs. In practical terms, that means there's fewer resources each year for health care, education, housing and social services, even as our demands continue to rise. Ontario raises significantly less revenue per person than most other provinces and that gap shows up directly in underfunded public services. This context matters because it explains why systems across the province are under strain. We need a plan to invest in publicly funded, publicly delivered health care, not just in infrastructure, but in the people who deliver that care.

Independent officers like the Financial Accountability Office and the Canadian Institute for Health Information have been clear that current funding trajectories do not maintain service levels as Ontario's population grows and ages. Hospitals are operating in permanent deficits, and nearly half ran deficits in the last fiscal year. At the same time, reliance on private staffing agencies has increased costs and destabilized the workforce. Investing in public hospitals, long-term care and community care means investing in stable staffing, retention and working conditions that support people to stay in stable, sustainable

employment. That's how public dollars deliver better outcomes.

We also need a plan to invest in our future through child care. Demand has increased, but supply has not kept pace. Projections show that more than 220,000 children are likely to be left without access to licensed child care spaces. Affordability means little if families cannot find care. Access depends on a stable workforce. That requires funding models that support trained, well-paid early childhood educators and allow centres to plan and grow sustainably.

Our schools are the heart of our communities, and yet they're being stretched thin. After inflation and enrolment growth, Ontario now spends \$260 less per student than it did in 2018 and 2019. That represents a \$561-million gap this year alone—over \$6 billion lost over seven years. These gaps show up in larger classes, fewer supports, deteriorating buildings and increasing pressures on students, education workers and teachers. If we want safe, supporting learning environments, funding must reflect real costs.

The same pattern exists in post-secondary education. Ontario universities and colleges received the lowest per-student funding in Canada. Institutions are cutting programs, eliminating jobs, struggling to meet demand, particularly in regional and northern communities. A province that expects its post-secondary institutions to train the workforce of tomorrow must fund them accordingly.

That preparation doesn't stop at colleges and universities. Ontario also relies heavily on union-led skilled trades training centres to deliver quality, industry-ready training in skilled trades, including but not limited to construction, manufacturing, energy and infrastructure. These centres already train thousands of workers every year and are closely aligned with labour market needs. However, much of this training is dependent on short-term or unstable funding. That limits long-term planning and restricts the ability to expand capacity when demand grows.

Stable, formalized provincial funding for union-led skilled trades training centres allows programs to invest in equipment, instructors and long-term training capacities. It ensures Ontario has the skilled workforce that we need to deliver public priorities, from housing to infrastructure to hospitals and schools.

Across both the public and private sectors, the strength of Ontario's economy depends on the strength of our labour framework. Many workers, particularly those facing precarious employment, face weak employment standards enforcement and health and safety protections that have not kept pace with modern workplaces. Far too often, workers are unable to access their rights without unnecessary barriers or delay.

This has fiscal consequences. Preventable injuries, unsafe workplaces and unstable employment increase pressures on health care, income supports and social services. Stronger enforcement and proactive prevention help support people to remain in the workforce instead of cycling into income supports and emergency services.

The same applies to public investments that are structured in the private sector. Far too often, public dollars are flowing into private projects without clear expectations attached. When investments lack the conditions around job quality, training, safety and stability, the benefits are extracted while the risks are absorbed by workers in community.

Housing is a clear example. Ontario needs affordable homes. Public investment in non-profit co-operative housing supports affordability while creating stable, high-quality employment and strengthening local economies. When housing investments are designed around public benefit, they deliver better outcomes for communities, workers and for the province.

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

**Ms. Laura Walton:** Whether they're public service or private sector projects, investments work best when there is accountability.

You have the ability to change this landscape. You can choose to invest in people, rather than shift costs onto families and communities. You can choose plans over promises, stability over erosion and public value over privatization. I'm asking you today to make that choice.

Choose the workers who make our province strong. Choose families and communities by investing in publicly funded, publicly delivered services. Choose a legacy of building Ontario by investing in the people who truly build Ontario.

Thank you.

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

We'll now go to the Ontario Catholic School Trustees' Association.

**Mr. Michael Bellmore:** Good morning, Mr. Chair, Vice-Chair and committee members. Thank you for the opportunity to speak to you on behalf of Ontario's 29 Catholic school boards. My name is Michael Bellmore, and I'm honoured to serve as the president of the Ontario Catholic School Trustees' Association, which has been representing those 29 boards since 1930. I'm also honoured to be the chair of the Sudbury Catholic District School Board, so welcome on this cold, crisp day to sunny Sudbury.

We are very grateful to have the opportunity to share with you some of the key financial priorities of our association and our Catholic school boards in this province. We acknowledge the many competing and complex interests and demands faced by your committee and this provincial government. Saying that, though, we know that effective, transparent and accountable publicly funded school systems are essential and key to promoting and sustaining caring and economically strong communities.

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In this regard, we support the government's commitment to building a strong foundation for student learning, including focused resources and support of literacy and numeracy, and expanding opportunities in skilled trades and apprenticeship programs.

To cite a few areas of particular challenge or priority, we recommend urgent attention and sufficient funding be provided in the upcoming provincial budget in the following areas—and I’m going to talk about a few and then Patrick Daly, our executive director who is joining us virtually, will come in at the end as well.

The financial cost associated with the sick leave provisions contained within our collective agreements has increased significantly and, for a number of years, has placed significant financial pressure on school boards. Currently, all employee groups are able to access up to 11 days payable at 100% and 120 days payable at 90%, for a combined total of up to 131 paid days of sick leave per year.

Cost increases with these provisions, combined with the indirect costs associated with the replacement of support staff and occasional teachers, as well as the increased administrative burdens in managing higher utilization, are leaving many of our Catholic school boards struggling to meet their obligations. In addition, the resulting absenteeism has a significant effect on the instructional environment and safety for students, particularly when occasional teachers and support staff are unavailable. It is our recommendation that the government adequately fund costs associated with current levels of sick leave and absenteeism.

**Student mental health:** We welcome the government’s commitment to increasing funding to address student mental health and well-being, given how students have been impacted in the context of school closures in response to COVID-19 and a number of other factors. With the prolonged absence from school, the virtual learning context and limited social interactions due to health and safety concerns, boards have seen a significant increase in demand for their supports and services in this area. Catholic school boards appreciate recent enhancements in core education funding, but we urge that continued attention and priority be placed in this important area.

Our recommendations are pretty straightforward:

- that the government continue to review funding for student mental health needs and that it’s equitable and sustainable for all students over time;

- that the Ministry of Education continue to support funding of a board-level mental health lead into the core education funding structure;

- we also encourage the government to monitor and update the financial supports to boards to support local mental health and student well-being initiatives; and

- that the Ministry of Education continue to address the changing nature of student mental health and well-being needs as evidenced in the need for ongoing enhanced prevention and intervention, and align staff professional development supports for students with mental health and behaviour regulation challenges.

Catholic school boards remain committed to, and are working hard to, ensure the needs of their students with special education requirements are supported. However, providing the necessary level of support while ensuring health and safety presents unique challenges—for example,

the need for specialized personal protective equipment for students and staff.

The vast majority of our Ontario Catholic schools continue to run deficits in meeting the educational, psychological and support needs of our exceptional students. More sophisticated diagnostic techniques related to autism spectrum disorder have resulted in a significant increase in identifying this segment of the student population and have led to increases in demand on special education services in our boards.

We recommend that the government establish a special education working group to review the adequacy and flexibility of special education funding. We further recommend that the government review needs-based funding models for high-needs special education students to supplement the overall funding model. And further, we recommend that the government continue to survey and monitor the current situation with boards and provide program and financial support as required to ensure students with special education needs can be provided psychoeducational assessments in a timely manner so boards can make the necessary accommodations.

At this time, I call on Pat Daly.

**Mr. Patrick Daly:** Thank you very much, Mr. President, distinguished Chair and committee members.

As Mr. Bellmore as said, the recommendations made by OCSTA are made on the basis that the education funding system of Ontario must respond to four essential principles. First, that it must distribute education dollars equitably amongst all school boards and their students. Secondly, that the level of funding for education must be adequate to ensure—

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

**Mr. Patrick Daly:** —quality education for students. Thirdly, that it must provide sufficient flexibility. And finally, that the education funding model must include mechanisms to support accountability.

So in that regard, Mr. Chair, we just want to indicate that the intersection between inadequate funding and a lack of flexibility is placing school boards under significant financial pressures and really limiting their ability to maintain current programs and to add additional programs that are much needed by students.

So in that regard, we recommend that the government reduce restrictions enveloping on operating funds that decrease school board flexibility and, secondly, that the government increase local priority funding to assist school boards in meeting their distinctive missions to deliver to the unique needs of the students in their system.

In light of the time restraints, I’ll turn it back over to Mr. Bellmore.

**The Chair (Hon. Ernie Hardeman):** Thank you very much for that. The time is up and maybe we can get the rest of the presentation in our rounds of questions.

We’ll start with the first round. MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: Thank you all for your presentations today.

Mr. Bellmore, you raised some really important issues in our public education system and impacting Catholic

education, in particular, talking about mental health and the importance of mental health supports in schools. Can you explain the importance of those mental health supports in schools and what's needed for students to have access to them?

**Mr. Michael Bellmore:** Yes, absolutely. Thank you for the question.

I think it's important to note—first of all, again, welcome to Sudbury—when you look at rural, remote, northern communities, particularly, I would say that those are most impacted and most disadvantaged because of our ability to retain and maintain the professionals that are required to deliver consistent programs and services. I would say it's a problem province-wide but particularly more evident in our more rural and remote locations. We've seen an uptick on this, particularly going back to just prior to the pandemic, and it was highlighted after the pandemic, where we saw a burgeoning concern amongst our student populations.

Pat, I'll ask you to add to that as well.

**Mr. Patrick Daly:** Yes, thank you, Michael. Just very briefly, what I would add to it is clearly the complexity of the challenges that young people are experiencing today and the increase in the number of students that—whether it's mental health or all kinds of other challenges that they are experiencing in their lives, what that brings to schools and school systems has caused enormous pressure. So really, to add to Mr. Bellmore's comments, the complexity aligned with the increase in the number of students is placing severe pressure on school board resources.

**Mr. Rob Cerjanec:** Thank you.

Around core education funding, we don't know when that announcement is going to be, when the province informs school boards of when funding is going to take place. Can you talk to us about the impact of a delayed core education funding announcement?

**Mr. Michael Bellmore:** Go ahead, Pat.

**Mr. Patrick Daly:** Thank you, Michael. For sure, a great question. Any delay limits a school board's ability to effectively plan for the upcoming school year, particularly in the area of staffing. You know, a school board's staffing from March through till the end of June is absolutely critical in planning for the next school year, so any delay will really limit the board's ability to plan effectively for staffing. So that would be the biggest challenge, absolutely, in terms of staffing. But as well, to plan to ensure that they're fiscally responsible, the more time it gives the finance staff and that to do a better job and the recommendations they can bring to the board of trustees.

**Mr. Rob Cerjanec:** We hear a lot from this government in talking about school boards lately. One of the biggest challenges, though, is the chronic underfunding of our public education system, where there's only so much juice you can get out of a lemon at the end of the day.

We're hearing issues around special education—I think that's probably one of the biggest issues that we're facing in public education right now. Kids with special needs are not getting the support that they need. The EAs, the ECEs, the support staff at schools—frankly, there's not enough

of them, number one. And then, number two, we have students with very complex needs—students with autism and just so many other challenges in our school system—where it's impacting other kids in the classroom.

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So you spoke about establishing a special education working group at the province that I assume would involve labour, that would involve parents, that would involve advocates, that would involve school board trustees as well. How important would it be that the province actually get special education right?

**Mr. Michael Bellmore:** I think it's critical. As a trustee now—I've been a trustee for 20 years; Pat has been a trustee, prior to becoming our executive director, a lot longer. I've been a member of our special education advisory committee for the entirety of my being a trustee. And when I think back 19 years ago, what we were concerned about and what our priorities were then—

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

**Mr. Michael Bellmore:** —and we fast-forward to today, we are seeing an increasing number of concerns coming forward. We've adopted a more integrated model, but that integrated model needs to be supported. If we've got a class size of 35 and even two of those students are high-needs requirements, those supports have to be in place, and we think that committee would help us retool, restructure and look at the importance of the funding in that area.

**Mr. Rob Cerjanec:** Thank you very much.

Very quickly: Jessie, there's an issue with LifeLabs in Sudbury right now. How important is it that that diagnostic testing takes place within the communities that people are requesting it?

**Ms. Jessie Clelland:** Specific to the LifeLabs closing, in my personal opinion, it's going to be detrimental to this community. The LifeLabs testing facility in Sudbury tests samples from the Sudbury community but also from other communities as far as—

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

MPP Racinsky.

**Mr. Joseph Racinsky:** Thank you to all the presenters for coming this morning. I really appreciate you sharing your perspective as we make our budget deliberations and get that feedback.

I'll continue with the Medical Laboratory Professionals' Association of Ontario. We heard a very similar presentation a couple of days ago in Kapuskasing. I'm privileged to be able to have attended 11 of the 12 committee meetings all across Ontario so far, and it's great to see some of the consistency and, obviously, nuance in different regions of the province.

Just about your request of the 330 preceptors: You mentioned our Learn and Stay grant, which is a great program, especially for rural and northern areas. How do you see those things working together?

**Ms. Jessie Clelland:** Just to clarify: 130 preceptors, not 330.

**Mr. Joseph Racinsky:** That's good. Thank you.

**Ms. Jessie Clelland:** Yes. But the preceptors will work very well with the Learn and Stay grant, because it will allow the labs here more time to spend with the students to make sure that we're really getting the best workforce release that we can, and it will help alleviate a lot of the delays in testing that are caused by having students. So with the Learn and Stay grant, we get the students here, they're staying in the community, they're working locally—fantastic. But this preceptor will just bring it that much further to ensure the best training without taking away from the care that we're providing in the labs at the same time.

**Mr. Joseph Racinsky:** Thank you for that. Last year, we announced \$5 million to the Ontario Wet Labs Program to create a new wet lab housed in the University of Ottawa. How are investments like that supporting your industry?

**Ms. Jessie Clelland:** Those are great as well. It's really hard for some areas for these students to actually get clinical placements. Again, it ties into this: If they don't have the staff to run the lab as it is, they're not going to have staff to spend time with those students. So these wet labs allow a simulation lab where these students can go, they can get hands-on experience while not in a functioning laboratory per se. So it's more of a—there's a word that I'm looking for that's escaping me—but it allows more training to be done without that extra pressure on the labs.

**Mr. Joseph Racinsky:** Thank you.

I want to try to get everybody in my five minutes, so I'll move on to you, Michael. In the 2024-25 school year, our government announced 41 capital projects, 1,700 student spaces. In my riding, a few weeks ago, I was able to announce over 70 additional spaces at Sacred Heart Catholic Elementary School in my riding in the community of Rockwood. How important are those capital investments for our boards around the province?

**Mr. Michael Bellmore:** We certainly have been very vocal in supporting your government and appreciate all the capital investments that they have made. There is a definitive backlog in the province of repairs that are required, and new builds.

I think one of the key things, and I'll let Pat talk about it a little further, is the moratorium on school closures really needs to be examined and spoken about. We talk about it in all the presentations we make. I am not aware of any trustee in my 20 years, and Pat can attest to his 40, that gets up in the morning and decides they want to go and close schools. That's not what most people I know who sign up for this commitment are involved in. But we have to look rationally, since the moratorium was in place on school closures, about how many empty spaces boards are having to maintain and care for, which is a cost to the bottom line of that board's budget, while those spaces aren't filled because they don't require that space anymore.

Or we take an example like here in Sudbury: If I wanted to expand a school, if we go out north to the valley, which is 25 minutes from where I might have an open classroom

space available, I can't expand because I have an empty class that's 25 minutes away. So the logistics of that, especially when we're dealing with rural and remote locations, do have an impact. But we certainly are appreciative of the investments that have been made to date.

Pat, you might want to add to that?

**Mr. Patrick Daly:** Yes, thank you, Michael. I would just add to the appreciation. I had the pleasure of being at the historic announcement last year with the government's announcement regarding capital funding. But as Michael said, there remains a significant backlog, and additional funding for sure is required.

Michael's comments with regard to the moratorium—the concerns around that cannot be overstated.

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

**Mr. Patrick Daly:** There are clearly strategies to ensure that we deal with those one-school communities and rural school communities while resolving the issue of over-capacity in many, many boards.

**Mr. Joseph Racinsky:** Thank you.

And just really quick, Laura, I'm sorry I don't have much time left for you. But our government is really committed to building infrastructure—highways, hospitals—in record amounts. How are those kinds of infrastructure projects benefiting the people you represent?

**Ms. Laura Walton:** They are a benefit, and I will never say that they aren't a benefit, but they need to start. What we don't need is, "We're going to build something," and the people who haven't even started school yet aren't going to be on those job sites. Their children might be on those job sites.

But we also have to look at the people who actually are doing the work in those buildings that we're building. Are we actually funding so that we have teachers and education assistants in the same schools that we're proud of opening? Are we hiring enough doctors, nurses and health care workers in the same hospitals that we're building?

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

MPP West.

**MPP Jamie West:** Laura, if you want to finish your answer, go ahead.

**Ms. Laura Walton:** I just want to be clear that we need both. Building a building or building a road without actually ensuring that we are able to maintain the road with the people who plow, making sure that we have enough people in the actual workforce providing those services—it isn't either-or. It has to be both.

**MPP Jamie West:** Thank you. And going back to your presentation, I would assume that part of the need for child care ensures that people are able to get to work so that they can—

**Ms. Laura Walton:** Absolutely, yes. When we look at the child care spaces, 220,000 children languishing, that means that people aren't getting to work. They're having to take sick leave, unfortunately, because they don't have adequate child care spaces. These are the folks who are going to be setting our children onto a pathway to the workforce. We need to make sure that they have the most

well-trained folks in place so that we can set them off in the right direction.

**MPP Jamie West:** I'm going to swing around because we only have five minutes, unfortunately, to ask questions. I want to give Jessie an opportunity to talk about LifeLabs. It's a major issue in Sudbury. For those of you coming from out of town, there are 40 people in Sudbury alone, technologists—what's the other word I'm looking for?

**Ms. Jessie Clelland:** Technicians.

**MPP Jamie West:** Technicians, thank you—I don't want to forget either of them—who will be losing their jobs. So, they'll draw the samples here and they will send them to southern Ontario.

Just recently, they talked about the Learn and Stay grant, and what stood out to me is if you're trying to attract people into a field where you're losing 40 positions, that might put a chill on people coming into that field.

Can you just expand on what this means and the importance of saving these jobs in northern Ontario?

**Ms. Jessie Clelland:** Of course. The LifeLabs comparison to everything else is its own separate beast, but closing this LifeLabs and having these positions vacant—these 40, 45 people are losing their jobs. They might be able to get in at a hospital. They might be able to get in at another testing centre.

Luckily, the medical laboratory professional schools are backlogged with people trying to get into it. This shouldn't affect the number of people who still want to go through to pursue this career. What it will affect is the community. Do you want more details on that?

**MPP Jamie West:** No, I wanted to underscore how important it is. The government ran on a "protect Ontario workers" campaign last year and you need to start protecting these workers. I keep seeing these things where they pour a bottle of Crown Royal down and those workers lose their jobs. I keep seeing them shrug their shoulders about LifeLabs and not protecting LifeLabs jobs. In Sault Ste. Marie, a thousand workers are out of work, and we gave them \$100 million with no strings attached. We can't keep doing this; either rip up the banner and get a new slogan or walk the talk.

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**Ms. Jessie Clelland:** Exactly. A lot of those jobs—like you said, I've heard people say, "Oh, they can go work at the hospital," but there has to be availability at the hospital. There are different departments within the laboratory, so depending on where these people have worked—they may have spent their whole career in the hematology department, and there's no hematology position available, so that means that they have to go elsewhere. They have to leave Sudbury to go find work somewhere else.

**MPP Jamie West:** Thanks.

Michael, it's been a long time. I was thinking about how we first met when I had hair and you didn't have glasses. I want to compliment you, because you have had a consistent career in education, and advocate not just in Sudbury but at Queen's Park on a regular basis and bring that voice forward.

The part that stood out to me—and it connects with Laura's presentation as well, because I was making notes: Ontario now spends \$260 less per student than it did in 2018-19. This year alone, that's a gap of \$561 million, and \$6.53 billion lost over seven years. When you talk about supports for kids who need EAs—a lot of people come to my office who are frustrated, because they don't have the supports and are frustrated and feel bad for the students and teacher in the class because their child gets overwhelmed and disrupts the classroom. What is the impact of that lack of funding?

**Mr. Michael Bellmore:** Well, I think when you saw my comments about the amount of sick leave time and the increase in sick leave time, some of that can be attributed to some of these instances that we've had in some of our classroom situations, which are unfortunate situations.

The more integrated model, that road that we've gone down—obviously, if you increase the demands in your classroom of requiring—again, if you have two students who are high-needs in that classroom, and they need those supports and those supports aren't available, that impacts the entirety of that classroom. So in a classroom of 35 kids, if two are particularly high-needs, that's 35 kids that are suffering, not just two—

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

**Mr. Michael Bellmore:** —because they don't have the appropriate supports for that.

**MPP Jamie West:** The other side that you don't hear very much outside of here, unless you are involved with labour or you're a sitting politician like my colleagues are, is the increase in violence that's happening in classrooms, where EAs and people are having to wear bump caps. I worked in professional mining where we blow stuff up and fix it by hitting it with hammers, and we don't have that level of violence where I work.

We need that infrastructure to support those kids so that the kids have as much support as possible so that we're not protecting with PPE, we're actually facilitating infrastructure where people have decent access to education for every single child in that classroom.

**Mr. Michael Bellmore:** Yes, 100%. Most of my colleagues across the province that I'm aware of—we get up every morning looking forward to advocating on behalf of those students and our teachers and our communities so that in our communities, we're providing a fantastic level, that can be envied around the world, of publicly funded education in this province.

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

**MPP Shamji:**

**Mr. Adil Shamji:** Jessie, I wonder if I could begin with you. I think many people in Sudbury know that in 1997, the Conservative government went on a rampage with health care in Sudbury, consolidating hospitals, reducing the four hospitals that were serving this great community to a single one. Health Sciences North has never been the same after that. It's a great institution, but we now know that every year during peak season, they're at 120%, 130% capacity. Health care workers are buckling under the strain.

We've got patients getting care in hallways, closets, bathrooms.

And what really worries me is it looks like Sudbury is going to become a victim of Conservative centralization and consolidation in health care again with what we are seeing with LifeLabs. There has been a claim that moving laboratory services to Toronto will not impact patient care. In your clinical experience, does that make sense?

**Ms. Jessie Clelland:** No.

Earlier today, when I first came in here, I heard you guys talking about Highway 69 and travelling from down south, coming here and having a big accident. We're going to have these samples that are collected in Sudbury, and they will be transported from Sudbury to somewhere in the GTA.

During transport, there are numerous things that can go wrong. One thing that a lot of people don't know is there are certain time frames that you have to test specimens within. Having the lab on-site, you can get them tested when they need to be, but sending them to Toronto, you have to package them; some of them you have to separate and freeze them, so that takes time. If there's an accident on the highway, if there's a closure, if there's bad weather—whatever it may be that can cause delays of these samples—those patients might have to go get their blood work redone, resent. There are going to be increases in transportation. There are going to be increased needs of the hospital lab here, because there are going to be people who need results fast and they have nowhere else to go. "Let's go to the emergency department where I can get my blood work done."

There is no way that it won't affect the community. The increased costs in having to recollect these samples for people, driving from outside of the city, coming in. Some people may drive an hour or more to come and have their blood collected. They're sick; they need their results, they need their diagnosis, they need their treatment. Delaying that is not going to do any good by having them go down Highway 69 to Toronto.

Even if they were flying the samples out, we know frequently our flights are cancelled coming out of Sudbury due to weather. It's the same thing: There are going to be backlogs of diagnosis, backlogs of treatment, and this will affect so much more than just the lab sector; it will affect all of health care. The right thing to do would be to keep these centres open for testing.

**Mr. Adil Shamji:** I appreciate you bringing your expertise to this issue. I'm an emergency physician, and I've worked in rural areas. I share the frustration of my patients. I share that frustration of sending off a tube, finding out there wasn't enough blood in the tube, the sample has hemolyzed. It's already hard enough when you're in a rural community, but with certain populations, it's hard to get them back for a second sample as well. And that one shot—you've missed that window of opportunity.

My follow-up question both for yourself and for Laura in particular—although I know that you'll have something to say on this as well. We often hear the government talk about recruitment strategies, and we've seen some stuff. I

think a lot more could be done on recruitment. We never see any concrete action on retention. What would a real retention strategy look like for your members?

**Ms. Jessie Clelland:** Oh, wow. That's big.

**Mr. Adil Shamji:** Sorry.

**Ms. Jessie Clelland:** As I said, labs are understaffed, they're underfunded, and a lot of professionals leave the profession because of that. Myself, I was a lab supervisor before I moved back to Sudbury. I'm not working as a lab professional right now. I left because of these strains—the stress, the not sleeping, how my health did not go well.

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

**Ms. Jessie Clelland:** And this is something that other people look to, and they're like, "Oh. Why would I go into this profession if there's no support for them?" So it's really important that there are investments made to help keep people in the profession. Otherwise, they're going to leave. They're going to take early retirement or leave the profession altogether.

**Ms. Laura Walton:** It's about having a concrete plan that brings people who are impacted by said plan around the table to make the plan—making sure that we have the proper funding, making sure that we have a plan that's more than just a flash in the pan: "Here's a one-time cheque to," or "Make an application for," to "What are we actually needing, and how are we going to do it?"

I think we have seen that we've actually cost more to the taxpayer by doing some of these fly-by-night, flash-in-the-pan, one-time promises here or there, and maybe someday it's going to happen, rather than actually sitting down and saying, "Here's what we need to invest in. Here's how we're going to make Ontario great." And I know that the capacity is in this room to do that.

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

We're going to go to MPP Smith.

**Mr. Dave Smith:** Jessie, I'm going to start with you. The opposition members in the chamber, in the Legislature, have stood up repeatedly and said that we need to close the privately run facilities, and yet you just said the right thing to do is keep these centres open. I find it interesting that they're now advocating here that we need to keep LifeLabs open here in Sudbury, when at Queen's Park they're advocating that we need to close down those facilities.

And I see it from the community's perspective, that we need to have that lab facility available. From your perspective as a lab professional, what should we be doing then to incentivize someone like LifeLabs to remain open in this area? What should the government of Ontario do, and should we ignore the requests from the opposition that say to close those private centres?

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**Ms. Jessie Clelland:** Yes. We need to keep them open.

I will make one big comparison: The north is not treated the same as the south/southwest. There's no way something like a LifeLabs closing down south would have the same impact that it does in the north, and there's no way that they would close one down south just because of the

impact it has. The north has always been treated differently. There's such a huge population here that is overlooked all the time.

If they do move forward with closing all of these community labs, then they need to invest in labs elsewhere. They need to invest in the hospital labs because these tests need to be performed, these diagnoses need to be made and the treatments need to be done. Without the lab, there is nothing; there is none of that—70% of diagnoses are based off of lab results, so if you limit the number of labs, you are limiting health care.

**Mr. Dave Smith:** Thank you. I appreciate that.

Michael, I'm going to come over to you as well. In a previous life, I was a software developer, and 58 of the 72 school boards were clients of mine. Your board was actually a client of mine.

I also worked for a school board, and when I worked for the board, we had about 39,000 students. We had a director of education, a superintendent of business and three superintendents of education. That board has now 34,000 students. They have a director of education, an associate director of education, eight superintendents of education and a superintendent of business services.

Are you seeing similar growth on the administrative side of your board, and is that causing some of the money not getting down to the actual classrooms as a result of what I would call a much larger administrative group than what's needed?

**Mr. Michael Bellmore:** Just to clarify, you're asking about my own particular board?

**Mr. Dave Smith:** Your own particular board, yes.

**Mr. Michael Bellmore:** In the amount of time—19 years—that I've been on my board, our administrative structure has not grown. I will go back to my first term, 1994 to 1997, under Bill 104 under the Harris government—when they introduced Bill 104 and changed the boards to what we have now. We were a bilingual board and, I would say, proportionately, we had the same amount of senior admin, as you want to call it, on our English section that we now have in our board.

Consistently, we have staffed that level under the envelope amount. We don't max out the envelope. We don't overstaff at that level. Each of the superintendents we have has a very diverse portfolio: They're covering secondary, elementary; some are covering spec ed; some are covering immersion; some are specialists in math.

I would say that would be true for most boards located in rural, remote, northern Ontario communities. I'll invite Pat, perhaps, to add to that comment as well.

**Mr. Patrick Daly:** I echo those comments. Having been chair of Hamilton's for many, many years in the past, the administrative structure, particularly at the senior level for sure, was reduced. That's in a period where reporting requirements and all types of additional responsibilities were increased significantly.

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

**Mr. Patrick Daly:** In terms of Catholic boards, the vast majority for sure in the last 10, 15 years would have seen reductions.

**Mr. Dave Smith:** Thank you. I appreciate that.

I asked specifically on your board because I see differences across the province with a number of boards. Some of them have been very diligent in ensuring that funding went as much as possible to the classroom; some have taken initiatives from the ministry and decided that was an opportunity to add more board office staff. We're seeing those challenges across the province now. There are a few boards, in particular, that have had more challenges than others.

It's good to see a board like yours that is taking that initiative to ensure that you are maximizing the amount of money that gets in front of students and looking after the students that way, so I do commend you on that. Thank you.

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

**Mme France Gélinas:** Just to remind everyone, lab testing used to be done in hospitals, in not-for-profit hospitals. The previous Conservative government privatized it and put LifeLabs—we had LifeLabs, we had CML, we had Dynacare.

Anyway, now LifeLabs has taken over most of the room in community lab services. It was sold to an American company, who made it clear that there's more money to be made by closing the site in Sudbury and moving it to Toronto for the only reason to maximize their profit, not to help us. To add to this, we have professionals telling us that this will have a direct impact on the health of people in northern Ontario, who won't get diagnosed, who won't get the treatment plan that they need—just to make sure that everybody understands that.

We have a medical laboratory professional, Jessie, who's here today, who said the students go to school, but they need to do a placement. If they're not able to do a placement, they're not able to graduate. In order for them to be able to do a placement in the north, you need to invest \$6 million over three years to create 130 preceptors to make sure that those students are able to find a place to do their internship in northern Ontario and stay in northern Ontario.

So I hope everybody realizes that this \$6 million over three years is not a big ask, but it will make a huge difference for all of those students who are in the programs right now and want to become the medical laboratory technologists and technicians that we need. I'm just putting out there that there is a solution: \$6 million that will help us have the training in northern Ontario. Please take that seriously.

Sorry, Jessie; anything else that I missed?

**Ms. Jessie Clelland:** No, that was great.

**Mme France Gélinas:** Okay.

Laura, if you were to look at the top two on your list that would really make a difference for workers, for families, for communities, what would they be?

**Ms. Laura Walton:** It's investing in the jobs in Ontario and by making plans, not a promise—hardcore accountability. I'm an education worker. If we say that we're hiring 3,000 education workers, we actually need to see

proof of the 3,000 education workers. We don't need it just to be a statement.

The other thing that I would suggest—I'm hearing what we're talking about with LifeLabs. This is exactly what we're talking about. You are using taxpayer dollars that are going to LifeLabs to perform these tests, and because LifeLabs doesn't feel like they're getting enough money, they're going to take the service away. We need to have some accountability around these investments. If you are going to use taxpayer dollars and you are a private firm, then it comes with attachments. You must provide the services in the north. You must ensure that we are using Ontario workers to get this work done. We must be ensuring that we're giving back to the communities.

I think more now than ever, we don't need to be seeing our money going to companies that are putting it into offshore accounts or buying big yachts. Our money, our tax dollars that are going need to be pouring back into the communities and making sure that the communities are taken care of. I think, on that, we can all agree.

**Mme France Gélinas:** Agreed. How we ended up with the biggest community-based lab provider being an American company, I don't know, but none of us would say, "Oh, what a great idea. Let a private, for-profit American company take over lab services in Ontario."

The government signs hundreds of millions of dollars in deals with this company every single year. Don't tell me that you cannot put words in there that say, "You will maintain the level of access in northern Ontario that we used to have." I don't believe it. It's close to \$900 million that you give.

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

**Mme France Gélinas:** Michael, you've talked quite a bit about the example of 35 kids in one classroom, two of them needing special needs. How often would you say this happens, and what does it look like in some of the small schools that you have in northern Ontario?

**Mr. Michael Bellmore:** Well, as I've said, MPP Gélinas, in small, rural, remote northern boards, it looks a lot different than it does in metropolitan boards—416, 905, 613, 519, even.

I'll ask Pat, though, to proffer a comment from the provincial perspective.

**Mr. Patrick Daly:** Thank you very much, Michael. To the good question: Clearly, the class size averages have been capped, so we wouldn't have the data in terms of how many are at 35-to-1. However, as we talked about earlier, just the complexity—

**The Chair (Hon. Ernie Hardeman):** Thank you. That concludes the time for that question. It also concludes the time for this panel.

I want to thank all the panellists, both virtually and at the table. Thank you very much for the time you took to prepare this presentation and the great way you presented it to us. I'm sure it'll be of great assistance as we move forward in the process. Thank you very much for being here.

With that, the committee now stands recessed until 1 o'clock.

*The committee recessed from 1150 to 1300.*

**The Chair (Hon. Ernie Hardeman):** Good afternoon, everyone. We will now resume the 2026 pre-budget consultations.

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 the 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 members of the committee.

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

Please wait until you've been recognized by the Chair before speaking, and as always, all comments should go through the Chair.

With that, we also want to add that we ask each presenter to identify yourself at the start of your presentation, to make sure we can attribute the great comments to the right person. I know they're all great, but we want the right great in the right area.

**CITY OF ELLIOT LAKE  
CANADIAN MENTAL HEALTH  
ASSOCIATION, SUDBURY / MANITOULIN  
OECTA, SUDBURY SECONDARY UNIT**

**The Chair (Hon. Ernie Hardeman):** With that, we'll introduce the first panel. It's the city of Elliot Lake; Canadian Mental Health Association, Sudbury/Manitoulin; and the Sudbury secondary Catholic teachers' association.

With that, the first presenter will be the city of Elliot Lake. The floor is yours.

**Mr. Charles Flintoff:** Good afternoon. My name is Charles Flintoff, the very proud deputy mayor for the city of Elliot Lake. Thank you for the opportunity to appear today as part of Ontario's 2026 pre-budget consultations.

I am here on behalf of our city council and the residents of Elliot Lake to speak to provincial support for community recreational infrastructure. We have a specific infrastructure issue that illustrates how provincial programs can better support project delivery in smaller northern municipalities facing exceptional circumstances.

The program that I'd like to speak about is the popular Community Sport and Recreation Infrastructure Fund at the Ministry of Sport. It was announced in budget 2024, with \$200 million over three years with two streams: one for rehabilitation of existing assets and one for new builds. After visiting Queen's Park in November, including with our MPP, Bill Rosenberg, we had a meeting with Premier Ford and his staff, and we also had a meeting with Minister Lumsden and his staff. It was clear that CSRIIF is a program of interest for us. Other northern communities have

benefited from this fund, such as Sudbury, for new sports complexes and arenas.

Given the high demand for recreational infrastructure needs of communities across the province and the limitations of small municipalities to raise revenue, we are here to propose that the government top up this fund with an additional \$200 million in budget 2026, and consider changes to the program so that municipalities such as Elliot Lake can be eligible to apply for funding under special consideration.

Our proposed changes to the CSRIIF program would allow the Rogers Arena in Elliot Lake to be considered eligible to apply for provincial funding. The Rogers Arena is our only arena. It is our main large-scale indoor recreation and event facility. It has been closed since 2023, following a roof failure that revealed significant structural deficiencies. What began as repair quickly became a comprehensive rebuild to ensure the facility could meet modern building code, accessibility and life safety audits. As a result, our community has gone three winters without access to skating, hockey and the events that typically anchor a community's life during the winter months.

The city has taken decisive action since the initial leak. To date, we have spent—more than \$12 million has been invested to stabilize the structure and secure the building's long-term viability. An additional \$11.6 million is required to complete interior renovations and allow the arena to reopen.

Local leadership has been strong. Community fundraising has generated over \$4.2 million: \$1.2 million from a grassroots campaign, and the Rogers family contributed \$3 million.

Elliot Lake also received national recognition when we won Kraft Hockeyville in 2024. We won \$250,000 for that. We had to play our NHL exhibition game in Sudbury, because we had no arena, but Sudbury were great hosts.

The challenge we face is not the absence of a provincial program, but rather the fit of the existing program parameters and whether the program will continue to be funded. Under the Community Sport and Recreation Infrastructure Fund, the Rogers Arena project is too large to meaningfully benefit under stream 1, which has an upper limit of \$1 million, as our project is \$24 million; not eligible under stream 2, because it is technically not a new build; and unable to access funding for work already under way, due to restrictions on retroactive work, or seek provincial funding elsewhere due to restrictions on stacked funding. As a result, a project that is well advanced, fully scoped and locally supported cannot be considered under current eligibility rules.

Specifically, we are asking that the Ministry of Sport be permitted to consider special eligibility on a case-by-case basis where a facility represents the only sport and recreation asset of its kind in the community and the population is under 20,000 people, and that eligible costs be retroactive if the project is less than 60% complete—our construction began, but we are still less than 60% complete—or eligible for stream 2, “new builds,” if the building is 80% renovated to get totally redone. This could be admin-

istered through a formal request for special consideration, supported by clear evidence of a community need, economic impact and project readiness.

We understand that this request for flexibility is innovative for infrastructure funding. We are doing this to help our community and highlight the realities facing many northern Ontario municipalities, where we cannot wait for future funding applications to fix sole assets that our citizens rely on.

For Elliot Lake, Rogers Arena is essential infrastructure. It supports minor hockey, figure skating, junior A hockey, tournaments, trade shows, concerts and charitable events.

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

**Mr. Charles Flintoff:** In a community with a limited tax base and an aging population, the arena plays a key role in supporting local businesses, attracting young families and maintaining year-round economic activity. Public opinion poll research we did back in November 2025 confirms that rehabilitating the Rogers Arena is a top priority for many residents, with strong support for provincial participation.

To reiterate, our ask is a request that the budget committee fund CSRIIF to an increased amount to ensure communities such as ours and many others are able to update and repair sport infrastructure. With modest flexibility for special circumstances and renewed funding, the province can help ensure Rogers Arena reopens safely and continues to serve Elliot Lake for generations to come. Thank you for your time and your consideration. I would be happy to answer any questions.

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

Our next presentation is the Canadian Mental Health Association, Sudbury/Manitoulin.

**Ms. Patty MacDonald:** Good afternoon. My name is Patty MacDonald, and I'm the chief executive officer of Canadian Mental Health Association, Sudbury/Manitoulin. Thank you for the opportunity to address this committee.

I know that this committee has already heard from a few of my colleagues at other CMHA branches. I want to begin by adding our thanks to the provincial government for demonstrating their commitment to the community mental health and addiction sector by providing a 4% base budget increase last year. As we continue to deliver the high standard of care, this funding has been essential in sustaining our organization's operations.

But as more people need our services and require more complex care than ever before, the demand for our sector continues to grow. We urge the government to maintain momentum this year and provide another round of stabilization funding for the community mental health and addictions sector.

**1310**

It has been a challenging, unforgiving winter this year, and for those of us in health care, the homelessness crisis remains top of mind. You may have already heard that the homelessness in northern Ontario has increased 37% in the past year, compared to around 8% provincially. In

Sudbury alone, 275 individuals were reported as homeless in September, prior to the winter months. This issue has become more visible in our community over the years, with encampments taking root at multiple sites, including one backing onto our branch's office. Our municipal partners are working on a response which includes connecting individuals and families seeking shelter with services and supports.

But we also know first-hand that individuals who are homeless are often the most complex to serve. Our organization operates the off-the-street shelter in Sudbury. It's a low-barrier shelter which operates year-round and offers a safe, warm place to sleep. Between August and December, the shelter has been operating at more than full capacity, exceeding 100% usage. This means we've had to turn away individuals.

And while it's important to recognize that not every unhoused individual struggles with a mental illness, people without stable housing are at a heightened risk of mental health issues. As we strive to support our municipal partners with homelessness initiatives, we need additional resources and funding to support these operations.

Of particular concern for our organization is the rising number of seniors who need our housing supports and services. More seniors with complex physical needs are turning to emergency shelters due to housing instability. This past summer, eight older adults accessed our shelter, all requiring walkers or wheelchairs. Our facility only has four accessible cots, so staff had to respond quickly and creatively to ensure safe, dignified care despite limited infrastructure.

The Homelessness Network in Sudbury estimates that, on average, about 160 elderly people a month are on the streets of Sudbury. Substance use and homelessness among seniors in our community are on the rise, and ongoing delays in long-term-care supports and a lack of affordable and supportive housing are resulting in more seniors living outdoors in encampments or shelters. This is in line with data that shows a growing shortage of affordable community housing in the north, which serves as a critical barrier to recovery and stability. These are individuals who often have complex mental health needs, chronic medical conditions and limited mobility—needs that are intensified, not alleviated, by homelessness.

Without timely access to appropriate housing and mental health supports, individuals become part of the homeless population who are cycling through emergency departments, hospitals, crisis and justice services at a significantly higher cost to the system. The regional data reflects that disproportionate strain on our emergency services. For example, our organization's health region reported more than double the rate of emergency department visits for mental health and addictions than that of non-northern regions. We must address the housing shortages and limited access to health and mental health services in our community.

With these issues in mind, it's clear that the increase in last year's budget was not sufficient to address the increasing demand for services that continue to strain the system.

To ensure sustainability, improve service quality and retain skilled professionals, a more sustained investment is urgently needed. Without it, the sector remains vulnerable and unable to effectively meet the growing needs of Ontarians.

That brings me to my formal pre-budget ask: To meet growing community needs, the community mental health and addiction sector requires an additional 4% increase to its base budget in 2026-27. This will allow us to provide competitive compensation and fill up to 200 vacant roles across our branch network, which in turn will serve an additional 8,000 Ontarians with mental health and addiction services.

The positive impact of this investment will extend beyond mental health services, helping relieve strain on hospitals and the justice system. Every dollar invested in community mental health saves multiple dollars in downstream hospital and justice system costs. Our sector often works in partnership with first responders, not only to reduce pressure on hospitals and police services, but also to keep community safe. Our justice program supports individuals with mental health or substance use concerns who are involved with the criminal justice system.

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

**Ms. Patty MacDonald:** This includes court navigation and connecting people to mental health supports and essential community services. The service increases access to local mental health and addiction services in our region, while reducing unnecessary visits to hospital emergency departments and reducing recidivism. This is in line with what we've seen on the ground. Research shows a 10% rise in community mental health spending reduces violent crime by 4%.

As you can see, our work helps support many areas in our community. With stabilization funding, our sector can support the government in addressing key issues that are impacting our partners within municipalities, hospitals and first responders.

In closing, I would like to thank the committee for making time to hear from CMHA, Sudbury/Manitoulin and other partners in our community. I'm happy to take your questions.

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

Now we'll go to the Sudbury secondary Catholic teachers.

**Ms. Jaime Sauvé:** My name is Jaime Sauvé, and I represent the Ontario English Catholic Teachers' Association.

My grade 6 teacher, Mrs. Kanapalky, took us outside on a cold Sudbury February morning to write. We were bundled in our winter coats, but we didn't feel the cold. We were urged to use our imagination and really take notice of the slippery ice that glistened on the tree branches above us. She taught us that we could all find our magic and make our thoughts move across the paper.

Science wasn't my forte, but I'll never forget how she taught me to embrace it. She asked us to take out our beakers to the schoolyard with buckets of water and to find

a way to measure the volume in our cylinders without using a measuring stick. As I walked the schoolyard, beaker in hand, I came up with a new way to measure liquid. My heart burst with excitement when Mrs. Kanapalky had me march up to the principal's office to tell him what I had found out. Mr. Bartolucci smiled wide-eyed when I explained to him that instead of using a measuring stick on the side of my beaker, I could count how much liquid would fill the beaker in five seconds. If I counted five seconds into another beaker, the liquid would hold the exact same volume. In that instant, I was no longer bad at science. I could do well at anything I set my mind to.

I don't have to convince anyone the merits of a good teacher. I realize that unit presidents and education workers around Ontario have been shouting the same message through the rooftops for over half a decade. Schools, teachers, educational assistants, mental health aides, but most importantly students, have been underfunded over \$6 billion in the last seven years. The last seven years? This has been and will continue to be a crisis.

With the onset and aftermath of COVID, many facets of our education system have shifted. Some shifts were meant to be positive, but our government did not look at the effects of these implementations.

For example, in April 2024, the Ontario government updated restrictions on cellphones during instructional time. Many teachers welcomed the loss of distractions that cellphones bring. However, the government did not factor in the reality that a school of a thousand kids may have three laptop carts. The government wants teachers to teach with technology, to offer online platforms like Google Classroom, but they forgot an important detail, which is that in most cases, students do not have access to a device during the instructional day. What does that mean? Students are forced to complete their work after school at home. This detail also poses a problem for families who do not have an electronic device at home—because, yes, this is still a reality, one that causes an imbalance in equity.

Here in the north, if a class is lucky enough to have access to a laptop cart, the odds are that the WiFi is not sufficient or reliable to support student learning.

I was talking to the *Globe and Mail* the other day and the reporter was not aware, as I'm sure most of the general public isn't, that there are approximately 40,000 individuals in Ontario who hold a teacher's licence but do not want to teach. We do not have a teacher shortage; we do not have people who want to be a teacher, and I will propose the reasons why.

I understand that many people don't believe there is violence in schools. I urge any government official to walk the halls of our schools on any given day. Teachers have been attacked with scissors, pushed, punched, had desks thrown at them and others in the class. They have been insulted, sworn at, threatened and falsely accused. Students have been attacked by each other and beaten black and blue. When this is happening, other students look on in horror while their teacher urgently screams for help, trying to usher 30 students out of harm's way. I know, because I was one of those teachers. Do you know how

difficult it is for a teacher and his or her students to walk back into a classroom the very next period?

**1320**

No child wants to behave in this manner. This is a bold and profound cry for help, a cry that's going unnoticed simply because it costs too much. Education supports should not be treated as a bill to pay, but as an investment in human capital.

Can we talk about the trauma that these student onlookers are compelled to experience? Every student deserves to feel safe at school. No teacher should tense up when they hear a scream down the hall or the muffle of a PA system when a real lockdown is announced.

Let's get back to certified teachers not wanting to teach. Because we have 40,000 teachers not teaching, when teachers take a sick day, there's nobody to take their place. Do you know what happens then? A non-teacher may have to supervise three or four classes in the cafeteria. I'd like to ask you what parts of the curriculum are being implemented here. How well-behaved do you think 80-plus students in the cafeteria with a crossing guard are? Would violence go up or down? I would suggest the former: that in these cases, even well-behaved students become unhinged.

Teachers want to know why we're going backwards. Why are we choosing now to cheapen out? It seems absurd. Pre-2018 service levels were not perfect, but the system was functional. Funding has not changed with inflation, but I'll tell you what has changed: the introduction of de-streaming and inclusive education, but no funding to absorb the cost. Why do we need more funding for these? De-streaming requires differentiated instruction, smaller groups and increased adult support.

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

**Ms. Jaime Sauvé:** Classrooms are not like they were years ago. Many remember when there would have been one student who required extra support. In today's classrooms, you'll find the majority are yearning for assistance. Yet the government believes it can keep implementing programs that can't be supported. I would suggest you go to the front lines and listen to what and how our teachers are coping.

How much longer does this have to go on? When will the government realize that the consequences of underfunding are far more expensive in the long run? The money will be spent, I can assure you, but it will come at a greater cost for society as a whole. It won't look like lack of pencils, paper or laptops. No, it will be a degradation of our society as a whole, a more demanding upheaval on our health care system and justice system. It's already happening: an increase in short-term sick leave and LTD claims, an influx in early retirement, growing numbers of retired teachers who are refusing to come back—

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

We now will start the first rounds of questions with the government side. MPP Rosenberg.

**MPP Bill Rosenberg:** Thank you, Chair. Thank you, panel. We've got a diverse group up there today, but I'm

going to start with Charles, as part of one of my communities in the north. We have a unique situation in the north. We have 56 communities in Algoma-Manitoulin, Elliot Lake being one of the largest ones, with 11,000 people—11,000 people is pretty small compared to a lot of places, but we have a lot of 500s and 600s too.

I know the arena is an essential part of the community in not just Elliot Lake, but the whole community. Whether it's in Thessalon or Blind River, it brings all our communities together, and that competition level and the challenges that you have with that arena are substantial. It's a very unique situation because of what's taken place over the last three years. The efforts that the town has done and the investments that they've put into it so far—how we find that solution is going to be a very big challenge. I think for the kids, as far as hockey, figure skating, having to travel an hour and a half to a practice or to get skating is just not sustainable.

The attraction for medical doctors coming into community—I've got to deal with the hospitals and, going forward, I think it's very important to bring those professionals into the city.

I think the council has done very good work getting to where you are now, and so I think, as we move forward—the city of Elliot Lake has done well. The arena is a big challenge, but part of that—over the years, too, with the municipal OMPF funding—Charles, how has that impacted your community as this funding continues to roll out?

**Mr. Charles Flintoff:** Thank you, Mr. Rosenberg. Do you mean from before this arena disaster came at us?

**MPP Bill Rosenberg:** I know, over the years, there have been some unique challenges. The collapse of the mall—

**Mr. Charles Flintoff:** There have been, especially with—you know, we had the mall collapse. I mean, that sort of knocked us down. We've been knocked down a few times. We had a civic centre collapse. We've had to close our municipal pool. We've got to keep moving forward.

As you say, we're your biggest municipality in your area, and this arena is mental health, especially for the kids and attracting professionals. I drove down with my ec dev gentleman Steve, and he told me he has people who are saying, "Let me know when the arena is open," and then they will come back. Because if they have seven-year-olds, 10-year-olds that are playing competitive hockey in Burlington or somewhere and we're trying to recruit them and we're getting them there, some will not come. That's just a plain fact.

Maybe one of the questions that might come at me, but I'm going to answer in advance, is: Why did we fix this arena? Well, six or seven years ago, we had a leak and we did a temporary repair. It was a five-year Band-Aid, because we thought we were going to get some money from the government. It never happened. As soon as we got sworn in, this came at us. We thought it was just structural. It's a wooden arena. They're not as common; we had to bring in a special company. As soon as we got into it, it opened up a Pandora's box. And then we get into founda-

tion—and we've tried to do it without coming here, but it's just not going to work anymore.

**MPP Bill Rosenberg:** As we move forward too, not only does it bring that sport back to Elliot Lake, but it's the growth of the community. As I drive down, I see that some new restaurants have come into the city, which—

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

**MPP Bill Rosenberg:** Everyone needs housing, and I know that you are actively fixing that, as we speak, and funding that. How is that going to impact your future development of Elliot Lake with this?

**Mr. Charles Flintoff:** It's holding us up a little bit, I would say.

We do have some good things happening. I know, as you say, we're not a big city, but we have some new franchise stores opening up. We've had young families—not the first year, but as soon as we've gotten into this third year, it seems like we've had families move away. Young professional families have literally moved away because we don't have the arena.

And I'll say the little municipalities—Blind River, Thessalon—they've helped us out, but they also have their own ice. We've almost lost our Junior A team, but they're giving them another leave of absence with, "You have to be open by this fall."

**MPP Bill Rosenberg:** And it'll bring back—

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

MPP West.

**MPP Jamie West:** Thank you to my colleague MPP Rosenberg and the mayor as well.

Because we only have five minutes, I just want to say that we'll continue to advocate for the need. We understand, in northern Ontario, how important an arena is to the vitality of a community, largely like Sudbury, especially. But a small community like that, you need that hub; that centre for people coming and wanting to stay there; the opportunity as kids, for generational parents who have been there. This is an important issue, and so I'm just echoing it for my colleagues who might be from larger communities and not understand how important that is, especially in northern Ontario, where we measure distance in hours.

Jaimie, I wanted to give you an opportunity—you sort of ran out of time at the end. I don't know if there are things that you wanted to say, that you wanted to get on record?

**Ms. Jaime Sauvé:** You know what? I do, actually. There's one thing I wanted to say, and it's not to call anyone out specifically, although I guess I am.

We talk about special education, and I wanted to bring up a point. I'm going to read from this: "Special education classes, when they exceed safe or effective ratios ... instead of bringing in another EA or another teacher, the boards are changing the course codes to allow for more special education students to enter that room."

**1330**

We had a teacher who had her leg broken in two places last year. I don't think people actually see what's going on. But if you have any questions—

**MPP Jamie West:** No. I mean, just before lunch, we had Michael Bellmore from the school board trustees talk about similar issues—the lack of funding. The Ontario Federation of Labour echoed a comment you had about the more than \$6 billion over the last seven years that is just completely missing.

All of our students, no matter where you live—probably around the world, after COVID—need extra support. Having \$6 billion less for support and a system that is saying that the school is going to be integrated—I think the solution is a smart idea, the integration, but not without the supports.

Without the supports, it's not just that those kids aren't succeeding, because some of the kids are being sent home, or the school is saying you can't bring your kids today, so they're deprived of an education. It's the disruption to the other class, it's the violence in the classroom and it's the fact that I meet with parents who don't know that this is happening. Their kid casually says, "Little Johnny had a tantrum, and so they had to clear the classroom while he calmed down," and it's happened so many times that their child doesn't even see it as an unusual event.

**Ms. Jaime Sauvé:** No. And if I can add: In the north specifically, children who need mental health supports are waiting six months to a year, if they even get them at all. So if a child has just disrupted the class or hurt other people in the class, they come right back to the classroom the next day. There are no supports for these kids.

When you see that you have 40,000 teachers holding a certificate here in Ontario, but they don't want to teach, the message from the government should not be that we don't have enough teachers.

Rick Emond told me I could mention his name. He was a teacher here in Sudbury for 30 years—the epitome of an exemplary teacher. He wanted to come back right away. He lasted a week and a half because the supports were not there. Retired teachers are not coming back.

So I'm urging: If you look at the seniority list right now, you will see that we are going to have that same need we had about 20 years ago, except we're already starting from a 40,000-teacher deficit. It's impossible to imagine. We're in trouble.

**MPP Jamie West:** Yes. And I also want to point out that there's lots of conversation about students who have autism, but also, we're talking about kids with learning disabilities. There comes a point with learning disabilities that you figure out, as a student, that you would rather be in trouble than considered stupid by your peers.

**Ms. Jaime Sauvé:** That's right.

**MPP Jamie West:** And when you're not able to learn efficiently because you are intelligent, but you're not being taught effectively—you're not being adapted to your level—that causes issues for us as a society. Because if you would rather be in trouble than have your peers feel

that you're stupid, you disconnect from the education system, and you don't have that successful process.

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

**Ms. Jaime Sauvé:** And Jamie, I wanted to mention, too, without getting into too much detail, something like implementing de-streaming without thinking about the ramifications of that—if people actually knew what de-streaming really was, right? It's taking care of all types of learners in one classroom. If you can't support those learners, what happens to the learners who are having trouble achieving success? There's not a lot of thought put into what happens after we implement.

**MPP Jamie West:** We call it "ready, fire, aim" planning.

**Ms. Jaime Sauvé:** That's right.

**MPP Jamie West:** Patty, I promise the next round, we'll get to you.

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

**MPP Cerjanec:**

**Mr. Rob Cerjanec:** Through you, Chair, thank you all for your presentations today.

Deputy Mayor Flintoff, good presentation. It definitely shows the need in the community, given that it's the only arena.

I have a very keen interest in community recreation and sports facilities. I'm just curious: Around this project, would the Northern Ontario Heritage Fund be eligible for this type of project as well, or no?

**Mr. Charles Flintoff:** It would be, but the problem is, they have a cap, right? And that was part of my presentation with the CSRIIF: that if maybe they can bend the rules now and then and let us do a little bit of stackable—their cap is at \$2 million. As I said, between our donations from the Rogers family and the local people, we thought I wouldn't be sitting here. And then, as soon as we got to the underneath with our pillar problem and everything—and micropiling; I know Sudbury went through all that—that's when we have to get everything back up to building code. Well, it's a 60-year-old building, so that's where we're at with that.

**Mr. Rob Cerjanec:** No, I appreciate that. I think that's one of the benefits of that program: It is stackable. But then the other programs through the Ministry of Sport are not. So having that flexibility, I think, is important. I think it would be a good thing for the people of Elliot Lake, and it's my sincere hope that there will be some provincial support in there. Your MPP will be advocating, I'm sure, very hard for you folks as well.

Jaime, thank you for a very impassioned presentation today—a presentation that we've heard from a lot of educators. We've heard from a lot of folks, whether it's at the union local, whether it's trustees, but this was very impassioned. It was very direct and it was very to the point around the real issues that educators are facing in the classroom—but also the joy of learning, also the opportunity and what we can do for our children if there is enough support in the classroom; if your members are respected; if kids, when they go to school, don't have to

fear violence in the school; and your members and educators don't have to fear violence in the schools.

Do you have maybe an example of another story that you might be able to share that one of your members, that one of the educators has experienced, and what it would mean to them if this provincial government were to step up and properly fund special education?

**Ms. Jaime Sauvé:** Can I ask a question in follow-up?

**Mr. Rob Cerjanec:** Yes.

**Ms. Jaime Sauvé:** Are you talking about specifically violence in schools, or just in general?

**Mr. Rob Cerjanec:** Let's go general, because there are quite a lot of different issues, I think, and lot of different areas to cover, so I'll leave that in your hands.

**Ms. Jaime Sauvé:** There are. I'm going to try to be specific. I know not everyone likes to hear this, but being burnt out and being in a profession like teaching—they don't go hand in hand. The story about Mrs. Kanapalky—she was passionate. She reached all of us because she wasn't burnt out.

We see teachers right now that are at their wits' end. They're being treated with complete disrespect—not just from the Ontario government, but from the students in their classrooms, and that isn't entirely, we would say, the students' fault. We know these are stemming from other systematic issues. But I've seen teachers crying in the hall because one of their students was being attacked by a metal object, I'm going to say, and beaten—beaten—in the face while the teacher was trying to get 32 students out of the classroom, but couldn't reach the office, couldn't get to the phone. And the kids were crying and in shock and were trying to be ushered out.

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

**Ms. Jaime Sauvé:** It took about 30, 35 minutes to have anyone come into that classroom and take that individual out. It was a wonder nothing more than a battered face occurred.

**Mr. Rob Cerjanec:** I want to thank you for that real talk today. I want to thank you for sharing the direct experience of teachers in the classroom and what's going on, because something has to change. If we look at the system as a whole and money and retention, we can't afford to have educators step back and turn away from a profession that they wanted to love, that they got into in the first place because they wanted to help kids. So my message to you is thank you. My message to teachers in Sudbury is thank you, and all across the province as well, because it needs to be heard, and I thank you for bringing that story and making their voices heard here today.

**Ms. Jaime Sauvé:** Thank you for your questions.

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

Next, MPP Dowie.

**Mr. Andrew Dowie:** I want to thank all the presenters for being here.

**Mr. Andrew Dowie:** I want to thank all the presenters for being here.

1340

I'd like to actually start with Ms. MacDonald from CMHA. I know we've had a lot of discussion and debate

across the province about what's the right thing to do, what's the priority for investment. One of those debates ended up becoming the HART hub concept, where we would support someone in their journey to recovering from their condition and finding that confidence in themselves to be the best possible person and feel good once again.

I know there's still a long way to go for the introduction of the HART hubs, and it will take some time, but I was hoping to get your take as to whether you feel this is the right direction to go in; that having that collaboration between the different agencies together and bringing forward a seamless approach to a recovery program is a higher priority or among the best priorities that we could put on for funding.

**Ms. Patty MacDonald:** Thank you for the question. I would say that we're very appreciative of the government for providing the funding for HART hubs. They're new, and so we have a lot of hope that the outcomes from the funding from this and the collaboration will be very successful.

What I would say is that HART hubs are one part of the continuum of recovery for individuals with substance use, health issues. The continuum itself is multi-layered, right? So the HART hub itself—I would say that the collaboration—in the north, we're all very collaborative. We have had to use resources, leverage our resources and work together outside of, sometimes, our mandates to stretch dollars to make things work. So we already had existing collaborations and partnerships. In Sudbury specifically, there are several organizations, core organizations, and we work very closely together to make sure that everything is working well and that we're doing that collaboratively.

The benefit from the HART hub is connecting some of the treatment with the supportive housing. Supportive housing is always a big part of the success, because just providing units, providing some housing capacity, is needed. But the support within the housing to ensure that people are successful in their housing is very important, and that's where the HART hub is a good model.

**Mr. Andrew Dowie:** Okay. Thank you for that.

Just to follow-up: Can you describe for me what supportive housing is? I have a general concept that there's staff of some kind available, but are they knocking on doors, opening doors, checking in? What does that support entail in supportive housing?

**Ms. Patty MacDonald:** Thank you for the question. I would say that supportive housing is just that: It's that when someone does receive housing, someone comes in and ensures that that's successful. It can look very, very different for different individuals. Our staff will go in and work within the housing itself, with individuals. Sometimes it's because there are some financial issues and wanting to ensure that they're still paying rent, that they still have a good relationship with their landlord, that there are no issues. Sometimes it's medical, where it's connecting them to their physician. Maybe they're not feeling well—

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

**Ms. Patty MacDonald:** —and sometimes it's just ensuring that they stay in their housing. In northern Ontario, if someone loses their housing, they're often on the street. It's very hard to get your housing back.

**Mr. Andrew Dowie:** Okay. Thank you.

**The Chair (Hon. Ernie Hardeman):** MPP Gélinas.

**Mme France Gélinas:** I would continue with CMHA if I can, but it also has to do with teaching a bit. It was mentioned that if a child has a mental illness and needs access to mental health care, they are often put on very long wait-lists before they can access that care.

How would you describe the situation in Sudbury right now for a family that has a child who needs access to mental support?

**Ms. Patty MacDonald:** Our organization works primarily with adults, but we have a close relationship with community organizations that provide that. I'm not sure of the statistics on wait-lists, but I know that they work collaboratively to ensure that individuals have access as quickly as possible. We also have other systems in place in the community, such as systems within the school system if someone is needing urgent support, whether that's the family or the child themselves.

More recently, our municipality and Shkagamik-Kwe Health Centre are co-leading the Icelandic Prevention Model, which is more of an upstream connection to youth. More so, grade 10 is the focus, but it's an upstream model to ensure that children are engaged, but also the teachers and also families, and potentially social groups and support groups.

**Mme France Gélinas:** In your request, you made it clear that what you need is a 4% increase to your sector. You did share with us that the base increase in the last 11 years has been 9%, when inflation during that period of time has been 30%. You also shared with us that you have 200 vacancies just within the CMHA.

Am I making the link here that you balanced your budget, which was frozen for years and years and years, by not replacing staff when they leave? Is that why you have 200 vacancies? It's not because you can't recruit; it's because you don't have the resources to recruit?

**Ms. Patty MacDonald:** Yes, that's correct.

**Mme France Gélinas:** Okay. And you've made the link that that means 8,000 Ontarians cannot gain access to your services?

**Ms. Patty MacDonald:** Yes.

**Mme France Gélinas:** How long would those people be on the wait-list for, would you say?

**Ms. Patty MacDonald:** It would depend on the community itself. Sometimes it can be a month. Sometimes it can be several months, depending on the vacancy within that CMHA.

**Mme France Gélinas:** Okay. Right here, right now in our community, what would you put that at?

**Ms. Patty MacDonald:** I would say that right now in our community, for our organization, we have a lot more individuals that have higher acuity. They have higher need, and so staff are working with them.

The wait-list is smaller for our organization, but we have a lot of individuals who are coming in. So we've had to shift resources to intake, which allows some navigation, some contact as well as brief services to support the individual until they're in the program that they were referred.

**Mme France Gélinas:** If we were to save 4%, in a dollar amount, how many million dollars are we talking about?

**Ms. Patty MacDonald:** I'm not sure. Sorry.

**Mme France Gélinas:** No problem. You did get 4% this year, and what you want is another 4% next year and the following years, just so that you can make up for the 11 years where you had no budget increases for so long?

**Ms. Patty MacDonald:** Yes.

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

**Mme France Gélinas:** Just to Elliot Lake: I fully understand that you need an arena. I represent 33 small communities. It doesn't matter where you go in northern Ontario; we need arenas. So do you. It has been a tough go in Elliot Lake. If we can do anything to support you to push this forward, you have our support. You need an arena. You need it to be rebuilt, you need the roof to stop leaking and you need your community.

We will try to help as much as we can. An \$11-million one-time funding is not the end of the world for an Ontario budget, but it would sure change your community for the better.

**1350**

I represent, again, 33 small communities. There are schools in all of the communities that I represent, and in every one of those communities, there are kids that cannot go to school because the school does not have the resources to support them. Would that be the same in the Catholic system?

**Ms. Jaime Sauvé:** Yes—

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

I will now go to MPP Shamji.

**Mr. Adil Shamji:** Thank you to all three of you for coming and sharing your expert perspectives on the challenges that your communities and colleagues are facing. I've got questions for each of you, but perhaps, Deputy Mayor Flintoff, I could start with you.

**Mr. Charles Flintoff:** Sure.

**Mr. Adil Shamji:** My understanding is that Elliot Lake has one of the highest concentrations of seniors in the entire country.

**Mr. Charles Flintoff:** You're absolutely right. When our mines collapsed, we ended up having to do something. We had all these empty houses, and a few people came up with this brilliant idea, and we became Elliot Lake Retirement Living homes.

**Mr. Adil Shamji:** Deputy Mayor, you very eloquently spoke about the desperate need to get that funding for the arena. I was wondering if I could ask you about something else that I believe your community might desperately need.

The Ministry of Health has a report, current as of January 1, that says 3,861 people in Elliot Lake don't have a family doctor. That is approximately 31% of your popu-

lation. How has that impacted Elliot Lake and what steps would you like to see immediately to address that situation?

**Mr. Charles Flintoff:** We have a council and we have a doctor recruitment committee, and it's a constant, constant—like all the other northern Ontario communities—challenge. You're competing for these doctors.

Now that we've got some local doctors that are getting close to retirement, thankfully some of their children are becoming doctors and we don't have to sell them on Elliot Lake as much as—here's an example: We try to recruit a doctor. They come up. They look at our ski hill. They love it, but they go look at the arena, and if they go to Timmins, we're done. We don't have a chance.

We're not the only municipality with this issue. It's everywhere. We're struggling, but we have recruited in the last year. I'm pretty sure we've recruited two full-time doctors. We also have to bring them in on a locum—some from out west and things. But it's a battle, and with our older population, it's tough.

**Mr. Adil Shamji:** The Minister of Health made a really peculiar comment literally a few days ago that she wanted the municipalities to stop offering incentives and recruitment strategies for doctors. So if you don't do that, what do you need the province to do instead?

**Mr. Charles Flintoff:** Well, the reality is—I mean, I don't know if I should even say this—if we stop offering right now, we're not going to get doctors.

We have a great hospital. As our MPP, Bill, said, we have people come from other municipalities to come and get doctor care because we have the bigger hospital.

I really don't know. Maybe give them northern Ontario incentives to go and work in communities like ours. But if we don't compete, we're not in the game. That's the reality of it. And I don't know if I should say that; I know it's called "bonusing," but everybody is doing it.

**Mr. Adil Shamji:** Yes. Unfortunately, northern Ontario and really the rest of the province has turned into The Hunger Games for primary care—

**Mr. Charles Flintoff:** Pretty much.

**Mr. Adil Shamji:** —and honestly, mental health as well, which perhaps brings me to you.

I saw your honestly very modest request for a 4% base funding increase. I know that aligns, actually, exactly with what the Financial Accountability Office is forecasting. They recently said that a 4% base increase in health care across the board is necessary to maintain the current level of services. And unfortunately, the government is currently funding barely at 0.7%, which—you know, according to this really helpful document, we're in the middle of a worsening mental health crisis, not a stable one. So actually, 4%, to me, sounds so modest, because that only allows you, really, to maintain the current services, not actually to grow to meet the intensifying demand.

If you don't get that, what does that mean for Sudbury and the broader area around? Because I know that your institution has a very broad catchment area. What does that mean?

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

**Ms. Patty MacDonald:** Thank you for the question. With mental health and addictions, you're right with the statistics that there are growing needs for mental health and addictions support. And so it will continue to grow. If we didn't receive the base budget, the increase, then what we would be looking at is more vacancies, which means that there is less capacity and less availability to provide services to Ontarians.

**Mr. Adil Shamji:** Finally, very quickly, what does increasing support in the school system actually look like? More money, of course, but for what exactly are you looking for?

**Ms. Jaime Sauvé:** It means more adults-to-student ratios. It means more EAs, more teachers. I'll say one thing—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. That concludes the time we have, and it concludes not only the time for that question; it concludes the time for that panel. We thank you very much for the time you took to prepare and the able way you presented it to us. That will be a great help as we move forward with developing a 2026 budget. With that, thank you very much for being here with us today.

#### NORTH BAY INDIGENOUS HUB

##### AKAUSIVIK INUIT FAMILY HEALTH TEAM

**The Chair (Hon. Ernie Hardeman):** As we're starting the next panel, the first one on the list will not be with us. They couldn't make it. It will be North Bay Indigenous Hub and Akausivik Inuit Family Health Team, if they will come forward.

The North Bay Indigenous Hub, I believe, is here in person. You get the choice of the chairs.

**Ms. Laureen Linklater-Pizzale:** I know. It's nice.

**The Chair (Hon. Ernie Hardeman):** That just means you don't have to work your way up. You can pick anywhere you want.

You will be the first to present, and you will have seven minutes to make your presentation. At six minutes, I will say, "One minute." Don't stop. And at seven minutes, it will be over and we will move on to the next presenter. We do ask you to start by introducing yourself at the start of your presentation.

**Ms. Laureen Linklater-Pizzale:** Okay. And are we waiting for anyone else first, or we just go ahead?

**The Chair (Hon. Ernie Hardeman):** No, you're not waiting for anyone. The floor is yours.

**Ms. Laureen Linklater-Pizzale:** *Remarks in Cree.*

Miyo-kisikâw, Chair and members of the committee, thank you for the opportunity to speak today. My name is Laureen Linklater-Pizzale, and I'm from Moose Cree First Nation. I call North Bay my second home; it's been my home for 25 years. We raised three kids there, along with now my nosisim, which means "granddaughter." She's the newest member of our family.

I'm a grandmother, mother, sister, daughter and ceremony person, but I'm coming to you today as a community

member with recommendations, as I have witnessed the needs of the First Nation, Métis and Inuit community in my time with North Bay. In my role, I am the inaugural executive director of the North Bay Indigenous Hub, Giwedno Mshkikiiwgamig, and I will be celebrating my seventh anniversary of my role next month. I am honoured to be leading this organization in a good way.

The North Bay Indigenous Hub is an Indigenous-governed organization that supports primary health care, child care and EarlyON programs grounded in Indigenous culture and ways of being. Our target population is urban Indigenous for the child care and the EarlyON. We have support for our primary care to the urban Indigenous folks of North Bay and area, as well as three partner First Nations, Nipissing, Dokis and Temagami First Nations, two of which are semi-remote communities. North Bay and area has a high population of Indigenous folks, at least 18% that are self-identifying.

Ontario's Primary Care Action Plan represents an historic opportunity to improve access to care, as you know, but budget 2026 is a critical moment to ensure our people benefit equitably from this transformation. Often, our Indigenous people face barriers to primary care and delay care due to past experiences of systemic racism and service gaps, and a lack of culturally safe care.

#### 1400

The North Bay Indigenous Hub has the following four focused recommendations for budget 2026.

Firstly, we are asking for an investment in Indigenous primary care services for pay equity in Indigenous primary health care organizations, including North Bay Indigenous Hub, as we cannot compete with agencies and organizations such as hospitals. Without wage equity, Indigenous teams cannot recruit and retain staff and services become unstable, pushing people into more expensive emergency hospital care. We've lost several staff due to competitive wages in the community.

Secondly, our world view is based on our connections with the land, with each other and our ways of being. We are asking for more core fund for traditional healing and wellness, in the amount of \$120,000 in sustainable funding, so that we can secure more cultural practitioners in our agency. We see culture as our way of wellness, and when we have more access to that we have more well people. The connection needs to be increased, and we can do that with the guidance of more resources in our departments. Traditional healing plays a vital role in guiding our community to wellness, and that includes those who are battling addictions and mental health, which will all result in less pressure on the mainstream health sector.

Thirdly, we are requesting an investment for more Indigenous patient navigators in the community, so that we may reach further to the unattached Indigenous people, so that we can connect them to primary care and/or to create culturally safe pathways for our people to gain access to safe and timely care.

I want to provide you with a little work that we're doing right now. We're currently funded by the Models of Care Innovation Fund for a project that's currently ending in

June of this year. This work is greater than expected, and we do not have the capacity to continue the work in its existing state. We have made great headway in North Bay with establishing 16 letters of relationship with community partners, partners who see the importance of Indigenous cultural safety in North Bay as they humbly recognize their shortcomings when providing service delivery to Indigenous people. These Indigenous patient navigators could continue this vital work.

Some examples of positive outcomes are expedited referrals for ceremonial support when it comes to someone who is palliative and is in the hospice. We've had expedited referrals for children in care who require physicals in order for them to be placed in appropriate homes. And then, we're also working on other pathways such as labour and delivery, translation services and connection to youth. And so, we're asking for \$160,000 of sustainable funding for two Indigenous patient navigators.

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

**Ms. Laureen Linklater-Pizzale:** Lastly, we are seeking capital support to relocate to a newer site that can accommodate our needs. In five short years, we've outgrown our existing site. We have shared and received interest in the preliminary plan to co-locate with the upcoming NOSM teaching clinics which are slated for North Bay. This innovative approach to teaching and sharing space maximizes our ability to teach new physicians about Indigenous culture, practices and two-eyed-seeing approaches to care which will enable culturally safe care for our community members. Meegwetch.

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

Our next presenter is Akausivik Inuit Family Health Team, and that will be virtual. The floor is yours.

**Ms. Rosemary Keenainak:** *Remarks in Inuktitut.*

Very short: My name is Rosemary Keenainak. I'm the acting chair for Akausivik Inuit Family Health Team. "Akausivik" means "a place to get well." It is appropriately named for the services that we provide to the Inuit of Ottawa.

We have a very short time, so I'm going to ask Connie to do a very quick overview of some of the recommended asks that we are putting forward. So I will ask Connie, the executive director for Akausivik, to do a quick rundown, because our time is limited.

Connie?

**Ms. Connie Siedule:** Thank you. Connie Siedule, Akausivik Inuit Family Health Team in Ottawa, executive director.

Can you hear us okay? The volume is really low for us. Like, we can sort of barely hear what's happening in the room. I'm just checking if you can hear us okay.

**The Chair (Hon. Ernie Hardeman):** Yes, you're very good.

**Ms. Connie Siedule:** Yes? Okay.

I'll just screen-share. We have a few things for you. Maybe if I could just get a thumbs up from somebody when you can see the first slide there. Yes? Okay.

So, this is us. Thank you for the opportunity to come and speak to this.

That is our building. We're based in the Ottawa area. Our vision is to—as Rosemary said, we're here to improve the well-being of Inuit with the respect and understanding of our community through a responsive and culturally appropriate model of excellence in primary care. It's a lot easier said than done.

One thing that is unique is we are governed by a 100% Inuit board dedicated for our community's health.

We have three recommendations that we are seeking to put forward today. One is for HHR, health human resources, infrastructure so that we can enhance and increase care for unattached patients.

The second is for mental health and addictions. We are seeking peer positions that are embedded within the interdisciplinary primary care model at Akausivik for supported care, wraparound care and supports for both the provider and the patients.

And then, the third recommendation is—looking at our services, we provide services from beginning of life to end of life, and dedicated teams for the pathways to care between primary, hospital, tertiary care and transitional care.

Next are a few slides that just give you a bit of a snapshot of our situation and the need. When we were first established—we incorporated in 2015. We first started seeing patients in 2011, and nobody ever thought we would see more than 2,000 patients ever. What has happened is—it's great. It's all by word of mouth, all by people literally voting with their feet. But you can see the curve of patients that we end up—the actual number of patients that we end up seeing versus projected. It's always quite a bit higher.

In terms of staffing—it's the next one—that's almost minimal or flatlined compared with the number of patients that we are dealing with every day. We are well over 10,000 to date.

In order to provide effective care for this very complex population with—which we are seeing—increased morbidity and mortality, it requires some very focused things. So in terms of additional capacity, we really need to look at the administrative supports. Administrative is so much a part of the delivering safe and effective care along with a lot of traditionally thought of care providers that include physicians, nurse practitioners, nurses, Inuit interdisciplinary team members.

Part of the complexity you can see from a few of the coming examples—this is one of them. You can see the rates of respiratory visits that we see—people that we see for a respiratory-related visit compared with the rest of Canada. So we are in the green and it's over—I think this is from 2023 to 2024, is the surveillance period. This year has been very hectic and we're seeing very high rates of almost all of the things. In terms of coroner-investigated deaths, it's a disproportionate burden that we are seeing amongst our community members.

1410

The second recommendation regarding mental health and addictions: When we talk about mental health and

physical well-being, those are the same thing. For many, many people, they're interconnected

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

**Ms. Connie Siedule:** We're referencing a recent symposium report that was put out by the Governor General promoting mental health and wellness from coast to coast. We took part in the culminating symposium at the Citadelle on October 8.

For this initiative, two Inuit peer mental health and addictions workers who are embedded within the Akausivik Inuit Family Health Team interdisciplinary team would provide supports for the peer workers, who have subject-matter experts' lived experience, and match that up with the clinical expertise that we currently have on hand from our team of physicians, psychologists, neuropsychology, psychiatry, as well as Inuit case management and board. What this will do is ensure that the doorway is open to services and welcoming and safe, but also reliably open so consistently available—

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

We'll start with the questions, and maybe we can get the rest of the presentation in with the questions. We'll start with the government. MPP Racinsky.

**Mr. Joseph Racinsky:** I'm happy to have Akausivik Inuit Family Health Team finish your presentation. Go ahead.

Can you hear me?

**Ms. Connie Siedule:** Did you say we can finish our presentation?

**Mr. Joseph Racinsky:** Yes, go ahead.

**Ms. Connie Siedule:** Okay. I'll reshare. These slides were speaking to the complexity that we see with mental health. Again you can see the disproportionate burden of coroner-investigated deaths, manner of death. The rate of natural deaths for mainstream, like non-Inuit, was 40% in Ottawa, and for Inuit it's only 21%. Primary cause of deaths, of non-natural deaths, again, is two times higher for Inuit than for the rest of the population. It just speaks to what we see. When we see a person, it's as if we're seeing 20 people where we have to deal with very complex issues.

The third one is beginning of life to end of life. We provide services from beginning of life to end of life. Part of this means when we're dealing with complex intergenerational trauma, complex physical health as well, there's a lot of back and forth. Our providers are often commenting how often we have to interact with hospital and palliative care specialists. It's a lot of back and forth for that. We are seeking some dedicated team members to be able to facilitate those interconnected pathways to care that we have. It will support the transitions between primary care, hospital, specialist and tertiary. It will reduce repeat emergency room and hospital admits and also help alleviate some of those disparities so that we can try to make a dent in the increasing morbidity and mortality that we're seeing. We do also, because of this, get a lot of

requests and have to field an awful lot of interdisciplinary collaboration work. That would help with that.

Again, this is just an example: the number of palliative care visits that we see for people seeking to just talk about anything related to palliative care.

And again, this speaks to the morbidity and mortality for the period 2022 to 2024: Out of 52 non-natural deaths investigated, it was found that many individuals had multiple hospitalizations or emergency department visits in the year preceding their passing. So it does highlight a critical gap in care that is growing and that really requires some kind of dedicated, targeted intervention to help improve the health outcomes and reduce what could be preventable deaths amongst our Inuit patients.

The next slide is just how we have helped. Effective care can only be delivered when a person feels safe, and welcomed and heard. So this is some of the feedback we get from our patients.

**Ms. Rosemary Keenainak:** Thank you, Connie. I know the time is short, so just to reiterate that Inuit are coming from Labrador, northern Quebec, Nunavut. There are even some from the NWT. So the population has been growing, and their services have been trying to grow with that need as well. I'm originally from Nunavut, so just having—

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

**Ms. Rosemary Keenainak:** —it's good to have a place like this in Ottawa. Thank you.

**Mr. Joseph Racinsky:** Thank you for finishing your presentation with this committee.

I might not have a chance to ask you a question, Laureen, in the time remaining, but I've been to the Dokis First Nation. It was a great experience to see the proud and strong culture that is there, but also the needs of that community. So, thank you for everything your organization does. I'm sure we'll have questions for you in the next round.

Just if I have a second: Where is your current site? You're hoping to get a new site. Where is your current site?

**Ms. Laureen Linklater-Pizzale:** We are currently in North Bay, off of Fisher Street, if you're familiar with North Bay. We're in an old surplus school that was renovated for our needs. Because I wasn't part of the build and I wasn't able to forecast the needs, we were kind of put in there after the fact, and—

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

MPP Gélinas.

**Mme France Gélinas:** I will start my questions with you, Laureen. You do phenomenal work. I've heard from many of the patients that you work with, and you do very good work.

You came to us today for a very, very small ask. You want \$120,000 for practitioners who would focus on mental health and addiction, and you want \$160,000 for patient navigators to help, and then you want help with moving. Did I hear you well?

**Ms. Laureen Linklater-Pizzale:** Pretty much. The first one was pay equity for our clinicians—not so much phys-

icians, but the health care providers such as nurse practitioners and nurses.

**Mme France Gélinas:** How big of a primary health care team do you have?

**Ms. Laureen Linklater-Pizzale:** Part-time physicians, I have five. And then I have two nurse practitioners, a health promoter, one RPN who is slated for maternal, child and sexual health, and then we have foot care and—I'm missing somebody.

**Mme France Gélinas:** Dietitian, no?

**Ms. Laureen Linklater-Pizzale:** We have a dietitian as well, yes.

**Mme France Gélinas:** Okay. So if we focus for a minute on pay equity, so that you are able to recruit and retain a stable workforce and you pay them the going rate: Have you done the math? Are we talking \$20 million that you need? Or are we talking \$2 million? Or are we talking less than that?

**Ms. Laureen Linklater-Pizzale:** We're talking less than the \$2 million. I would think at least a 5% increase to their wages for our clinicians.

I just lost an RN for a community position here in Sudbury. At the hospital they get paid \$11 dollars more an hour. This is a seasoned nurse that we had, too.

1420

**Mme France Gélinas:** So when you ask for those small amounts of money, what is the path that you have to take? Do you have to go to Ontario Health and then Ontario Health goes to all of this, or do you have a direct funding agreement with the ministry?

**Ms. Laureen Linklater-Pizzale:** For Indigenous primary health teams, we do have a direct pathway to the Ministry of Health, and then we also have the connection with our Ontario health team locally through OH.

**Mme France Gélinas:** Okay, but your funding continues to come directly from the government, directly from the ministry, as opposed to—

**Ms. Laureen Linklater-Pizzale:** That's correct.

**Mme France Gélinas:** Okay, I just wanted to make sure. So have you asked for those small amounts of money before? And what was the response?

**Ms. Laureen Linklater-Pizzale:** So last wave, we were successful in obtaining some funds. We did get enough funds for a physician and two practitioners. They have given us some recruitment and retention dollars, but they're not enough to be competitive with the hospital.

**Mme France Gélinas:** So you need a base budget increase of 5% and you would like to add those positions that you've talked to us about?

**Ms. Laureen Linklater-Pizzale:** Yes, yes.

**Mme France Gélinas:** Okay. When we look at co-locations with the Northern Ontario School of Medicine—this is brilliant; that would be pretty cool to see this come to fruition—have we got an idea as to how much capital money we're talking about?

**Ms. Laureen Linklater-Pizzale:** Well, this is preliminary talks. We had discussion with OH. When the second wave came for funding applications, we had to be success-

ful in the first wave in order for us to go ahead with being, I guess, even thought about.

I understand there's a family health team in North Bay that's being selected to lead the teaching clinic, and then we posed the question of whether or not we could actually co-locate together so that we can optimize the teaching of Indigenous culture on-site. So we don't actually have a number at this point.

**Mme France Gélinas:** Okay, but you're in discussion. But the place that you are in right now is too small?

**Ms. Laureen Linklater-Pizzale:** It's too small, yes. We have no areas for group.

**Mme France Gélinas:** Okay. Sorry.

I wanted to ask Rosemary: What is the amount of money that you would need to be able to be staffed in a way that would meet the needs of the Inuit who reach out to you for care?

**Ms. Rosemary Keenainak:** I'm going to ask Connie to provide a bit more detail on that one. Thank you.

**Ms. Connie Siedule:** We did submit for the team expansion in the fall, so we submitted a detailed budget breakdown there. I think it works out to about \$148 per additional unattached patient, because we would be leveraging existing teams and sort of adding to the team capacity with the expanded team. So it will allow us to manage—

**The Chair (Hon. Ernie Hardeman):** Thank you. That takes up the time.

We'll now go to MPP Smyth.

**MPP Stephanie Smyth:** Thank you, all, for your presentations today.

I guess I want to start with Laureen. Hearing about your funding, would you describe it as—do you have a feeling of stability or instability, when it comes to funding your hub?

**Ms. Laureen Linklater-Pizzale:** The agreement that we have is pretty stable, but we're just trying to ensure that we get the resources that we need to be successful for our patients, to obtain that level of care that they need. I don't feel that we have that yet.

**MPP Stephanie Smyth:** Right. And do you think this is impacting at all trust in the community for the people who use it, or affecting the continuity of your care at this point, or any of the outcomes for your clients?

**Ms. Laureen Linklater-Pizzale:** I think when we have people come in from, say, the James Bay area—because it seems to be a place to go for school and better care—they are very satisfied with the services they receive. They're actually shocked at some of the things that are available to them. However, we still need to build upon that and close the gaps in some of the services that are needed for them.

**MPP Stephanie Smyth:** Right. You talk about pay equity, which is so important. How is this impacting your ability to deliver the crucial service that you do?

**Ms. Laureen Linklater-Pizzale:** Well, I have vacancies that I have to cover. We're stretched pretty thin sometimes. We're trying to manage a clinic or trying to manage visiting one of the First Nations, and often we are stretching our resources to cover for that gap. And then, at the

recruitment, of course, it takes up to three to six months to get somebody.

**MPP Stephanie Smyth:** Have you had cases where you've had to turn people away?

**Ms. Laureen Linklater-Pizzale:** Yes, like foot care. We had no vacancy there, and we had to cancel our appointments.

**MPP Stephanie Smyth:** And yet, you're looking for another, larger facility because you know that need is there.

**Ms. Laureen Linklater-Pizzale:** Oh, yes.

**MPP Stephanie Smyth:** How confident do you feel, when you present your case to the committee and to the people before you, that there's the respect and understanding for the culturally significant services that you provide to the community and you'll see continuity of funding going forward?

**Ms. Laureen Linklater-Pizzale:** Well, I know that, just by patient feedback, a lot of people have relayed that they're so happy about the services that they're receiving, because they have not received that quality of care before. The connections that we've built with our partners, closing the gaps—we're trying to be resourceful and think outside the box. How can we share costs when we can? We do what we can. I think it just comes down to securing that culturally safe care, though, and to ensure that they get the best-quality care that they deserve.

**MPP Stephanie Smyth:** Thank you.

I wanted to turn to Connie. Hello, if you can see me. Listening to your comments, you mentioned today that you started seeing patients first in 2011, and you had way higher use than was expected. Yet your staffing has flat-lined comparatively to the number of patients to date, and you are also seeing, at the same time, increased morbidity and mortality. Can you talk to us about that correlation, please?

**Ms. Connie Siedule:** Yes. So as part of the mad scramble over the years—and when the pandemic hit, we were running to try and keep services in place and step up. We actually didn't close. We were open the whole time.

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

**Ms. Connie Siedule:** So, basically, we're running. We don't know what's coming in each day. Morbidity and mortality are increasing, meaning every week, every day, we hear of somebody passing away who we weren't able to save or who wasn't able to have access.

**MPP Stephanie Smyth:** Laureen mentioned as well that traditional healing has that vital role in guiding to wellness, including mental health and addiction. Do you feel that you're being supported enough and funding is stable enough to be able to carry on that vital role?

**Ms. Connie Siedule:** No. Mental health is the one that we're scrambling for. We don't have sustainable funding for that.

**MPP Stephanie Smyth:** How much time?

**The Chair (Hon. Ernie Hardeman):** You've got 17 seconds.

**MPP Stephanie Smyth:** Okay.

Thank you very much, both of you.

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

Anybody interested in asking a question? MPP Smith.

**Mr. Dave Smith:** Thanks, Chair. I appreciate that.

I'm going to throw the same question to both of you: Do you receive any federal funding?

**Ms. Laureen Linklater-Pizzale:** No.

**Mr. Dave Smith:** The Inuit centre: Do you guys—

**Ms. Connie Siedule:** We don't currently receive any federal funding. From time to time, there's sort of occasional funding, but at the moment, no.

**Mr. Dave Smith:** Why is that?

**Ms. Connie Siedule:** Well, they're project-based. There are some jurisdictional issues. I guess things change, right? People change in departments and so forth.

**Mr. Dave Smith:** To that point on jurisdictional issues: That's why I'm asking that, because under section 91(24) of Canada's Constitution, the feds are responsible for health care funding for First Nations. So I'm somewhat surprised that there isn't any federal funding for either of you that way. That seems like a huge miss on their part. The quality of work that both of you are doing, from how you've described it, sounds exceptional. You're doing fantastic work on a very shoestring budget, and the feds aren't kicking in their money.

1430

**Ms. Connie Siedule:** Yes. They say it's the province—especially in Ontario, depending on where the person is.

**Mr. Dave Smith:** Okay. I'm sorry that there are some challenges that way.

The only other thing I can think of on it is that perhaps they're taking a stance that it's under Jordan's Principle, and that the province should be funding you, and then we should be going to the feds to get the money paid to us as a result of what we gave to you. Because as I said, under section 91(24), it's a federal responsibility.

Have either of you thought about approaching the federal government for funding?

**Ms. Laureen Linklater-Pizzale:** We have some issues with that ourselves. Because in order for you to apply for Jordan's Principle, for example, you have to be recognized as an Indian in status, or you're expecting it within the two years of your birth. So, it doesn't always apply for our patients. Our Métis population wouldn't be eligible for it.

**Mr. Dave Smith:** Do your patients simply self-identify as being Indigenous or Métis?

**Ms. Laureen Linklater-Pizzale:** On our applications, yes. But we further investigate just to ensure, because we do have issues with identity fraud in our sector. So we just want to be more diligent in screening applications better.

**Mr. Dave Smith:** I wouldn't want to see you turn anyone away.

**Ms. Laureen Linklater-Pizzale:** No. But at the same time, this funding is specific for the Indigenous population to encourage good health outcomes for our population.

**Mr. Dave Smith:** How much bigger is the new space that you're looking at, compared to what you currently have?

**Ms. Laureen Linklater-Pizzale:** We have a pie-in-the-sky kind of space that we're looking at, but it's quite big, yes. It's enough for probably another few resources in the community such as a pharmacy and rental spaces of possible doctors' offices.

**Mr. Dave Smith:** Would you be looking to lease or purchase it?

**Ms. Laureen Linklater-Pizzale:** I don't know, because it's kind of an old building too. And I'm in an old building so I know how that looks, how that operates. We're dealing with 55-year-old boilers that give you problems.

**Mr. Dave Smith:** Right. Then, when you do a renovation, you have to bring it up to the current code. And if it is significantly older than that, it adds a whole lot of hidden expenses that you didn't know you had for it. So I can appreciate that.

I was actually surprised: For the Inuit centre, 10,000 patients are what you see? I was surprised at that large of an Inuit population in Ottawa. I didn't think that we had more than about 18,000 Inuit in total in Ontario. So, you've got a massive group of them down there in Ottawa.

**Ms. Connie Siedule:** It's more than that, actually. That's the conservative sort of number. It is a mobile population. So people sometimes move up north; are back for three months; then they're back for eight months. Sometimes it goes like that.

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

**Ms. Connie Siedule:** But it is. The largest gathering of Inuit outside of the north is in Ottawa.

**Mr. Dave Smith:** Thank you. I greatly appreciate that.

Bill, did you want to ask a question? Okay. We're good. Thank you.

**The Chair (Hon. Ernie Hardeman):** MPP Gélinas.

**Mme France Gélinas:** I like to talk money, so I will go back, if you don't mind, to Laureen. Can you share with us what your operating budget is right now?

**Ms. Laureen Linklater-Pizzale:** We get funding from MOH as well as our local DSSAB, the District of Nipissing Social Services Administration Board. Together, it's roughly \$5 million.

**Mme France Gélinas:** How much do you get from the Ministry of Health?

**Ms. Laureen Linklater-Pizzale:** Just \$3.2 million, I believe it is.

**Mme France Gélinas:** So about \$3.2 million. You're asking for a 5% increase on a \$3.2-million budget.

**Ms. Laureen Linklater-Pizzale:** Yes.

**Mme France Gélinas:** I'm strong in math. That's about \$150,000—

**Ms. Laureen Linklater-Pizzale:** Plus the other asks.

**Mme France Gélinas:** Plus the ask for the extra position.

**Ms. Laureen Linklater-Pizzale:** Yes.

**Mme France Gélinas:** That's very low. How confident are you that you will get this very small amount of money that you drove all the way from North Bay to Sudbury to ask for?

**Ms. Laureen Linklater-Pizzale:** Well, I hope it's great. I think continuing our work with the community—a lot of people look at just service provision from providers and clinicians, but it's more than that. It's connecting with partners; it's building trust with the community and for our Indigenous population to trust those services. How are we going to do that if we don't have this program and these Indigenous patient navigators in place?

**Mme France Gélinas:** I fully agree. When you were talking to another—you mentioned that you don't have a place for harvesting medicine? Do you harvest? Do you go out—

**Ms. Laureen Linklater-Pizzale:** Yes, we do.

**Mme France Gélinas:** You do have a place right now to harvest in the old school that you're in?

**Ms. Laureen Linklater-Pizzale:** We currently have a space where we grow some of our medicines, but not all of our medicines. We have to go to the bush for that.

**Mme France Gélinas:** But do you have a place to bring it in and dry it and keep it and all of that?

**Ms. Laureen Linklater-Pizzale:** No, it's quite crowded. We're trying to get innovative on how to do that; some of us have to take it home. It's a difficult process, because we don't have the space to dry and harvest it and contain it. We have a space to place it in lockers in the hallway.

**Mme France Gélinas:** Okay—very creative in how you do that.

**Ms. Laureen Linklater-Pizzale:** Yes. They're locked.

**Mme France Gélinas:** What do you expect could be the demand for your services if you were able to have the mental health, addictions and substance use professional that you need and if you were able to receive that small amount of money that you came here to ask for? What kind of an impact do you figure that would have on the people that you serve in North Bay and area?

**Ms. Laureen Linklater-Pizzale:** Firstly, I think we would be able to reach the hard-to-reach population. We have people calling for appointments, but the unsheltered population sometimes doesn't have the means to get to our organization for care. It would be outreach; it would be looking at ways to get communication to them, working with partners like mobile crisis, for example—just doing a lot of outreach because those are the ones that don't get the communication online, the ones that don't look at our website. Elders, especially, don't often go onto our website to find out how to apply. We even put ads on the radio in hopes of getting to them too.

**Mme France Gélinas:** We have an opioid crisis in northern Ontario. It exists in Sudbury. It exists in North Bay.

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

**Mme France Gélinas:** In Sudbury, the percentage of people who are First Nations that are homeless are—

**Ms. Laureen Linklater-Pizzale:** Half.

**Mme France Gélinas:** Oui. They represent 5% of the population of Sudbury and 50% of the people that are homeless. Is this the same in North Bay?

**Ms. Laureen Linklater-Pizzale:** Yes.

**Mme France Gélinas:** The percentage is about the same?

**Ms. Laureen Linklater-Pizzale:** The unsheltered population is about 50% Indigenous.

**Mme France Gélinas:** Okay.

If I go to Connie: Is this the same for the population that you serve, where the percentage of homeless in the Inuit population is higher than the rest, or no?

**Ms. Connie Siedule:** We see the full spectrum of our community. It is growing. It is a disproportionate burden of homeless, high-risk and mental health, so it touches everybody. Almost nobody isn't touched by someone—immediate family member or—

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

**MPP Cerjanec.**

**Mr. Rob Cerjanec:** Through you, Chair: Thank you, all of you, for your presentations today—really important issues around health care and working with Indigenous communities.

Laureen, I was wondering if you have—this is more of a general question, just around the savings to the system with connecting people to primary care faster.

**1440**

**Ms. Laureen Linklater-Pizzale:** I was fortunate enough to have some contacts. I worked at the hospital for 15 years, and I maintained my contacts from there. I have a lot of friends and family who are physicians and other providers. When we did the first wave, I already had commitments. We are working on connecting the unattached right now for the first wave. We got our funding, I think, in September, and the physicians started in November. I think we're working on close to over 150 already in that short period of time, and we got a locum to come in as well.

**Mr. Rob Cerjanec:** Excellent. And just for the benefit, as well, for folks watching at home or who may not be as familiar: What are the benefits of the work that your organization is doing compared to non-Indigenous organizations around primary care and their ability to get care?

**Ms. Laureen Linklater-Pizzale:** From a patient perspective, we've received feedback stating that this is the first time that they had received care and that a physician or a health care provider heard their voice and took the time to receive their story. We're a storytelling oral society where it's important to do that and to recognize that person's spirit, that person's experience, that person's being, and our physicians and health care providers do just that. Because of that, they attend their visits. We have lowered our no-show data. It just increases their health care, so then that means there's less burden in other areas, right?

**Mr. Rob Cerjanec:** I appreciate that—and, as my colleague mentioned, coming all this way, from North Bay to Sudbury, to talk about this, for what doesn't sound like a lot of money, but would be extremely impactful to the community you serve. To what extent do you think the province's budgeting approach is in how it shifts responsibility in some ways to Indigenous organizations without

matching those resources in northern communities? Do you have any comment around that?

**Ms. Laureen Linklater-Pizzale:** I really believe that connection and sharing stories from all areas is important to incorporate the full picture. I don't think that's being done.

I love the fact that you're coming to northern Ontario to obtain these stories, because you need to hear the value of it and the impact it's going to create for these northerners and those who live there. I just feel like there's some information that floats out there and is just taken at value, whereas we live here, we experience here, we know servicing semi-remote communities and what impact that does to that community. It's awesome. It's amazing. Like, going to Dokis—we go there two to three times a month, and we've increased their care significantly just in those visits. I think going to these communities, hearing what people need from their health care sector, is really important.

**Mr. Rob Cerjanec:** And I think you're talking a little bit about trust, right? You're talking about building relationships; you're talking about the awareness. I represent a suburban riding in Toronto, so it's a little bit different perspective—

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

**Mr. Rob Cerjanec:** —and experience; just a little bit, right? But it's so important, because we're such a big province with so many communities and a very strong and proud Indigenous community in the north.

Lastly, is your navigator program more focused around rural or urban populations?

**Ms. Laureen Linklater-Pizzale:** We're trying to expand a little bit with what little time we have left. We've gone to Parry Sound. We're doing some journey mapping as well with stories and experiences from community members to see how health care is in those communities, so that we could create some pathways for them in a good, safe way.

**Mr. Rob Cerjanec:** Thank you, and I hope you have a safe drive home.

**Ms. Laureen Linklater-Pizzale:** Thank you.

**The Chair (Hon. Ernie Hardeman):** Thank you very much. That concludes the time for the question and the panel. We want to thank the participants very much for the time you took to prepare and the time you spent coming here and speaking with us. We very much appreciate the opportunity to garner that information.

With that, we say goodbye, and hello to the next panel.

FEDERATION OF ONTARIO

PUBLIC LIBRARIES

MS. ELAINE JOHNSTON

CITY OF LAKES FAMILY HEALTH TEAM

**The Chair (Hon. Ernie Hardeman):** The next panel is the Federation of Ontario Public Libraries, Espanola; Elaine Johnston; and the City of Lakes Family Health Team.

*Interjections.*

**The Chair (Hon. Ernie Hardeman):** Again, we ask the members of the committee, if they want to discuss, to take it back a little further so we can have the table blank for our next participants.

As you've heard, you have seven minutes to make your presentation. At six minutes, I will say, "One minute." At seven, we will finish it and go on to the next one. We ask each participant when you start to make sure you introduce yourself so we can get it properly recorded on Hansard.

We start with the Federation of Ontario Public Libraries, Espanola. The floor is yours.

**Ms. Laura Luopa:** Thank you to the Standing Committee on Finance and Economic Affairs for the opportunity to participate in today's 2026 pre-budget consultation. My name is Laura Luopa. I'm the chief executive officer from Espanola Public Library. I'm proud to work alongside passionate librarians and library staff who make an impact for millions of Ontarians who rely on local public libraries in their communities.

Espanola Public Library is a welcoming hub serving the town of Espanola and three contracting municipalities. The library is a vibrant centre for learning, recreation and culture. As one of the few third spaces in the region, the library offers free access to technologies, computer and WiFi services, comfortable spaces for studying and exchanging ideas, access to services and resources.

This year our library was pleased to have over 34,000 visits. We circulated 33,000 physical and digital resources and offered more than 290 free programs with more than 2,400 attendees. But many Ontarians who depend on public library services are still falling through the gaps. We're advocating for critical investments that will stabilize our public libraries for all Ontarians no matter where they live or learn.

One of the most daunting challenges we are facing today is the combined mental health, substance use and homelessness crisis, and the direct impact this is having upon public libraries. Every day, libraries open their doors to the community—families, newcomers, students and, increasingly, community members with nowhere else to go. When mental health, substance use and homelessness supports fall short, we see the impact first-hand in public libraries.

Librarians are not social workers, yet we continue to do what we have always done: listen with compassion, care deeply and create welcoming spaces for everyone. Over time, however, the weight of this responsibility can take a toll and affects the staff members' well-being and our library's abilities to serve the community as effectively as we should. Library workers are increasingly asked to take on roles that we were never intended to or trained to perform. We find ourselves supporting people in crisis and doing our best to connect vulnerable populations with services and supports.

We're not seeking recognition, expanded mandates or training alone. We are asking that governments work collaboratively to invest, to build partnerships and to ensure that people can access the support they need before they reach the library's front desk.

We are lending our voice to urge the government of Ontario to work with municipal and federal partners to build a robust strategy to address mental health, substance use and homelessness in communities across the province.

In addition to supporting stronger social systems for the broader community, Ontario's public libraries maintain their need for increased provincial funding to support public libraries to deliver shared priorities and community needs.

**1450**

Unlike most sectors in Ontario, Ontario's public libraries have received no increase in provincial operating funding for 30 years. During that time the value of the province's investment in public libraries has decreased by over 60%. While the majority of public library budgets are municipally supported, the provincial portion of funding is critical.

Ontario's public libraries are proposing an additional annual investment of \$25 million in provincial operating funding to specifically address critical areas of shared community and provincial priority including:

- supporting job training and skills development; building resiliency to address community impacts of mental health and substance use within public libraries;
- providing services and resource support to community members, including older adults, newcomers, working families and all vulnerable community members; and
- supporting early literacy success and K-to-12 success.

The Ontario government has already recognized the importance of public libraries in broadband access through significant recent investments in broadband infrastructure, connectivity and First Nations public libraries. Building on that foundation, the next step is to empower Ontarians with the online resources needed to succeed, no matter where people live.

Digital resources offer a vital service such as career training, language learning, tutoring, health information and support for vulnerable residents. For Espanola Public Library in particular, and other small libraries, access to these resources would have a profound impact. As a small library, purchasing e-learning and digital resources is cost-prohibitive, but in Espanola, as with many other small communities, there is limited access to services such as tutoring, language learning supports and high-quality health information, and we see the positive impacts access to these types of resource could have for our community.

Through an annual investment of approximately \$15 million, every Ontarian would have access to a common set of high-quality e-learning and digital resources available directly through their local public library or the comfort of their home.

As we've also shared previously, we believe there is a powerful opportunity for the Ontario government to create the Ontario digital public library, to ensure critical e-learning support and fair access to modern digital resources for all public libraries in Ontario. The partnership between the Ontario government and local public libraries is vital.

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

**Ms. Laura Luopa:** Providing these critical supports are needed for us to continue to work together to deliver important government services, locally relevant resources and economic development close to home, in our communities, where people live.

I thank you for the time and being able to provide this presentation.

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

We now will hear from Elaine Johnston.

**Ms. Elaine Johnston:** Aanii. Boozhoo. *Remarks in Anishinaabemowin.*

My spirit name is Flower Woman. My English name is Elaine Johnston of the Turtle Clan of Serpent River First Nation.

I am the First Nation trustee and chair of the Algoma District School Board and chair of the First Nations, Inuit and Métis Trustees' Council of the Ontario Public School Board Association.

Thank you for the opportunity to speak today here in Sudbury. Like many trustees, I also serve in other roles. Today I am also in Sudbury for a meeting of the Chiefs of Ontario, in my role as director of services for Nogdawindamin.

OPSBA member school boards include nearly 1.4 million students, which is approximately 70% of Ontario's K-to-12 student population. Our members include all 31 English public school boards and 10 school authorities. This week OPSBA will be submitting a formal written submission to this committee that outlines our most pressing funding challenges. Today I would like to take this time to share why First Nations representation is critical, as well as speak to key issues facing our communities.

There are 133 First Nations in Ontario, and the vast majority of First Nation students will attend a provincial school at some point in their K-to-12 education. First Nation representation at every decision-making table is essential. The Ontario Education Act, regulation 462/97 mandates that provincial school boards admit First Nations students, provide equitable services and facilitate funding for students, including those on reserve. It supports education service agreements for tuition, requires mandatory First Nations curriculum and recognizes First Nations' role in education.

Education service agreements, often referred to as tuition agreements, are legally binding contracts between First Nations and school boards that outline specific programs, services and financial arrangements for students. When students that reside on-reserve attend school boards, the First Nation pays tuition dollars to the school board for the education of their students under education agreements or reciprocal education approaches. These tuition amounts range from \$11,000 to reaching as far as \$40,000 per student.

Regulation 462/97 allows for First Nations to have representation on school boards, specifically designed to ensure the interests of First Nations students are considered. First Nation trustees are appointed by and are ac-

countable to the First Nation or the group of First Nations they serve.

Ontario's Supporting Children and Students Act, 2025—Bill 33—gives the Minister of Education increased powers that put the voice of First Nation trustees at risk. So far, there are two school boards with First Nation trustees that have been placed under supervision. The First Nation-appointed voices are silenced, alongside the voices of elected trustees in those boards. There has been no dialogue with First Nations leadership in these school boards.

School boards have an obligation to be financially accountable to First Nations for the funds transferred. First Nation students have a constitutional right to education. First Nation trustee voices help ensure that the negative impacts of education experienced in the past are never repeated, and that every student, First Nation and non-First Nation alike, can benefit from a system built on respect, inclusion and understanding. Indigenous education is a beneficial adjustment for all students, especially as we look to prepare today's students for participation in Ontario's future workplaces and community settings.

The Indigenous population represents the fastest-growing demographic in Canada at 9.4%.

We hear a lot about the economic potential of the Ring of Fire. We hear the Ring of Fire will create thousands of jobs and billions of dollars in revenue over the next 10 to 30 years. First Nations have a constitutional right through the duty to consult. First Nations have inherent rights to protect the land and the people within it. First Nations leadership must have meaningful consultation so that the land is protected and people benefit. It makes sense to look to young First Nations students as key players in this economic prosperity.

However, we can't forget about the realities of First Nation communities. Significant investments are required in education, health care, economic development and social programming to ensure that the landscape is truly equitable and beneficial for all of us.

We especially cannot overlook the rights of the title-holders of the lands that economic priority areas rest on. As Ontario Regional Chief Abram Benedict reminded us in a keynote address at the recent Public Education Symposium, First Nation communities existed on the land before the development of projects such as the Ring of Fire, and the First Nation communities will continue to live in those areas once operations eventually cease. We need to care for the needs of today, but also the needs of our future generations.

First Nation trustees know and advocate that our students require strong foundations in culture and language. Who we are as people is critical, and a strong identity is what our young people require to grow into the strong, productive workforce of the future. Yet we cannot get Ontario to undertake a review and revision of the native language curriculum. Indigenous students are a significant component of Ontario's economic potential, but we need to work together, with adequate investments, to ensure their

education and social development adequately prepares them to leverage this opportunity.

Jordan's Principle is the federal program which was implemented with the intention of ensuring that First Nations children would have access to the supports and services they need to be successful. Jordan River Anderson was the little boy who never got to see his family home because the provincial and federal government were caught up in arguing over who had to pay for the care and supports he required to be at home. Jordan's Principle was implemented to address these gaps in services that First Nation children continue to experience because of systemic discrimination and inequitable access to services.

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

**Ms. Elaine Johnston:** Again, we are seeing children struggle, and the important resources put into place to support kids ended—ended over questions of who was going to pay. Many of these children require special needs funding for educational assistance, tutoring etc. First Nations students are struggling without access to the educational supports they require and deserve. Sadly, all students with special education needs in Ontario struggle in a system that needs to properly fund its education system. It is the children who pay the price.

I appreciate you listening to me, and I look forward to the questions. Thank you for the opportunity. Meegwetch.

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

We'll now have the presentation from City of Lakes Family Health Team.

**Ms. Meghan Peters:** Good afternoon. My name is Meghan Peters. Thank you for the opportunity to speak with you today. I am the executive director of the City of Lakes Family Health Team here in Sudbury, and I am joined by my colleague Anna Gibson-Olajos, who is the executive director of the Powassan and Area Family Health Team. We both are committed members of the north-eastern family health team network, representing over 29 family health teams across the northeast. We're also members of the Association of Family Health Teams of Ontario, which represents over 189 primary care teams across the province.

**1500**

The City of Lakes Family Health Team is proudly celebrating almost two decades of providing comprehensive primary care in the Sudbury region. Our team includes family physicians, nurse practitioners, dietitians, registered nurses and more, who are collectively caring for over 24,000 patients in our community.

I joined this team more than 15 years ago and remain committed to its missions and values, because I witnessed first-hand what primary care does for our community. I heard about patients' stories, saw the measurable outcomes and impact to patients, and watched our team expand to rural sites so that patients can access primary care close to home. In this strong, collaborative team, working every day to support the community, it has inspired me to step into this leadership role and why I'm here today.

At the City of Lakes FHT, we firmly believe primary care is part of the solution. We continue to expand access

in alignment with the province's goal of 100% attachment. In 2025-26, we are supporting the onboarding of three new primary care physicians in our community establishing brand new practices. With the expansion funding support from Ontario's primary care action table, we have already accepted more than 1,000 patients in a short six months. Thousands more patients will gain access if our expansion continues.

However, the foundation of primary care is under tremendous strain. We cannot grow and expand and attach more patients without proper funding for retention and recruitment. We cannot hire the staff we need, and our workforce is shrinking. I am here today to advocate for resources to stabilize and strengthen that foundation.

Retention and recruitment is a crisis in primary care. This year, the province announced \$142 million in funding to support retention and recruitment. We are thankful for that leadership and support for our teams; however, this funding was spread over three years. We are asking for the release of the remaining \$115 million that has already been committed. This costs no additional funding, no additional commitments, but would immediately help to support our teams.

Additionally, we are asking you to help with support for additional wage disparity. We cannot hire the staff required to support our growing population. We struggle daily to retain the experienced health care professionals who are the backbone of our team. More are approaching retirement, and without action, I fear what this means for the future of the family health team. Despite the expanding of scope of practice and the increasing number of patients, some of our staff are forced to take on second jobs. These are passionate, highly skilled, highly experienced health care professionals who are driving for Uber Eats, going to our local food banks and working extra hours only to make ends meet, and all so they can continue working in primary care.

Let me share with you today what wage disparity looks like. Sandy Tegel is a nurse with over 37 years of primary care experience and a founding member of the family health team. She could earn more than \$45,000 a year by going down the road to our local hospital. Kristin Hanhimaki, a social worker with over 20 years' experience, could earn more than \$20,000 a year by moving to a program funded by our same funder. Our six dedicated full-time nurse practitioners, whose scopes of practice have grown tremendously over the past 10 years, could earn more than \$26,000 a year by moving to other health care sectors.

Passion for primary care is no longer enough to justify staying. And when these skilled professionals leave, the foundation of primary care weakens. Our ability to provide essential services, programs, timely access and comprehensive care is compromised. The ones that suffer most are our patients. As our health care professionals leave, our patients see longer wait times, reduced services, cancelled programs and face unattachment.

This is not just a Sudbury story. We hear the same concern echoed across the northeast and across the province.

Family health teams across Ontario are asking for three urgent actions:

(1) Release the remaining \$115 million in already committed funding.

(2) Invest an additional \$430 million over the next five years to close the structural wage gap in primary care.

(3) Remove policies and barriers to improve system efficiency and modernize governance structures.

Family health teams are dedicated to being part of the solution in achieving Ontario's attachment targets. But to do that, we need urgent and immediate action to stabilize primary care. That includes supports for recruitment, retention and high-quality, team-based care.

Primary care is the front door we walk through into the health care system, and when that door stays open through supports, our patients, community and province will continue to thrive. Thank you.

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

We'll start the first round with—MPP West?

**MPP Jamie West:** Sorry, Chair. We were trying to decide who was going to start.

Thank you for your presentations. I'm going to start with the last presenter. Was it Meghan?

**Ms. Meghan Peters:** Yes.

**MPP Jamie West:** First of all, I want to thank you for advocating for the work that you do. I think that a lot of people don't understand what family health teams are. My colleagues do, because this the work we live and breathe, but I think for a lot of people, when they think of primary care, they think of simply a family doctor. They don't think of the team approach, or often, nurse practitioners, for example, get forgotten. So thank you for that work.

You were talking about the \$115 million that was already committed. Is that supposed to come out by the end of this year? Do you know what the timeline was?

**Ms. Meghan Peters:** No, it's over the next two to three years.

**MPP Jamie West:** Oh, okay. So it has been—okay, just for the clarity on it.

The wage disparity really stood out to me. You talked about someone who potentially could make \$45,000 more per year. I mean, the \$20,000, the lower end—it really is a situation where the disparity is so vast that it's causing critical concerns for your organization.

I see this in primarily the not-for-profit sector, where there's high turnover. They're having a hard time attracting staff, and the staff who love their work end up—they resign, saying, "I can't do this anymore," because of that situation. Are you seeing that currently, or is it a concern that you're going to be facing those barriers of people just walking out the door because the pay is so much better?

**Ms. Meghan Peters:** We are no longer able to compete with the other health care sector jobs, so we continue to lose experienced primary care staff to other health care sectors. And we're unable to recruit, because the disparity is so high that even new graduates have concerns about entering into primary care.

**Ms. Anna Gibson-Olajos:** If I may answer? If I may speak to that as well? Is that okay? Thank you.

In our team, just as an example, we filled out a new HR report attempting to look at the vacancy rates we're experiencing, and one of the measures that vacancy rates does not take into account is—for example, I received my IPCT expansion funding in 2023-24 to hire a social worker. I finally hired that social worker this year. As soon as I hired that social worker, my other two social workers left.

This has happened to me every couple of years. We hire new grads, we train them, they get experience and then they go take another job for \$20,000 or \$30,000 more. This year alone, I posted and did three rounds of interviews, and on the fourth round of interviews, I was finally able to hire 1.28 social workers.

So that is an incredible strain for the administration and other team members that I bring into that process in terms of onboarding, training, hiring, posting. Even though my vacancy rate does not show as being very high—because by the end of the quarter, I had someone—it is a lot of work. We're getting new grads and then they're just leaving again because of the wages.

**MPP Jamie West:** Thanks.

Anna, I think, makes a good point to emphasize the ramp-up time to train someone in order to do the work. You end up sort of at a standstill when you have to train somebody else, right? For all of us, when we were first elected—think of that learning curve that we had to figure out how to do our roles and having that happen again and again.

And I think for the patient side—just correct me if I'm wrong: From the patient's side, you build a relationship and then the relationship starts over again because you have that turnover. Am I correct about that?

**Ms. Meghan Peters:** Yes. What happens is patients are having to retell their stories to new health care professionals, as we are on a constant rotation of new recruitment. So there's that trust that erodes in that relationship and they have to constantly rebuild that with every new health professional we bring in.

**MPP Jamie West:** I know that in the north, we struggle to attract health care in general. Primarily, one of the great things about having a CROSH or NOSM in the north is that doctors who train here end up staying here, the same with our other health care professionals who are trained at Laurentian, Boréal and Cambrian. That local training is important, but if you can't pay the bills, especially when you're looking at a \$20,000 gap at a minimum for the lowest example you had, you end up leaving. And then, as a community we all suffer, because we know there's a backlog of people looking for primary care.

1510

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

**Ms. Meghan Peters:** Yes, agreed. We just cannot keep up with the demand for primary care right now. The option for expansion was presented to us this year, but we have struggled to retain and recruit the new spots that we re-

ceived last year, so we had to turn down the opportunity to continue to grow this fiscal year.

**MPP Jamie West:** And just with the 20 seconds I have, I just want to compliment the family health teams on the amazing work. The integrated health team network is just a fantastic model. The first time I toured one as an MPP, I remember thinking, "Why is this not the standard everywhere?" It's such a great model to have, especially in the north, but I think anywhere. The quality of health care, the different backgrounds and diversity of disciplines is just amazing, so thank you.

**Ms. Meghan Peters:** Thank you.

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

MPP Smyth.

**MPP Stephanie Smyth:** Thank you all for your presentations today—such a learning experience, and so many common threads here for all of us who are listening to all the submissions that we're hearing over the last weeks.

I wanted to start with you, Meghan, and talk about, just for my benefit, the catchment area that you have. What exactly would that be in terms of how far east, west, and then in terms of population number, would you say?

**Ms. Meghan Peters:** We cover the whole Sudbury region. We have four locations, so one here in our urban core and three in our rural settings. As you know, Sudbury is one of the largest geographical cities and municipalities in the province. To get from one end to the other end is an hour drive, just to drive from one clinic to the other.

**MPP Stephanie Smyth:** Right. And how many people would you estimate, if you're able, have no attachment to primary care?

**Ms. Meghan Peters:** Right now, the estimation here without the Health Care Connect numbers—we realize that not everyone is on the HCC list—is that 30,000 patients within Sudbury do not have access to a primary care provider.

**MPP Stephanie Smyth:** Okay. So here you are. If I understand your funding, you're going to be expecting that remaining \$115,000 in the next two to three years, and that will help you, you hope, deal with the wage gap.

**Ms. Meghan Peters:** Yes. This year we received a portion of the \$142 million. There's still \$115 million left to distribute. When we received the funding, it was the first increase that we received since 2018. I was able to give my staff a 2.7% increase—since 2018. They waited that long for 2.7%.

**MPP Stephanie Smyth:** I guess you're asking for an investment of \$430 million over the next—did I catch this—19 years?

**Ms. Anna Gibson-Olajos:** Five.

**MPP Stephanie Smyth:** Five, okay—so that was a bad typo on my part. I don't know where that came from.

But essentially what you're seeing is these critical primary care teams that you have are turning into nothing but a training ground, and this is compromising this fantastic method of primary care to thousands of people in the Sudbury region. That seems untenable. Do you think that you're feeling confident that you might get some help in

terms of being able to close that wage gap? And if not, what might happen?

**Ms. Meghan Peters:** Well, I think that's why we're here today: to advocate. Family health teams have attended the committees throughout the province to advocate for this funding. I think if we don't receive the funding, the attachment target is at risk. We cannot commit more people without more staffing. You can't recruit more staff with the wage disparity. So I think the foundation of attachment in primary care is at risk without the funding.

**MPP Stephanie Smyth:** Thank you.

I wanted to ask Laura some questions about public libraries. I just wanted to get clear: How does your funding work? Just to reiterate that, you get some from municipal and some from the province?

**Ms. Laura Luopa:** Yes. The majority of the funding for public libraries is from our municipal base, and then we receive funding. Most libraries receive a public library operating grant from the province. Some libraries, again, receive pay equity, as well, from the province.

**MPP Stephanie Smyth:** Okay. Right now, it sounds like mental health and addiction issues are touching absolutely every corner of our society, including now in public libraries, which we're hearing in my region of Toronto as well. How dire of a situation is this, would you say, for the people who work and do the important work in public libraries? I know you have over 34,000 visits to the library in Espanola this year.

**Ms. Laura Luopa:** In Espanola Public Library, we don't experience some of the challenges that larger municipal centres may be experiencing in terms of substance use and people experiencing homelessness in their communities. Certainly, we do see challenges, like—

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

**Ms. Laura Luopa:** —recently, we adjusted some of our policies to be able to provide library cards to people who have no permanent address. So it is something that is present even within our community. What I think we see more frequently in our community is this gap in terms of providing supports and services and connecting people to things that may best be able to support them in terms of improving their lives and their home lives.

I think for a lot of libraries, though, particularly in large centres, their staff members are very strained, and it's taken a toll on their own mental health.

**MPP Stephanie Smyth:** You say you have offered over 290 free programs. What would be some of the most popular programs that you provide?

**Ms. Laura Luopa:** We're very fortunate at Espanola Public Library. We offer a full spate of programming for everybody, from early literacy programming for children such as storytimes. We were fortunate to receive funding from the provincial government to offer programming for older adults, lots of programming relating to technology, research services—

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

MPP Rosenberg.

**MPP Bill Rosenberg:** Thank you, panel. Aanii, Elaine. It's very nice to see you again; we've had a few conversations over the last few months.

And I want to congratulate everyone on what you guys do. It's very important to all of your communities.

My questions are for Elaine. I know that in our Algoma district, we have a lot of challenges, northern challenges. You can correct me—I don't know exactly—I think it's 38 elementary schools and 10 secondary schools.

**Ms. Elaine Johnston:** That's correct.

**MPP Bill Rosenberg:** The challenges are there.

Are you going to be in the Soo tomorrow morning? With the H.M. Robbins, we're opening a 64-space child care, so I thought you might be there. We're going to be doing that.

Later on this spring, I know there's going to be a new school opening up in Blind River, JK to grade 12, so that's really exciting news for the area.

There are still several more challenges—and some may be closer to my hometown—that you are well aware of. So to support student success, the government is investing \$30 billion in the next 10 years, including \$23 billion in capital grants. This is to build new schools, modernize school infrastructure. With these investments from the government, where do you envision the largest impact can be?

**Ms. Elaine Johnston:** In our board or in general?

**MPP Bill Rosenberg:** In general.

**Ms. Elaine Johnston:** Well, I think the issue is going to be new schools. You're talking about Algoma; we do need a new school in Thessalon.

**MPP Bill Rosenberg:** I didn't say it, but you did.

**Ms. Elaine Johnston:** I'm going to say it: We do need a new school in Thessalon, and I think that's the impact.

But one of the things that we're starting to recognize, too, is the costs have gone up significantly. To be on target in regard to the planning for schools, that's going to be the issue, and then also, I would say that what's happening down in the States is also affecting in regard to purchasing. That is also going to be one of the impacts.

**MPP Bill Rosenberg:** I know, over the last month, we've heard of schools that are 50 years old. That one in Thessalon is 106 years old. I wasn't there the first day it opened, but for sure, it definitely needs to be replaced.

We have such a large community. What unique challenges do you think we could make a difference with, with some funding in our area?

**Ms. Elaine Johnston:** Well, I think the unique challenges are in the north, again. We have the same issues that primary care has in regard to recruitment, because the same issues of recruitment for teachers and qualified teachers—the same issue, that we become a training ground and then they move on to go to bigger and brighter futures somewhere else.

1520

I think that's been one of the challenges. It happens in social, it happens in health, it happens in education where recruitment is a big issue and retaining those teachers. It's also building costs, the geographic regions for transportation for some of our students. Those are big-ticket items in

the schools. And it is an issue in the north more so because we have large distances. We have students who travel sometimes two hours to get to school.

**MPP Bill Rosenberg:** Yes, we see that for sure.

In the new school that's going in Blind River, are they offering Indigenous courses?

**Ms. Elaine Johnston:** Yes, in Blind River, they are. I will be there at that one. Unfortunately, I'm at another one for tomorrow—but, yes, for sure.

**MPP Bill Rosenberg:** I heard that and I wasn't sure if that was—because I know how important that is. In Algoma, we have 18 Indigenous communities, so it is important. And in Thessalon, I heard the number is something like 40% Indigenous, I think, in their enrolment there right now.

**Ms. Elaine Johnston:** That's correct.

**MPP Bill Rosenberg:** It's a challenge for us in the north for sure. We look forward to all the work that you guys do.

**Ms. Elaine Johnston:** Can I make a comment in regard to Blind River? They are doing an excellent program with York University on STEM with Indigenous. They are looking at math and science. I was suggesting maybe bringing you over to look at that program.

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

**MPP Bill Rosenberg:** For sure. I would love to go there with you.

**The Chair (Hon. Ernie Hardeman):** MPP Dowie.

**Mr. Andrew Dowie:** One minute, you said?

**The Chair (Hon. Ernie Hardeman):** Yes.

**Mr. Andrew Dowie:** I'm certain we'll come back next time, but it gives me a quick question for Laura. Thank you for your service to the library system. I wanted to explore the digital piece that you raised, and maybe when we get more time, I'll reconnect on it.

**The Chair (Hon. Ernie Hardeman):** MPP Gélinas.

**Mme France Gélinas:** I will ask: You came and you said, if the government of Ontario was to invest \$15 million, you will give every Ontarian access to e-learning and digital resources through libraries. Did I hear that right?

**Ms. Laura Luopa:** Yes.

**Mme France Gélinas:** Wow. And that would be one time, or \$15 million a year?

**Ms. Laura Luopa:** It's an annual fee that we would anticipate. Because of the power of purchasing in a consortium, the province purchasing for all public libraries would have significantly more leverage in negotiating with vendors and also in terms of providing access than libraries would individually. As I noted, for our library system it would be cost-prohibitive to add these services. But the province negotiating and providing them for public libraries would provide all Ontarians this access.

**Mme France Gélinas:** Very good.

Just for my neighbours who are not from the north: We do have broadband in libraries in northern Ontario. In my riding, anyway, it sucks, so what people do is, you go and park beside the library and you're able to connect to the Internet. It's a beautiful thing. Just to let you know, we need Internet in northern Ontario. But we were able to

bring it everywhere in my riding. Every library has broadband, but the people do not. I just thought I would put that out there.

Then I would ask Elaine: You were very specific that First Nations trustees have a right to be on school boards. But with Bill 33, that right was taken away from you already in two places where the board was taken under the province's responsibility. Did they reach out to you to make sure that your given rights as a First Nations trustee would continue to be respected or, no, you lost connectivity just like every other trustee?

**Ms. Elaine Johnston:** There are two boards. There is Thames Valley and Near North District School Board. The trustees there have not been—and in Near North, they have eight First Nations. None of the First Nations have been approached. There are tuition agreements, and so that's the question that now the leadership is asking. Where is the accountability for the dollars that are sent to that school board? Because there is no relationship with the First Nations. That is a concern. I did talk to the Ontario Regional Chief on Friday, and he expressed that concern as well.

**Mme France Gélinas:** Did you share this with Minister Calandra?

**Ms. Elaine Johnston:** Yes, I did.

**Mme France Gélinas:** And what was the answer back?

**Ms. Elaine Johnston:** I haven't gotten a response to that.

**Mme France Gélinas:** Get used to that. The francophones did not get a response either. You should get a response. This is not acceptable. It has happened twice already. You have paid the money to the board. All of your power as trustees has been taken away and the guy in Toronto is now handling First Nations—what could go wrong?

**Ms. Elaine Johnston:** Are you asking me what could go wrong?

**Mme France Gélinas:** Yes.

**Ms. Elaine Johnston:** I'll tell you what could go wrong: It will really weaken the relationship with the Ontario government. I would also say, because these are legal documents, there could be potentially legal questions in regard to the legal documents and our rights as First Nations. There could be questions of the Ombudsman. There's a number of things that I think could be question marks because now the discussions are happening.

I understand that Ontario Regional Chief has not had a meeting with the Minister of Education. I did talk to him on Friday. There should be a reach out to the First Nations. That's why I'm saying if you want the Ring of Fire, you need to work with us as First Nations leadership. As a former chief, this needs to happen immediately.

**Mme France Gélinas:** I fully agree.

Meghan, I would like to ask: You were very reasonable in your ask—24,000 patients. You've been there a long time. You have sites in my riding; you do phenomenal work.

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

**M<sup>me</sup> France Gélinas:** We still have a lot of people who need access to primary care, but you could not apply for more, because you won't be able to recruit more if you don't have money to have better salaries to offer. Did I get that right?

**Ms. Meghan Peters:** Yes. I received funding in the last round of funding. I still have vacant positions. We were still unable to recruit a social worker. I'm trying to recruit an RPN and admin right now so there's still vacancies from the dollars we've already received.

**M<sup>me</sup> France Gélinas:** So this goal of attaching every patient and everything is supposed to go through family health teams, community health centres, Aboriginal health access centres, nurse practitioner-led clinics, but you're all in the same position: that since 2018 when the Conservative government came into power, you were flatlined for eight years, and now you've got a little bit of an increase, but you need this increase to continue in order to—

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

We will now go to MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: Thank you all for your presentations today.

Elaine, a really interesting perspective that you've provided the committee today, to MPPs on all sides, around the importance of First Nations' education but also the relationships that exist between First Nations and school boards, because there are partnership agreements, as you mentioned.

I used to work for the Durham District School Board, and we had an agreement with a First Nation community there where we had an Indigenous trustee who sat on our board, who was able to provide a perspective not only in relation to those students, but Indigenous issues more broadly, to help the board make better decisions, to help staff in the Indigenous education department make better decisions as well.

I'm very curious around Bill 33 and potential changes to our public education system and school board trustees. Are you able to tell us how the Minister of Education or the ministry has consulted with you or your political leadership around these issues?

**Ms. Elaine Johnston:** I can tell you that we have not been consulted, and that's why I was saying the Ontario Regional Chief has not gotten a meeting with the minister. We have not been consulted on Bill 33.

What really concerns me is—and you know, we hear about the United States and what's happening there with regard to democracy, and here we are in Ontario. You know what? We should learn from what's happening in the United States. How do we consult people? If the system doesn't work, then don't you think we should all be involved in talking about how we can fix it? I don't think that's happening.

I went to an Indian day school. My parents went to residential school. I know that the system didn't work in the past, then, and we can always improve on it. There's always been—I'm in social services. I work for a child welfare agency. I'm a registered nurse. I've worked in

health care. We can always improve our systems, but we need to work together to do that. That's what I encourage this minister to do, and the government, whichever party you belong to: Talk to us.

**Mr. Rob Cerjanec:** That's really concerning to me, that that conversation hasn't happened with the ministry or the minister around changes to school board trustees and, really, education more broadly when we're talking about funding, when we're talking about support. If school boards—which is really the province, in some ways—are entering into agreements with First Nations based on established relationships, based on established rules, to have representation on that school board in order to be the voice for those individuals—for that not to take place, to me, is frankly shocking.

1530

**Ms. Elaine Johnston:** I can tell you that my father, who was a chief, fought for us to have a voice and to be on the school board. So if we are not part of the school board, that really speaks to my dad's legacy. And that concerns me because, as I said, I've come from an Indian day school, where it wasn't a very nice system.

I agree the system needs to be improved. I'm not saying that we're perfect; I don't think any system is perfect. We should always strive to improve it. But when we're talking about relationships, I think those are critical to all the work that we do.

**Mr. Rob Cerjanec:** And I know we have a duty to consult. I know the importance of rights holders and the land that we're on. What do you think would happen to Indigenous voices and students and families if there isn't that Indigenous representation on school boards that have agreements with First Nations?

**Ms. Elaine Johnston:** Again, getting back to the issue, they're legal documents, and again, it contributes to the services that are in the schools. I notice that there are some good things that are happening as far as Indigenous education, and I've heard from some of the school boards. So I would hate to see that decrease or change in a negative way, because we're trying to have our students feel that they belong. That's always been a concern from our students, if we don't have that voice there.

I was called just the other day as a First Nations trustee to help with a particular school in saying, "You know what? Relationships are critical. If we don't have that communication, then what happens if things fall apart?"

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

**Ms. Elaine Johnston:** That's what we're trying to do, is create those relationships so that we can work together. We're part of this country. Let's work together.

**Mr. Rob Cerjanec:** Thank you very much.

I'll leave the rest of my time.

**The Chair (Hon. Ernie Hardeman):** Thank you. MPP Dowie.

**Mr. Andrew Dowie:** I want to thank all the presenters for being here.

I'll return to the Federation of Ontario Public Libraries. Thank you, Laura, for being here. I previously served as a library board member for 12 years—been to a couple of

Super Conferences as well—so this is an area that I have a lot of interest in.

I know digital use works a bit differently than physical copies. Every time someone accesses a part of the collection, there is a fee to be paid. That subscription model is becoming more and more costly for libraries, so I understand very much the desire for additional purchasing power.

Our system today—and please correct me if I'm wrong—we've got the Ontario Library Service Consortium, which provides a bit of a bulk digital purchase program. You have access, but it's just not as many copies as necessarily might be desirable. But there is a common collection that could be accessed.

And there's the provincially operated TVOntario, whose mandate is to provide and create content for educating Ontarians, both for students—including curriculum-related programs—but also for ongoing learning.

So I guess this concept of the digital library—is it a merging of these two worlds, or is it something different? Given that the province is operating an e-learning portal, *tvo.me*, and local libraries buy access to the different databases and the different courses etc. that may be more continental in nature and coming from more—I'll call them bigger names—I'm hoping you might be able to elaborate on the system today, and what the vision is for the digital library that is different than what our ecosystem has right now.

**Ms. Laura Luopa:** Absolutely. We're fortunate in Ontario that the Ontario Library Service does offer consortia purchasing for public libraries. As an example, one of the primary vendors is OverDrive, which, as you noted, has a subscription-based model where you pay a platform fee and then we pay a fee as well for each time something is downloaded or accessed, borrowed from that system.

The Ontario digital public library proposed by the Federation of Ontario Public Libraries would be a different suite of services. It would not be OverDrive. It would be looking at other opportunities to have things like remote tutoring and other high-quality databases available to individuals, so that they would be able to do research or receive tutoring, language-learning services and things like this. The federation chose a different suite that would act as a complementary service to existing services and resources that were available.

There are some of these vendors that maybe are available presently through the Ontario Library Service. The difference is that, again, even for libraries of our size, the cost of subscribing through the Ontario Library Service, which does negotiations with the vendors for us, would still be cost-prohibitive for us to be able to subscribe to a package of even four or five databases or resources for our community.

**Mr. Andrew Dowie:** Chair, how much time is left?

**The Chair (Hon. Ernie Hardeman):** You have 2.05 minutes.

**Mr. Andrew Dowie:** Thank you.

Through you, Chair, back to Laura: I appreciate that. You mentioned tutoring. So would this be a live person a student or an adult would have access to?

**Ms. Laura Luopa:** It would depend on the vendor that was chosen. There are services that are available presently that would provide live tutoring for people who would be accessing the resource, which is also something that for, again, remote or rural locations—we may not have tutoring services that are even available in our community for students. There's a strong alignment with K-to-12 goals for education as well—which would be an excellent service to offer to our communities.

**Mr. Andrew Dowie:** Is this service offered by public libraries today free of charge?

**Ms. Laura Luopa:** Tutoring services are not offered. Some libraries may have—

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

**Ms. Laura Luopa:**—volunteer recruitment or tutoring services that they offer themselves, or some large public libraries may have subscribed to services like that. As I mentioned, for libraries of our size, it's not something that we're able to access due to the budgetary costs.

**Mr. Andrew Dowie:** A final follow-up: Are you aware of a big-city service that does offer free-of-charge tutoring?

**Ms. Laura Luopa:** I don't want to misspeak.

**Mr. Andrew Dowie:** Okay. Thank you.

**The Chair (Hon. Ernie Hardeman):** That concludes the time for the question and the time for the panel.

Thank you very much to the panel for the time you took to prepare and the time you took to come here and speak with us. It's very much appreciated. I'm sure it will be very helpful as we write the report.

MARCH OF DIMES CANADA  
CANADIAN FEDERATION OF  
STUDENTS-ONTARIO  
ONTARIO MEDICAL  
ASSOCIATION, DISTRICT 9

**The Chair (Hon. Ernie Hardeman):** Our next panel will be March of Dimes Canada, Canadian Federation of Students-Ontario, and the Ontario Medical Association. As they're coming forward, I will just inform the committee that the Ontario Medical Association is not here at the present time, but we'll start with the other two.

As with the previous delegations, you have seven minutes to make a presentation. At six minutes I will give you a "one minute" notification, and then at seven minutes it will be over.

We do ask all presenters to start by identifying themselves and their position to make sure we can write that into Hansard and have it with the proper presentation.

With that, we'll start with March of Dimes Canada.

**Ms. Mary-Kathleen Dunn:** Thank you so much. I'm very happy to be here. My name is Mary-Kathleen Dunn. I'm the manager for public affairs with March of Dimes Canada.

I am particularly happy to see my own MPP, Dave Smith, over here, making the drive from Peterborough yesterday.

**Mr. Dave Smith:** We flew.

**Ms. Mary-Kathleen Dunn:** Oh, you flew.

**Mr. Dave Smith:** We were in Thunder Bay last.

**Ms. Mary-Kathleen Dunn:** Oh, okay. I'm not sure if that's better or worse.

Thanks so much for your time. I know we've submitted our written comments, so I'll focus on the three major priorities that are in our submission that I'd like to emphasize.

We have been really thrilled to see the recent investments in home care in this province; it's so needed. I do want to be very clear that despite this investment, without urgent action to strengthen the additional services that keep people safe in their homes, engaged in their communities, Ontario will continue to face escalating pressures across hospitals, long-term care and social services.

**1540**

The first issue I'd like to highlight is the need for increased investment in community support services. I think we all know the pressures that our health care and social services systems are facing, so I'm not going to repeat all the stats; you've got them there in my submission. We do have a powerful solution in front of us and that is investing in community support services.

What do I mean when I talk about this? For us, our context specifically, we are calling for increased investments in supportive housing services for people with disabilities, and that includes people with brain injury. Supportive housing—which is also sometimes referred to as assisted living, which can be confusing—allows people who need it to live independently, avoid unnecessary hospitalization and stay connected in their communities.

The clients who receive our services often remain long-term, sometimes for life, and this is a good thing because the programs effectively support increased care needs as people age. It means that we reduce transitions to long-term care, leaving those beds for the people who truly need them. These folks need both an accessible, affordable space to live as well as the services.

The challenge we're experiencing for the last couple of years is that there have been no increases in this particular type of service; it's been net zero for several years. We've been trying to partner with developers across the province who get incentives from all levels of government to build accessible, affordable units. We sign on to partner with them, but when the time comes to actually provide services in these units, there is no actual dedicated funding for this. We talked to Ontario Health; we've talked to the Ministry of Health. There's just no funding, but there are many thousands of people who actually need it.

In my written submission, actually, there was an error. I know it says 900 Ontarians are on wait-lists; that was just for the GTA alone. It's many thousands more, actually, so I apologize for that error.

Many of these folks also are occupying alternate-level-of-care hospital beds at tremendous cost to the system. That is three times more expensive than it would be to care for these folks in their communities, like in their homes. We all want to be living at home, aging at home. And, of course, then it's also taking up spots in hospital and long-

term care for people who actually need it. Last week, we heard that the number of homeless ODSP recipients has increased by a staggering 72% since 2019, and the lack of supportive housing funding is without a doubt a contributing factor.

We are supporting the Ontario Community Support Association's recommendations, which include a \$641-million investment in community support services. In the longer term—this is for maybe a future budget, but we would like to address it as soon as we can—Build Canada Homes is going to be investing more money, over the next couple of years, in supportive housing units, and unless we come up with a really good system to make sure that those units can be occupied and we can provide services from day one, we're going to have a continuing problem that's just going to grow.

The second thing I'd like to highlight in our submission is the need to strengthen our Home and Vehicle Modification Program. We have been offering this program on behalf of the government of Ontario for over 30 years. It basically provides grants for folks who need accessibility changes in their homes, so as things change as they age, they can stay in community. We have an amazing track record of preventing falls, preventing long-term-care admissions, preventing hospital admissions and meeting that need that all Ontarians have, and that's the desire to stay at home. We are asking for an additional \$15 million for this program, which we could very easily, effectively provide to lower-income Ontarians.

The last ask I'd like to highlight in our submission is supporting employment for people with disabilities. Under the current Employment Ontario performance-based models, the challenge we're facing is that service providers are financially compensated only when job seekers work 20 hours or more per week. For many people with disabilities, that threshold is unrealistic for many different reasons: Maybe you're returning from work, maybe you have an episodic disability, maybe you have fatigue, but there's a range of factors for why you might not be able to work 20 hours a week. That basically means service providers are only incentivized if you get people full-time jobs. That means the people who are furthest from the labour market are not getting the support that they need, unless the agencies just do it for free—and sometimes, we do; I'll be honest. But it's not sustainable.

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

**Ms. Mary-Kathleen Dunn:** We are asking the government to adjust the incentive structure after consultation with service providers and people living the experience of disability, so employment outcomes of under 20 hours per week are recognized and funded. Thank you.

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

Our next presenter is the Canadian Federation of Students.

**Ms. Cyrielle Ngeleka:** Good afternoon, everyone. My name is Cyrielle Ngeleka, and I am the chairperson of the Canadian Federation of Students—Ontario. We are the oldest and largest student organization in the province, representing over 350,000 students including those from

Laurentian University and Collège Boréal, located right here in Sudbury.

Students in the province want to see substantial investments into the public post-secondary education sector. Students are attending institutions with the expectation of a world-class education, but instead are met with a system on the brink. Colleges and universities, now referred to as “publicly assisted,” have been expected to do more with less provincial funding. This current model is not only unsustainable, but highly precarious for the future of Ontario’s post-secondary students.

This province has the GDP, fiscal tools and political capacity to fully fund public education. What’s lacking is the political will. On behalf of our student membership, CFS–Ontario is bringing forth four recommendations for the 2026 budget that would immediately begin to stabilize the sector and strengthen its future.

Let’s start with the quick facts. Ontario ranks last in the country for per-student funding—dead last. In 2022-23, Ontario funded university students \$6,500 below the national average of roughly \$10,000. College students received \$5,000 less than the national average of roughly \$11,000. This is not only a significant gap, but a deliberate choice to underinvest in public education, and it comes at a cost. Right now, an estimated 28,000 students currently enrolled in Ontario universities, part-time and full-time, are not funded by the province. Institutions are left scrambling to make up the difference, and students are caught in the middle.

The 2025 Ontario budget provides enough funding to maintain 2024-25 services levels, which is currently not enough to keep pace with the demand. If significant investments are not made in the 2026 Ontario budget, the education system will worsen.

According to the Higher Education Quality Council of Ontario, an additional 225,000 domestic post-secondary seats are needed by 2046. Students will have to face the reality where there won’t be enough academic spaces for those qualified and wanting to attend. This is why the federation is recommending that the Ontario government make the necessary investments to ensure Ontario’s per-student funding matches the national average education funding model by the 2027 Ontario budget.

Students are not just underfunded; we’re overcharged. Tuition fees continue to be the largest barrier to accessing post-secondary education in the province. In the 2022-23 academic year, Ontario students had the third-highest average domestic tuition fees in the country, roughly \$9,000, which was \$1,000 above the national average of \$7,900. Compared to other large provinces, Ontario’s full-time domestic tuition fees were higher than in Québec, which sits at around roughly \$4,000; British Columbia, which sits at around \$7,000; and Alberta, just shy of \$8,500. It is clear affordability in Ontario has become a myth.

The Ontario assistance program, OSAP, falls short for many students. Changes in eligibility requirements, paired with an almost \$1-billion cut to the program, have left students increasingly dependent on loans and graduating

with rising debt. This disproportionately affects students from low-income families.

Students have found relief in the tuition freeze, knowing that their tuition fees are, at minimum, predictable and not subject to annual increases. Our second recommendation is to maintain a tuition freeze on domestic students’ tuition for the next strategic mandated agreement cycle, up to 2030. That said, a freeze must be matched with provincial funding to maintain the quality of Ontario’s programs.

For far too long, international students have been scapegoated for every crisis under the sun, to distract from the government’s chronic underfunding of education. To make up for public funding shortfalls, Ontario’s colleges and universities have been using international students’ tuition fees as a source of revenue. Average tuition fees for international students in Ontario are \$37,674. This represents approximately 466% more than domestic students in the same province. This funding model is an unsustainable band-aid solution to the funding crisis and has led colleges and universities to exploit international students. Ever-changing federal policies and the major reduction of international student visas has led to institutional deficits province-wide. Programs are cut, and institutions are collapsing under the weight of tuition fee dependence.

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But we know that Ontario’s economy benefits from international students choosing this province. In 2022, international students in this province contributed \$16.9 billion of the \$30.9 billion to the country’s GDP, creating over 360,000 jobs.

So this next recommendation is to introduce a 2% cap on international student tuition fees. A cap is a safeguard against institutions utilizing international students as an unlimited revenue stream without checks and balances.

Ontario’s northland has an opportunity to provide sustainable and accessible education that benefits their local communities and economy. Education funding, however, is sparse and inconsistent across the region and varies significantly from their counterparts in southern Ontario.

Annually, the Ontario budget provides grant funding for small, northern and rural colleges and universities, with the 2025-26 funding set at \$10 million to support institutions. This in itself isn’t enough to make up for funding shortfalls. Despite a one-time funding announcement of \$11.3 million, there have been evident cuts of undergraduate programs, half of which are offered in French. A notable example is Laurentian’s insolvency in 2021; its economic ramifications are still being felt today in Greater Sudbury.

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

**Ms. Cyrielle Ngeleka:** To ensure a path forward for students to receive high-quality post-secondary education province-wide, our last recommendation is to increase the government’s annual contribution and funding grants, indexed at 2% or to inflation, whichever is higher.

The province’s funding shortfalls have consistently obliged the post-secondary education system to navigate various methods at training students to enter the work-

force. Some 83.4% of college graduates in 2020-21 were employed within six months of graduation.

According to the Conference Board of Canada, every dollar invested into public education has a return on investment of \$1.36. Public education is a worthwhile investment for the future of the province and the future of its economy.

These recommendations are presented with the understanding that post-secondary institutions are incomparable hubs for students to develop transferable skills, and yet the government's agenda has intentionally overlooked this purpose.

Thank you.

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

Our third presenter is present. He wasn't present when I gave the instructions. You will have seven minutes to make a presentation. At six minutes, I will suggest that you're getting close to the end; at seven minutes, we will conclude.

It's the Ontario Medical Association. Thank you very much for being here. The floor is yours.

**Dr. Rayudu Koka:** Good afternoon, Chair Hardeman and the members of the standing committee. My name is Dr. Rayudu Koka. I'm the chair for district 9 of OMA. I've been practising psychiatry in Sudbury for 39 years. I practise, along with my many colleagues in Sudbury and northern Ontario, to provide service to a number of people in northern Ontario.

On behalf of our 50,000 doctors, I'm here to submit the OMA's recommendations for the upcoming provincial budget. We have, really, six priorities containing 21 practical solutions in our presented pre-budget proposals. While I will only highlight a few of our priorities and solutions, we have shared all of our ideas to improve the health care system with you in our pre-budget submissions.

The OMA seeks to be a partner in shaping the province's health care system. We believe, through the productive relationship with the government, that we can improve the health, welfare and well-being of all Ontarians. We are encouraged by the progress that has been made, but we know things take longer in the north. The roads are longer; hospitals are farther apart.

LifeLabs being moved from Sudbury to southern Ontario is a bad move, in our opinion, because it will cause more, longer delays and problems with patient care. So hopefully, that can be changed, because we service this from Hearst to Timmins, and all the other places that used to come to Sudbury for the LifeLabs. So hopefully that can be changed.

Northern Ontario needs rural care, coordinated service. I think that will be hopefully implemented, as implied by Mr. Kaplan in our recent negotiations. Hopefully, it will continue for a number of years, which will help with the care for northern Ontario providers, as well as also for the patients.

Ontario needs to continue to focus on its strategy to attach more patients to family doctors, by employing team-

based care that wraps around the needs of the patients and their ability to access care. We need more support for community-based specialists who work outside the hospital setting to provide care closer to their patients' needs in their home communities.

Wait times for specialist appointments, surgery and diagnostics continue to be a trend in the wrong direction. Community specialists often operate with fewer, if any, institutional supports or resources. They reduce the burdens of hospitals, enhance patient accessibility and collaborate closely with family doctors to streamline referrals to follow-ups.

Like many other physicians, they face administrative burden from disproportionate paperwork and reporting requirements. We are asking for meaningful inclusion of community-based specialists also in Ontario health team governance and planning, to help improve system integration.

For hospitals across northern Ontario, there is an ongoing deficit and budget issues. There are bed pressures, long wait-lists for procedures and surgeries, and a severe lack of resources.

In Sudbury, I can say they are 100 beds shorter than they started with. We have at least 100 patients waiting in the hallways, getting emergency medical care which they shouldn't be getting there. They should get proper care.

As doctors, we make a commitment to fight to provide service for these patients. It is increasingly difficult for patients to navigate the health care system with the numerous challenges affecting nearly every aspect of our system. Giving northern Ontario physicians tools to do their best work efficiently, like robotic surgical services, will help with efficiency and burnout.

There is also the hospital in Sudbury, for example. It is a teaching hospital. It's difficult to teach young minds entering medicine new and innovative surgical methods when we lack the infrastructure to do so. For example, Mr. Chair, we don't have robotic surgical service at all these teaching hospitals. I believe in southern Ontario, community hospitals have robotic surgery facilities.

Speaking of burnout in terms of a major concern for Ontario physicians' workforce: mounting administrative tasks and unremunerated work, such as lengthy government and insurance forms, referral management—and you've heard about this administrative burden on the physicians. Instead of doing the patient care, they're doing this kind of work.

So again, the primary care attachment program seems to be much more effective in southern Ontario, not so much in northern Ontario. Therefore, we might end up losing the health care professionals to southern Ontario. We may not have anybody that can help us in northern Ontario with the patient attachment program.

One of the greatest contributors to burnout is the flawed and antiquated OHIP system. You've all heard about it before, many times. Medical claims are rejected, innovation is not accepted, and there are agility issues in keeping up with the evolving demands of the province's health care

needs. Errors are inevitable, but they should not be happening as often as they do with OHIP.

We simply cannot afford to lose doctors because of an outdated payment system. When doctors are suspending hours dealing with OHIP, they are taken away from seeing these patients. We are asking that the committee be set up, created between OMA and the government, to review innovative procedures and ensure they are funded.

Of course, I can't go without saying a word about the opioid crisis and deaths in northern Ontario, including Sudbury.

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

**Dr. Rayudu Koka:** We have people in tent cities here, and recently one woman died in the tent city due to burns. She was burned to death. Transitional homes and opioid use programs need more funding, Mr. Chair.

In conclusion, as Ontario grows, our health care system should grow along with it. Ontario should embrace modernization and the opportunities for accessibility that can be achieved.

The OMA believes that implementing these solutions will make an immediate and measurable impact. We remain committed to supporting these initiatives and working with the government to build a health care system that is a model of efficiency, accessibility and excellence. I look forward to our continued partnership in creating a healthier Ontario while supporting physicians.

Mr. Chair, I want to provide my own example: I have been servicing Blind River and Elliot Lake for 39 years, going in person. But southern Ontario people who are going to these [*inaudible*]—if you don't have money, we can't provide this service to you. So they want me to—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. The time is up.

**1600**

We'll go to Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: Thank you all for your presentations this afternoon.

Mary-Kathleen, thank you for your advocacy and your work with the March of Dimes, and all the work that you folks do. You mentioned something that maybe should be in a future budget submission, around the supportive housing that Build Canada Homes intends to build here in Ontario and across the country. They intend to build that very quickly, so I think it would be very well advised that the operating funding for that type of home, supportive housing for folks with disabilities or folks trying to get out of homelessness and other challenges—that that operating funding is included ASAP, because they want to move fast, using modern methods of construction. They're taking proposals from municipalities and groups right now in order to do that.

And that's a really big fear of mine, that the federal government is going to step up and build the supportive housing that, frankly, the province isn't doing, and then the province isn't going to come to the table with a cheque in order to fund the operating—because that's the people in the building; that's the operations, the maintenance, the

hydro and all of those kinds of things. So I appreciate you raising that today, and us doing that in this forum.

I have a question, though—a little bit differently than the need for supportive housing, because I think it's well established in the province. But folks currently with disabilities who might be living in market rentals: Can you talk a little bit about the challenges that they experience?

**Ms. Mary-Kathleen Dunn:** Folks with disabilities—that's a wide category, you know? I mean, there are a lot of situations. But if you're talking about folks on ODSP, perhaps—certainly, the amount of ODSP that they receive that covers the shelter allowance is below what is really needed, given market rents right now.

We do appreciate that the Ontario government did index ODSP to inflation a couple of years ago. That was definitely needed. I do think that that needs to be increased, although that wasn't the focus of our submission.

But generally, increasing the supply of accessible, affordable housing—and that can be done in partnership with municipalities, the province and the feds—has to happen. And I think we've got a real opportunity now, with Build Canada Homes happening, to come up with a system and a process to make that happen and make it a great system that actually solves problems and improves people's lives.

**Mr. Rob Cerjanec:** Thank you. There's a constituent who I'm helping with a situation that's housing-related and discrimination-based in private housing. It's a building that's been built after 2018, so there's the ability of the landlord to raise the rent. And this is an institutional type of building—more like a larger institutional-type investor, not a very small-scale mom-and-pop shop—where the situation is that they're essentially raising the rent to force that individual out of their home, to make it so unsustainable. It's technically legal, although I think there might be some other pieces around there from a human rights standpoint.

Is this something that you see, those barriers that are coming up, and why we should have more supportive housing and appropriate housing that meets the needs of the individual, versus the current approach that we're seeing?

**Ms. Mary-Kathleen Dunn:** Certainly, yes. I don't really have much to add there, but yes.

**Mr. Rob Cerjanec:** Cyrielle, thank you. A lot of stuff that I think we need to do—do you think it would make sense that the province takes interest off OSAP?

**Ms. Cyrielle Ngeleka:** So when it comes to the OSAP system more specifically, students usually rely on OSAP, again, to be able to alleviate some of those costs. But what we have seen with regard to the program in itself is over a billion dollars being cut from said program. So ultimately, what students need is consistent public funding to the education system, in order for them to be able to afford to go to school.

**Mr. Rob Cerjanec:** A hundred per cent; I'm totally with you there, and I'll probably pick up on that piece on the second round.

So we've got folks who have graduated right now from college or university, who have OSAP loans, who are paying interest on those OSAP loans right now. That's why I was asking if it's a good idea that at a minimum, this provincial government should be taking interest off of those OSAP loans.

**Ms. Cyrielle Ngeleka:** Yes. When it comes to taking off interest, that is only the first step. Ultimately, students are walking the stage, as you've identified, with excessive amount of debt. So taking the interest off of OSAP is only a minuscule step in order to ensuring that students are able to afford to go to school.

**Mr. Rob Cerjanec:** I would agree; it's a minuscule step.

And after you graduate, where are the job opportunities—the high cost of housing, affordable ownership, rental housing. When I talk to folks in my community, in Ajax, that's something I hear quite a bit of: folks who are still living with their parents after they've graduated.

**The Chair (Hon. Ernie Hardeman):** MPP Smith.

**Mr. Dave Smith:** Cyrielle, I'm going to start with you. Do you agree with the Liberal policy that the tuition freeze needs to end? That was part of their policy in the last election.

**Ms. Cyrielle Ngeleka:** Ultimately, when it comes to the tuition freeze, I was able to identify that students benefit from a tuition freeze, so part of our recommendation was to extend it so that it lines up with the next strategic mandate agreement cycle, up until 2030.

**Mr. Dave Smith:** Thank you. I appreciate that.

I'm going to go over to Mary-Kathleen. We haven't met—I'm sorry—although you mentioned that you live in my riding of Peterborough. So it's great to see you. Did you take part in the HART hub application in Peterborough?

**Ms. Mary-Kathleen Dunn:** I did not, personally. Actually, March of Dimes doesn't have a huge presence in Peterborough; we have a large one in Sudbury, as well as Toronto, and across Ontario. But not HART hub, although I've heard of it, for sure.

**Mr. Dave Smith:** One of the things with the HART hub—and it's different in each of the 28 communities that were awarded it. They were taking a look at what the individual needs were for the community. The biggest portion of the funding for the Peterborough region—I can speak directly to it, because I was very heavily involved in the application process on it—is actually the supportive and transitional housing. We were in a position where we had a lot of the other services already there or about to come online. The detox and rehab centre had been funded; it opened this past November. They've gone through the first cohort of rehab patients—through it very shortly, like next week. The detox portion of it, we're expecting to open. That's all part of it as well.

So with the HART hub funding—and again, each community has done some very different things with it, but one of the keys to it is that supportive housing. There is funding, then, through the HART hubs, to do some of that stuff. And that is one of the challenges that all of the communities are facing right now: finding enough of the

service providers to provide those wraparound supports, whether they be 24-hour, whether they be periodic and so on.

Would the March of Dimes consider approaching the leads on each of those HART hubs to be part of the partnership in it, for that supportive housing component of it?

**Ms. Mary-Kathleen Dunn:** Certainly, we would explore any opportunities. I think the challenge is, the type of supportive housing that I am referring to is specifically for folks with disability and brain injury, not so much addiction support. And it is one of those challenges where you use supportive housing that covers a range of things, so we would need to know more about the conditions for funding and what services needed to be provided. We do have some very qualified staff across the province, though. Again, specifically, I was referring to services for folks with disabilities.

**Mr. Dave Smith:** It's "homelessness and addiction recovery treatment," and it covers that full spectrum on it. Again, using Peterborough as the example, because I was so heavily involved in it, we identified that there was a need for 50 units of supportive housing across the entire spectrum on it, so it's not all individuals coming out of the detox and rehab. The idea is—especially with the HART hub, in all of the 28 communities—that there will be multiple entry points into it. And it is that full spectrum, then, of supportive housing—taking someone in the worst-case scenario, who has an addiction, a mental health challenge, who is living in the rough, and getting them into the system—but it's also those individuals who perhaps are falling through the cracks, who don't need support with mental health, who don't need support with addictions, but need to continue on that spectrum, on the homeless side of it or the homeless prevention side of it. There are provisions in it for those who have different types of disabilities.

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Speaking specifically to Peterborough, one of the keys that we did on it was for individuals who have an acquired brain injury and ensuring there are adequate supports for those as well.

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

**Mr. Dave Smith:** I think this is an avenue that March of Dimes could really jump in on and be part of the partnership on it. I think it's a fantastic opportunity to take the strengths that you have and apply that, where there are currently weaknesses within the program. I would strongly encourage that you reach out to different leads in each of the 28 communities on it.

**Ms. Mary-Kathleen Dunn:** Thank you. We will definitely look at that.

**Mr. Dave Smith:** Thank you.

I'm good, Chair.

**The Chair (Hon. Ernie Hardeman):** MPP West.

**MPP Jamie West:** I'll continue with Mary-Kathleen. You talked about the need for more accessible spaces, and years ago my colleague had disabilities as his file, and he was talking about increasing the percentage of housing that was built as accessible. I used to work in construction

as an electrician and I said, "Why don't we just change the code, so they all are?" It wouldn't fit everybody, but instead of there being 10% of a building—or whatever the number is—all the houses would be so that as people aged, it would be more adaptable for people with walkers. Does that make sense or am I missing the point?

**Ms. Mary-Kathleen Dunn:** It makes absolute sense. What we have just recently seen in the national model codes is that they have just updated them to include requirements for adaptability, and that doesn't mean necessarily making places automatically fully accessible for, say, someone who needs a wheelchair, but the infrastructure is there to adapt to people's needs as they change. It really would solve a lot of the higher costs, renovations or changes that people need. It would mean installing light switches lower, which work for everyone, incorporating universal design. We are absolutely advocating for that at both the provincial and federal level.

**MPP Jamie West:** It's one of those things, as it comes into place, especially with COVID: It's now unusual to find a sink, for example, where it isn't touchless already and it works automatically. Automatic doors have become more and more common. All of these things that seemed impossible in the past for people with disabilities have become just normalized. I think we could do that much more efficiently just by updating the building code. Moving forward, it doesn't fix the backlog, but in the future, you have a lot more spaces.

**Ms. Mary-Kathleen Dunn:** It does. Just harmonizing provincial and territorial codes with that federal code and the Accessibility Standards Canada standards would solve a lot of problems. The solution is right there.

**MPP Jamie West:** One of the other things you mentioned was the need for affordable units, and shortly afterwards you said that there's been an increase in the amount of homeless people on ODSP. While answering, I think, my colleague's question, you talked about housing. The cost of rent—I know in Sudbury you'd be lucky to get a one-bedroom for about \$1,000. I don't know how accessible that would be. There would be limited numbers. Do we need to just face the fact that ODSP is too low for people to live on?

**Ms. Mary-Kathleen Dunn:** I think it's a multi-layered problem. It's not just the social supports; it's the availability. It's making sure planning is aligned with municipalities that actually fund rent/geared-to-income units that are accessible.

But then we don't have the service dollars to provide service. There's the planning step that's just not there. Certainly, I'm sure our service users on ODSP would say, "Yes, we need to increase that shelter allowance. It's not keeping pace." There's a lot of other different factors: It's employment, housing, supportive housing—it's multi-layered, but the solutions are there.

**MPP Jamie West:** Because of time, I hope to get to Dr. Koka; I could talk to him all the time. I know France will hit him in the next one.

Cyrielle, you mentioned that affordability has become a myth, and I think that's something we need to hear,

because many of us—I don't have any hair left, some of us are getting grey hair. It's been a long time since we've been in post-secondary. It was tough when I was going to Laurentian, but I remember being frustrated because tuition had just gotten past a grand a year. People would love to have that problem today.

When you think about the jobs of tomorrow—more and more technology, more and more higher skills and stuff—the difference between post-secondary and not post-secondary would be like my generation's difference between high school and going to post-secondary, or the previous generation's grade 8 or whatever else. This is the new norm. We have to ensure that our kids are successful, right?

**Ms. Cyrielle Ngeleka:** Absolutely, yes. Even when we look at this economy, the economy of the province of Ontario is one that is diversifying. What we need are students who are graduating with their transferable skills, which is why we really honour colleges and universities, because they play that central role in ensuring that students are equipped in that way.

Again, students are paying sky-high amounts in tuition fees, which plays into the affordability situation. At the same time, students are having to pay for rent, for food, for housing and all of these different conditions.

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

**Ms. Cyrielle Ngeleka:** Again, it's a manufactured crisis by the provincial government that students are now bearing the brunt of having to carry on top of going to school.

**MPP Jamie West:** So what happens is, if you're able to graduate and afford it, you have a mountain of debt from rent, from tuition, from all these other things where the province really should be on your side and ensuring that you're successful, because we're counting on you to be the future of the province.

**Ms. Cyrielle Ngeleka:** Yes, exactly. Students from post-secondary education are supposed to be, again, transferable and adaptable to the economy, but the current system as it's built is not setting up students for success.

**MPP Jamie West:** Okay. I think I'm out of time.

**The Chair (Hon. Ernie Hardeman):** Twenty seconds.

**MPP Jamie West:** No, I said I think I'm out of time. I don't think I'll get anywhere.

**The Chair (Hon. Ernie Hardeman):** MPP Cerjanec.

**Mr. Rob Cerjanec:** Through you, Chair: We'll pick up where we left off just around post-secondary and where we're at right now. I think you raised some pretty alarming numbers in Ontario, when we look at per-student funding at both the college and university levels being way below the Canadian average. I think you said at the university level, we're about \$6,500 per student below the Canadian average, and at the college level about \$5,000 below the Canadian average.

Even when we take international students out of the equation, it's pretty clear that the province has been under-funding post-secondary education. Would you agree with that?

**Ms. Cyrielle Ngeleka:** Yes, I wholeheartedly agree with that. Ultimately, this underfunding of education is one that has spanned decades, and we see it every day with regard to the quality of education. The per-student funding that we're seeing for domestic students is a reflection of how the government prioritizes education. News flash: They don't.

**Mr. Rob Cerjanec:** When I go to college and university campuses, when I talk to administrators there, when I talk to professors there, when I talk to students on those campuses, I always ask them, "Is there more that we can do to create new jobs and opportunities? Is there more that we can do around innovation? Is there more that we can do to commercialize research, so that we can create new enterprises, new businesses and new industries?" The answer that I always hear is yes.

That per-student funding that we're providing to both colleges and universities is impacting our ability to grow our economy. It's impacting our ability to create new jobs, new enterprises and new opportunities. When I looked at the college level in particular, when you take Ontario out of the national average—just remove Ontario completely, essentially—an Ontario student is worth one third of a student in a province in the rest of the country, when you take out that average.

So I think it's pretty reasonable to say we've got to get up. It might not happen tomorrow, but we've got to get up to what the national average is, because we've got some economies of scale in Ontario. We have some other advantages that other provinces don't.

So I appreciate you coming forward today with that ask, because I think it's a reasonable ask. It's a smart ask, because you can't have a strong economy if we don't have a strong education system.

I do want to just respond to the Liberal policy that my colleague had mentioned. I think I'm going to switch to more of what I believe: Do you think up-front grants make more sense versus loans?

**Ms. Cyrielle Ngeleka:** Sorry; do you mind just repeating that question?

**Mr. Rob Cerjanec:** He was mentioning tuition fees in particular, and this government has frozen tuition fees. They've frozen that since pretty much when they came into office, which is contributing to some of the challenges in the system, because they also haven't upheld the funding that goes along with it.

But instead of looking at it that way, which is just across the board, do you think that up-front needs-based grants make more sense than what this current approach is?

**Ms. Cyrielle Ngeleka:** Yes. I'll take it back to one thing that I've mentioned earlier. With regard to the grants specifically, yes, those make more sense as opposed to loans. Like I said, students are graduating with mountainous amounts of debt, and when it comes to specific grants, we are looking for, again, opportunities to ensure that students have access to education, making it more affordable. Even when it comes to grants specifically, on that notion, we are looking at a double cohort now. About

28,000 domestic students are currently unfunded. Grants will allow students, again, to be able to diminish that financial barrier that is preventing them from being able to enter the education system.

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But when we talk about grants, it isn't just a blanket statement where you're just giving a flat number; they need to be personalized to the different conditions of students, especially when it comes to different regions across the province, because we know that those realities differ.

**Mr. Rob Cerjanec:** Absolutely, and thanks for raising that. I think that's really important.

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

**Mr. Rob Cerjanec:** Mary-Kathleen, I just want to pick up on one last piece. I don't know if you or March of Dimes have any thoughts around the Canada Disability Benefit and being able to qualify for federal benefits versus being able to qualify for provincial benefits. How do we streamline that process, so that we're not adding additional administrative burdens on individuals who may be struggling with those applications?

**Ms. Mary-Kathleen Dunn:** Sure. Well, we have gone on record to say that, ideally, the Canada Disability Benefit—if you are already receiving a disability benefit in a province or territory, you should just get it. Make it as barrier-free as possible. It didn't quite turn out the way that we'd hoped, but I do know that the government is working to try to improve the process and make it easier. They've funded some benefit navigation services, which is great, but there are definitely some barriers to it for sure.

**Mr. Rob Cerjanec:** An opportunity to get some red tape out of the way—I'll leave it there.

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

MPP Racinsky.

**Mr. Joseph Racinsky:** Thank you to all the presenters for coming today. I really appreciate your diverse perspectives, and you are the final panel of the final committee meeting for this budget committee, so I really appreciate you coming out this afternoon.

I'll direct my questions to the Canadian Federation of Students. I graduated fairly recently; my wife graduated post-secondary about three years ago now—so not quite as fresh in post-secondary as MPP Smith, who I believe is currently in post-secondary with his PhD. But I'm really proud to be a part of a government—we've got three members of provincial Parliament in this caucus, in this government, in their 20s, who understand the difficulties facing young people coming out of university needing to find a job. I think that's one of the most important things: finding a job.

And thank you for recognizing our government's freeze—not only a freeze of the tuition fees, but actually a 10% reduction when we came into office, because under the previous Liberal government, tuition did go far too high far too quickly in the province of Ontario, and we're trying to fix that by having that freeze continuing at least to 2027, as of now.

This is a budget committee, and we're dealing with a lot of numbers. You put in the request for more funding, and that's great; we hear that a lot. So what exactly—what dollar figure—are you looking for?

**Ms. Cyrielle Ngeleka:** Thank you for your question. I think first and foremost, I just wanted to touch a bit about something that you mentioned about a 10% reduction in tuition fees. I will note that on one hand, you can't have a conversation about reduction of tuition fees without talking about the cuts that were made simultaneously to OSAP, because although we did see a 10% reduction in tuition fees, in that same year, in 2019, we saw a \$670-million cut to OSAP. And so, frankly, in what world does that even out?

Number figures—although we don't have one specifically in our budget, we are taking up the recommendations of the COU, the Council of Ontario Universities, for roughly \$1 billion.

**Mr. Joseph Racinsky:** One billion dollars?

**Ms. Cyrielle Ngeleka:** Starting in the 2026-27 year, growing to increase to \$1.6 billion by 2028-29 with regard to operating funding.

**Mr. Joseph Racinsky:** Okay, because we did make an announcement in the 2024 budget of \$1.3 billion in increased funding, so we have been increasing funding of post-secondary institutions, contrary to what I think some of the conversation today has been.

Thank you for those numbers. I appreciate it. I would say that there is a difference between the tuition rates and OSAP help because students can work in the summers while they're there, and so those things are different. We want to make sure that tuition is affordable for those people who want to work, and obviously OSAP is there as well to provide that extra assistance.

**The Chair (Hon. Ernie Hardeman):** Anything further? We have 2.3. MPP Saunderson.

**Mr. Brian Saunderson:** Thank you to the panel for all coming, and thank you for driving all the way from Peterborough. It was probably a beautiful drive on a very chilly morning. Thank you for taking time to help us with our budgeting process; your input is very important. Thank you for the work you do in your communities as well.

My questions are going to focus on Dr. Koka with the OMA.

How much time do I have?

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

**Mr. Brian Saunderson:** I'm probably not going to get very far into this.

This, as one of my colleagues mentioned, is the last of our 11 days of presentations, with about 18 presentations per day, so we've been hearing a lot.

Just in the health sector—because it's been a big topic, all the pressures we're seeing—there's been some consensus among the different groups that we've talked to. Really, since the pandemic, we've seen a hockey stick in terms of mental health and addictions and health care issues. The stresses on the system have gone up exponentially.

As you know, in Ontario, in our past year, our budget was about \$220 billion, and 40% of that—\$92 billion—is in the health care sector. So when we talk about gross expenditures, our health care sector expenditures exceed the budgets of about five provinces in Canada, just in itself.

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

**Mr. Brian Saunderson:** Coming up north, we've seen a very different world up here than what we see in the GTA and Ottawa and our southern Ontario regions.

I know you made a number of recommendations and you've submitted formal submissions, so we'll look for those, but I'm just wondering: Does the ROMP program help with physician recruitment up here? It's the Rural Ontario Medical Program, and you're at a teaching hospital in Sudbury. Does that help you with recruitment of physicians up here?

**Dr. Rayudu Koka:** It does help, I think. What we have suggested is to get rural Ontario care coordination services. In BC, it has been very helpful, and we have been advocating for that for a while. I think in these present negotiations they awarded about \$2 million, but we need more than that, because in northern Ontario, we have a 300-plus physician shortage—

**The Chair (Hon. Ernie Hardeman):** Thank you very much. He was right; he didn't leave you any time, because it's up.

MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Thank you, Dr. Koka. Do you want to finish your sentence?

**Dr. Rayudu Koka:** I think we have a lot of shortages of physicians, both specialists as well as family physicians. Of course, distance from hospital to hospital is too far away compared to southern Ontario, and you have a lot more physicians up there, a lot more services.

One of my colleagues was commenting today—one guy who went from here to southern Ontario—saying how many people they have in his department compared to us. Of course, we have no social workers, no occupational therapist. We can't afford to have them because of a lack of funding, lack of services. It's impossible. We are different. I just told him, "We're in a Third World country here in northern Ontario."

**M<sup>me</sup> France Gélinas:** I fully agree with you. It costs more to provide team-based care in northern Ontario, but we deserve equity of access.

You have been a practising psychiatrist in Sudbury for 39 years, helping a ton of people. What difference would you see for the people of Sudbury and northern Ontario if we were to include specialists into team-based care? If a pediatrician, a psychiatrist, would be part of those teams, how would that change the system?

**Dr. Rayudu Koka:** That will certainly help the specialists. They can provide the services that they're supposed to be providing, rather than providing what other health care professionals can do. Accessibility will be much better; wait-lists will go down because they're not doing all the other work they seem to be doing now, not wasting

their time. That certainly will help with the team-based care for all—not only specialists, but family care as well.

**M<sup>me</sup> France Gélinas:** In your speech, you mentioned the pressure on the beds in northern Ontario. You give the example that HSN, Health Sciences North, is presently 100 over its bed capacity. It's actually more like 140; I went online. What does that mean for practising physicians when you have somebody who needs to be admitted but there's no bed?

**Dr. Rayudu Koka:** That's a common problem that I face when I'm on call, also. I go to the emergency room, and they're all in the hallways and everywhere else. They can't be admitted anywhere else, and the people are waiting in the waiting room because they can't get in to get the care they need to be provided with. It is problematic. It's a chronic problem for us for a number of years. We had a shortage of beds even to start with, so it causes more problems.

Now, more complex cases come into the emergency room, so it's very difficult for us to manage these patients. That's why there could be bad outcomes sometimes, unfortunately so. We deal with this all the time, every day.

**M<sup>me</sup> France Gélinas:** You mentioned that the primary care attachment program works better in southern Ontario than northern Ontario. What needs to happen to make sure that we are able to give the 40,000 people in Sudbury who don't have access to primary care access?

**Dr. Rayudu Koka:** That's what one of my colleagues who is on my team, the district 9 executive—she is a rural family physician leader. She sent me an email saying, "Dr. Koka, in southern Ontario, they seem to be having a much better outcome in getting this attachment program, compared to us. As a result of that, what's happening is maybe all the health care providers will go down south. We may not have anybody." So I think they're not implementing as much as robustly as in southern Ontario. That's what I see as the problem.

**M<sup>me</sup> France Gélinas:** You also talked about the opioid epidemic that we are facing. Is there an OMA recommendation as to how the government should help with the opioid epidemic that we are facing in northern Ontario?

**Dr. Rayudu Koka:** I think the opioid epidemic goes because—there are not only health care issues, housing issues, unemployment issues; our social conditions are different. In my practice, I see that every day here. I'm the medical director for the program for mental health and addictions. People come into the emergency room with

mental health issues. Of course, there are substance use problems. They are homeless. All of these create together a problem—

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

**Dr. Rayudu Koka:** —with the opioid crisis.

**M<sup>me</sup> France Gélinas:** Cyrielle, tu as mentionné qu'il y a 28 000 étudiants qui ne sont pas financés. Qu'est-ce que ça veut dire, ça?

**M<sup>me</sup> Cyrielle Ngeleka:** Ça veut dire très clairement que le gouvernement provincial n'a pas fait un budget assez propre pour pouvoir financer ces étudiants. Cela veut dire que, malgré les investissements—ou la carence des investissements—dans le secteur postsecondaire, il y a des étudiants qui n'auront pas accès à une expérience qui est vraiment financée pour le secteur postsecondaire.

**M<sup>me</sup> France Gélinas:** Puis, tu nous as dit 225 000 places de plus qu'on a besoin dans nos universités—c'est en ce moment, ou c'est dans le futur?

**M<sup>me</sup> Cyrielle Ngeleka:** C'est dans le futur. On fait une préiction que, d'ici 2046, 225 000 étudiants domestiques, ou sièges, seront nécessaires pour soutenir le secteur postsecondaire par intérêt.

**M<sup>me</sup> France Gélinas:** Et est-ce qu'on a des statistiques pour 2030—

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

I want to thank the panel for the great job—and thank you, first of all, for the time you took to prepare and to so ably present that position to us. It will be very helpful as we move forward.

I want to say that the smiling faces you're seeing around the table is not because we're happy you're leaving; it's because we're happy we're done, because it also concludes the public hearings for the pre-budget consultations. The first shall be last and the last shall be first, and that's where we are today. Thank you again very much for being here.

It says here that I'm supposed to say that 6 o'clock tonight is the deadline for the written submissions, so if you want to put more in, you can get that in in the next two hours. Give it to the Clerk, and that will get it all done.

With that, the committee now stands adjourned until 10 a.m. on Tuesday, February 17, 2026, when we will meet for report-writing at Queen's Park. Thank you all very much for participating in this enjoyable exercise.

*The committee adjourned at 1634.*



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