SP-40

ISSN 1710-9477

Legislative Assembly of Ontario

First Session, 41st Parliament

Assemblée législative de l'Ontario

Première session, 41e législature

Official Report of Debates (Hansard)

Tuesday 8 March 2016

Journal des débats (Hansard)

Mardi 8 mars 2016

Standing Committee on Social Policy

Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016

Comité permanent de la politique sociale

Loi de 2016 d'appui aux premiers intervenants de l'Ontario (état de stress post-traumatique)

Chair: Peter Tabuns
Clerk: Valerie Quioc Lim

Président : Peter Tabuns
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Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 8 March 2016

Mardi 8 mars 2016

The committee met at 1600 in committee room 151.

SUPPORTING ONTARIO'S FIRST RESPONDERS ACT (POSTTRAUMATIC STRESS DISORDER), 2016

LOI DE 2016 D'APPUI AUX PREMIERS INTERVENANTS DE L'ONTARIO (ÉTAT DE STRESS POST-TRAUMATIQUE)

Consideration of the following bill:

Bill 163, An Act to amend the Workplace Safety and Insurance Act, 1997 and the Ministry of Labour Act with respect to posttraumatic stress disorder / Projet de loi 163, Loi modifiant la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail et la Loi sur le ministère du Travail relativement à l'état de stress post-traumatique.

The Chair (Mr. Peter Tabuns): Good afternoon, everyone. This meeting is called to order to resume consideration of Bill 163, An Act to amend the Workplace Safety and Insurance Act, 1997 and the Ministry of Labour Act with respect to posttraumatic stress disorder.

Pursuant to the order of the House dated Wednesday, March 2, 2016, each witness will receive up to 10 minutes for their presentation, followed by nine minutes of questioning from the committee, or three minutes from each caucus. I ask committee members to ensure that the questions are relevant to Bill 163 and to keep them brief in order to allow maximum time for the witnesses to respond, and please lean into your microphones. Sometimes we're not picking things up, and for Hansard it's a lot better if the sound quality is high. Are there any questions before we start?

ONTARIO PROFESSIONAL FIRE FIGHTERS ASSOCIATION

The Chair (Mr. Peter Tabuns): There being none, I'll call the first witness: The Ontario Professional Fire Fighters Association. Carmen Santoro and Ernie Thorne, welcome. As you heard, you have up to 10 minutes, and I need you to introduce yourselves for Hansard. It's all yours.

Mr. Carmen Santoro: Thank you, Mr. Chairman. Good afternoon, ladies and gentlemen of the committee. My name is Carmen Santoro and I am president of the Ontario Professional Fire Fighters Association. With me today is our executive vice-president, Ernie Thorne. We are pleased to join you this afternoon to comment on Bill 163.

The Ontario Professional Fire Fighters Association represents approximately 11,000 professional firefighters in 80 locals throughout the province. Affiliated with the International Association of Fire Fighters, the OPFFA has evolved into an organization whose primary purpose is to provide professional firefighters with the highest level of service and expertise to assist them in all aspects of their professional lives.

The OPFFA is pleased to appear before the standing committee to express its support for the passage of Bill 163. Firefighting emergencies may pose differing psychological demands. Firefighters have a high probability of being exposed to a variety of traumatic events, and regularly experience situations of intense emotion: dangerous fires, collapsing buildings, the suffering of burn victims, automobile accidents, suicide attempts, dismemberment and death. Such events come with the territory for first responders.

It is not unreasonable to understand that such repeated exposure to adversity may, over time, take a psychological toll, challenging even the most seasoned firefighters. With this bill, the Ontario Legislature is recognizing what firefighters have known for some time: Taking care of one's own mental health is equally as important as physical health.

First responders are more than twice as likely as the general population to suffer from PTSD. Given that traumatic exposure is common among firefighters, it is not surprising that high rates of PTSD have been found. Studies have found that anywhere between approximately 18% and 30% of firefighters meet the criteria for a diagnosis of PTSD.

Creating a presumption that PTSD is a work-related injury will allow firefighters, and all first responders, to focus on treatment and recovery rather than having to expend their energy—physical and psychological—establishing the validity of a claim before the WSIB. Acknowledging that repeated exposures over the course of time can result in a diagnosis, and recognizing that

PTSD is the result of occupational exposure, are significant steps in the right direction.

Historically, firefighters have been characterized as brave and stoic, so PTSD wasn't a topic that was discussed or even recognized in the past. Talking about mental health issues in the fire hall was not always the norm, but awareness of PTSD in recent years has helped firefighters recognize the effect trauma can have. Together, along with developing a supportive environment including appropriate awareness, education and an emphasis on timely treatment validates PTSD as a real injury. Greater awareness is helping to move PTSD out of the shadows and helping to reduce the stigma attached to this illness.

I am particularly encouraged that the bill will apply to all professional firefighters as defined by the Fire Prevention and Protection Act, which includes not only front-line firefighters but also fire prevention officers, communication officers and dispatchers.

I am also especially pleased that the legislation requires that a diagnosis of PTSD be based on the DSM-5 manual. While I am not a psychiatrist or a psychologist, I am told that the DSM-5 criteria are the gold standard of diagnostic tools and will help first responders who are struggling with PTSD.

Finally, I want to commend the government for ensuring that first responders who have pending claims will be covered by this legislation.

However, there are some areas of the bill that concern us, and I would be remiss if I did not draw them to the committee's attention.

Section 14(9): First, although it is our understanding that all pending claims will be adjudicated under the proposed legislation, our concern is for those first responders who have been diagnosed prior to the 24-month limitation period. We would ask the committee to consider extending the limitation period in order to ensure a broader group of first responders will be covered.

Fire departments across Canada have seen an increase in post-traumatic stress disorder symptoms among firefighters, and as a result, greater advocacy efforts are being undertaken to draw attention that more needs to be done in the area of mental health. However, accurate statistics regarding how big an issue this really is are hard to come by.

Section 14(5): It is our understanding that the intent of the legislation is not to prejudice any first responder on the basis of a prior denial. For those first responders who have a previous claim for PTSD which had been denied, we would ask that the provisions of the legislation be reviewed and clarified to ensure that coverage is provided for any new or pending claim of PTSD regardless of any prior history of claim denial.

Section 14(7) of the bill provides that a worker is not entitled to benefits under the WSIB if it is shown that the PTSD was caused by his or her employer's decisions or actions relating to the worker's employment. This section is very ambiguous, and may likely lead to claim disputes. Those disputes would only result in a delay for the claimant in receiving the treatment and assistance that this legislation was designed to provide expeditiously.

In our view, it will be very difficult to draw a "bright line" distinguishing PTSD that is not related to or is related to the worker's employment. In many cases, the underlying cause of the PTSD is multifaceted and cumulative, and it may well be impossible to try to draw the line of distinction the legislation proposes.

Actions by an employer may compound the effects of the exposure experienced by the claimant, even if unwittingly, and responses by employers to concerns raised by claimants who have not been diagnosed could cause those claimants to feel abandoned or otherwise unsupported by their employer, thereby complicating their condition. We feel that PTSD resulting from a workplace decision is still a workplace injury. We believe that this section should be removed from the bill.

Section 9.1(3) of the Ministry of Labour Act says that the ministry may require employers of employees covered under the proposed legislation to provide information to the minister relating to the employer's plans to prevent post-traumatic stress disorder arising out of and in the course of employment at the employer's workplace.

Given the government's announcement of a comprehensive strategy to address PTSD in first responders, we feel it is extremely important for municipalities and other employers to develop action plans that are both proactive and made publicly available.

Employers are already required to train employees on items such as material safety data sheets, which ensure that employees are aware of hazardous materials. They must also create workplace harassment programs and ensure that employees are trained to understand workplace policies and procedures. Presumptive coverage is critical for firefighters who suffer from PTSD, but it addresses the post-event.

We are supportive of a requirement for employers to create and publicly post plans and/or programs to prevent post-traumatic stress disorder arising out of and in the cause of employment.

We would ask that employers be required to develop and publicly post these PTSD prevention plans within 12 months of the passage of the bill.

To conclude, thank you for the opportunity to share the OPFFA's position on Bill 163. As I said in my opening, we are very pleased with the all-party support offered to address PTSD in Ontario's first responder community.

I would like to take a moment to thank Minister of Labour Kevin Flynn, Minister Naqvi and of course MPP Cheri DiNovo for her tenacity over the years in moving this issue forward.

Trauma affects people in different ways. With firefighters, we know our members can suffer from the cumulative effects of the work that we do.

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We think that Bill 163 is a very positive step in the right direction, recognizing that PTSD can arise from a

single, critical incident to prolonged and ongoing exposure. We believe our comments can only improve this legislation and allow it to accomplish more fully its intended objective.

I'd be pleased to take some questions.

The Acting Chair (Ms. Cindy Forster): Thank you, Mr. Santoro. Ms. French, from the NDP, three minutes for Q&A.

Ms. Jennifer K. French: Thank you both very much for coming and certainly for all the work that you've been doing for your members.

I have a couple of questions for you. You didn't mention it, but just so that we can confirm, are there any classifications within your ranks that are not captured by this piece of legislation?

Mr. Carmen Santoro: I believe all ranks are captured.

Ms. Jennifer K. French: Okay, thank you. You had also mentioned, with the 24-month window of time, the need to extend that time limit. Do you have a specific time limit in mind?

Mr. Carmen Santoro: To answer honestly, we don't have a specific time limit in mind, because no matter what time limit we put on it—just to throw up a number of five years, then someone with five and a half years is not going to be included. So we're just refraining from maybe picking a number there, but we'd like to see it extended.

Ms. Jennifer K. French: Okay. Something else: As you had highlighted, your members have spent a lot of time obviously at prevention—it's part of what you do—and material safety plans or various policies and procedures and training plans. I take your point on wanting the government to actually commit to require prevention plans. What could that look like? I know in the piece of legislation it says that if the government decides to require, and they may. There's nothing set in stone. What would your recommendations be?

Mr. Carmen Santoro: I think it's imperative that the government makes it mandatory for employers to provide those plans and post them publicly. It's no different than the harassment plans that we have or, like I mentioned, the hazardous material plans that we have. PTSD is a workplace injury, and we want to do everything we can to prevent that injury. An employer should be doing the same thing. A plan in place, and education, would help accomplish that.

The Acting Chair (Ms. Cindy Forster): Thank you. Government: Ms. McGarry, three minutes.

Mrs. Kathryn McGarry: It's a pleasure to have you here today. As a former critical care nurse, I worked very closely with the first responders bringing me the patients from the field. I know first-hand what first responders are dealing with.

As you said in your remarks, very often it could be one traumatic experience or it could be the straw that broke the camel's back, an incident that on its own wouldn't have necessarily affected a member but in this way it really does.

I also wanted to say I'm fairly encouraged with what your organization is doing for its 11,000 members in terms of trying to reduce the stigma and making it easier for the members to speak out.

One of the things I just wanted to ask you a little bit more about is the prevention plan that you've been mentioning and how you feel this will help address the PTSD issues with your members.

Mr. Carmen Santoro: Like I mentioned in my comments, the fire hall is a place dominated by bravado. A lot of the firefighters are afraid to come forward and say they've had an incident that bothers them. Through our awareness program, we have a stand-alone health and safety conference that we host every year. Over the last three, four or five events, we have made PTSD and prevention very high on our list of education at that health and safety seminar.

Mrs. Kathryn McGarry: Thank you. I know that, with your 11,000 members now, it has been an issue. That's why you're here speaking in support of the bill. Can you walk us through what it's like for one of your members right now, or just prior to this proposed legislation, to make a PTSD claim from WSIB?

Mr. Carmen Santoro: What's happening is that there are first responders who have filed claims and have had to validate specific emergency response calls that they attended and what they saw and relive the entire event again and again and again. I think that just compounds the problem.

Adding this as a presumptive would help immensely.

Mrs. Kathryn McGarry: So you think that the proposed presumptive legislation that we're putting through is really the right road to go down?

Mr. Carmen Santoro: It's absolutely the right road to go down. It's going to save a lot of lives. It's going to prevent PTSD from happening. At the end of the day, we don't want any of our members diagnosed with PTSD; we want to be able to prevent that injury.

Mrs. Kathryn McGarry: Do you have a system right now of critical incident debriefing that you utilize?

Mr. Carmen Santoro: We do. There are some locals out there that have been progressive. I can name the Mississauga local that has some peer training within their peers there, and they've actually offered to use their team to go out to different surrounding locals.

The Acting Chair (Ms. Cindy Forster): Thank you.

Mrs. Kathryn McGarry: All right. Thank you.

The Acting Chair (Ms. Cindy Forster): Official opposition: Mr. Coe. You have three minutes.

Mr. Lorne Coe: Thank you, Madam Chair. Through you to the delegation, thank you very much and good afternoon to your delegation.

You spoke in your delegation, on page 3, about the importance for municipalities and other employers to develop action plans. What components do you think need to be reflected in those action plans, particularly as it relates to municipalities?

Mr. Carmen Santoro: I think for the municipalities, it has to be a joint venture with the employees, no

different than any other health and safety matter that's dealt with in the workplace. There's always a joint responsibility with the employer and the employees. So I think, working together, that we should be able to come up with a plan that will prevent this injury, just like every other physical injury that we have.

The biggest part is that those who are affected get immediate counselling—that has to be a priority—and to remove the stigma and just to be able to have that awareness and conversation.

Mr. Lorne Coe: Thank you for that answer. Second question, Madam Chair, through you: In a different area, you talk in your delegation about the importance of awareness and education. To what extent does that carry through beyond your members, to their families?

Mr. Carmen Santoro: I think it really is a family issue. We take this stuff home and it affects our home life. There have been documented cases of family issues as a result of PTSD and the trauma from work, and I think it has to be a joint effort. It has to be an entire family working together to try to overcome this injury.

We have some employee assistance programs in place, but at times it doesn't go far enough, and I think this legislation will help us.

Mr. Lorne Coe: Thank you, Madam Chair.

The Acting Chair (Ms. Cindy Forster): Thank you very much for your presentation.

Mr. Carmen Santoro: Thank you for your time.

ONTARIO NURSES' ASSOCIATION

The Acting Chair (Ms. Cindy Forster): We'll call upon the Ontario Nurses' Association for the next presentation.

Good afternoon. Would you please state your names for the record, please?

Ms. Erna Bujna: Erna Bujna of the Ontario Nurses' Association.

Mr. Lawrence Walter: I'm Lawrence Walter, government relations officer.

The Acting Chair (Ms. Cindy Forster): Good afternoon. You have 10 minutes for your presentation.

Ms. Erna Bujna: Thank you, and good afternoon. I'm Erna Bujna, a health and safety worker's compensation specialist for the past 16 years at the Ontario Nurses' Association, ONA. With me today is Lawrence Walter, ONA's government relations officer.

ONA is Canada's largest nursing union, representing 60,000 registered nurses, RNs, and allied health professionals, as well as more than 14,000 nursing student affiliates providing quality patient care each and every day across the health care sector.

While ONA supports the government's efforts to move forward with presumptive legislation for post-traumatic stress disorder, or PTSD, ONA must express our disappointment with the government for excluding front-line nurses from coverage under Bill 163. This exclusion ignores both the growing experience of nurses with extremely violent and traumatic incidents in their workplace, and the findings in the literature showing that the traumatic experiences that nurses face at work are closely linked with PTSD. ONA is calling on the government and the standing committee to adopt the model used in Manitoba's recent presumptive legislation, the leading province on presumptive legislation regarding PTSD.

Manitoba is the first province that does not limit the occupations eligible to make a worker's compensation claim for PTSD, clearly includes nurses, and the Manitoba legislation presumes PTSD is the result of workplace trauma, unless proven otherwise. At a minimum, nurses must be included as an occupation covered under Bill 163.

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Bill 163 excludes coverage for predominantly female occupations in health care, such as nurses, and provides entitlements solely for first responder, male-predominant occupations. Yet nurses are recognized as first responders under the 2013 legislation that proclaimed May 1 as First Responders Day in Ontario.

We ask: Why exclude nurses considering that health care occupations are a leader in lost-time claims for violence-related injuries? Eleven per cent of health care lost-time injuries are from workplace violence. There were 680 lost-time injuries in 2014, up from 639 in 2013. This is especially unacceptable in a workplace culture of acceptance where the incidence of violence and harassment, including sexual harassment, will not soon end, and with the mental trauma and injury that naturally flow from these and other health care psychosocial hazards, including exposure to infectious diseases such as SARS and Ebola.

In fact, Dr. John Bradford, a renowned forensic psychiatrist, has corresponded with ONA to state his expert opinion. It is incredulous to Dr. Bradford that nurses would not be covered under Bill 163. Dr. Bradford argues that nurses are in more front-line situations of exposure to trauma than many first responders. Secondly, Dr. Bradford argues that first responders are exposed to acute events that are usually easier to recover from, even in the case of repeated exposure to these types of acute events, whereas nurses are much more likely to be exposed to chronic trauma, which is more subtle and becomes chronic PTSD. This is more difficult to treat in the longer term.

We agree that nurses at a minimum must be covered under Bill 163 as a result of the day-to-day traumatic incidents and carnage of violence, sickness, suffering and death that all nurses in all areas deal with every day.

A comprehensive 1996 Manitoba study of PTSD among nurses includes violence at work as one of the most commonly cited stressors that lead to PTSD. Others include death of a child, particularly due to abuse; treating patients who resemble family or friends; death of a patient or injury to a patient after undertaking extraordinary efforts to save a life; and heavy patient loads.

There appears to be a disconnect in the minister's announcement for establishing a workplace violence

leadership table in Ontario in which they recognize workplace violence as a serious hazard. However, at the same time, the Minister of Labour has introduced presumptive PTSD legislation that excludes nurses from the very piece of legislation that can at least provide nurses with early medical treatment and compensate nurses for lost wages resulting from psychological illnesses sustained from the acknowledged violence and traumatic events in their workplaces. Why is treating and compensating nurses when the health and safety system in their workplace fails not important to the Minister of Labour?

It is estimated that 14% of all nurses exhibit some type of PTSD symptom—four times higher than the general adult population. As many as 25% of critical care nurses and 33% of emergency nurses have screened positive for PTSD symptoms. In studies in Manitoba, medical services nurses experienced a PTSD prevalence of 34.8%. In a replication study of RNs working in emergency and in intensive care units, the analysis revealed a PTSD prevalence of 42.1%. In a 2005 study from the University of British Columbia of 107 hospital emergency nurses, 21.7% reported clinically significant post-traumatic stress symptoms.

The work events most frequently cited as traumatic were involving assault or threats of assault and events involving severe injuries to children. Other triggers were events involving or reminding of family or friends, traumatic medical events such as excessive bleeding or prolonged resuscitation followed by death, and multiple simultaneous traumatic events.

In a further study, all nurses who met the diagnostic criteria for PTSD experienced traumatic events, including witnessing patient death, massive bleeding, open surgical wounds, trauma-related injuries, and performing futile care to critically or terminally ill patients.

The Ontario Hospital Association reports more than 6,400 incidents of workplace violence in Ontario in 2015. For 2013-14, a report from a Toronto hospital shows there were 502 violent incidents reported, of which 297 involved RNs. At a Toronto mental health facility, 514 reports of violent incidents were documented in that year. That is over 1,000 violent incidents in two Toronto hospitals. These are reports of violent incidents where agitated patients are biting, scratching, spitting, stabbing and punching nurses. Nurses are being beaten beyond recognition, punched in the face, in the chest, in the stomach. They're kicked—bones are broken—tackled and assaulted.

One nurse had her finger amputated in a violent assault by a patient. Another nurse, screaming for help, was dragged from the hospital, out toward busy Toronto oncoming traffic, only to be saved by construction workers who heard her screams for help over their jackhammers.

Let me conclude with three other horrific examples from ONA WSIB cases. Nurses from a large eastern Ontario hospital witnessed and were part of a code white where a worker was grabbed, thrown up against a shadow box, fell unconscious and was beaten and punched repeatedly while nurses tried desperately to get the patient off their co-worker before the patient killed the nurse. The nurses subsequently suffered PTSD, lost time and had the lost time denied by the WSIB.

A nurse was grabbed by the neck by a patient. The patient flung her to the ground and was about to hit her face with a punch, while hanging her upside down, when a porter stuck a hand between her face and the patient's fist and blocked the hit. This nurse was denied PTSD by WSIB, but eventually won on appeal many years later. The nurse could never return to her unit. No nurse who suffers such a personal injury should have to go through this process.

A patient in a Toronto hospital grabbed a nurse and locked her in a visitors' room. The patient said that, first, he was going to beat her, then he was going to rape her and then he was going to kill her. The patient did beat her beyond recognition while others watched helplessly and could not get in the room. The patient started to rip off the nurse's clothes. The nurse believed she would die. A co-worker was able to break into the room and saved her life. This nurse will never return to work.

These examples of traumatic events experienced by nurses should never happen in our health care workplaces, but they do. Nurses should not have to continually relive these horrific and traumatic events to prove entitlement to WSIB benefits.

We ask the standing committee and the government to make sure this never occurs again by including nurses in Bill 163. We ask that Bill 163 also include physicians as being able to make a PTSD diagnosis, especially since early recognition and treatment are key to prevention and ever being able to return to work. Thank you.

The Acting Chair (Ms. Cindy Forster): We'll start with the government. Mr. Colle.

Mr. Mike Colle: Thank you for a very difficult presentation. How many cases, or how many appeals, by nurses go before the WSIB in a year? Any data on that in the last couple of years, or the last year you have? How many applied for—

Ms. Erna Bujna: As the firefighter said, it's very difficult for them to come forward. We know that we have a large percentage of claims, as well, that are going before—I can't say the actual amount. The interesting thing is that we try to check with the WSIB how many are actually being denied, and surprisingly, they don't make that data available.

Many of the nurses, if they do actually file claims, don't necessarily come to us to assist them in the appeal. They may appeal themselves or they may go elsewhere, but I can tell you that I personally have done workers' compensation appeals and they have been denied.

It's not just workplace violence; it's also exposure to chemicals. We had a nurse who was exposed to glutaraldelhyde, a chemical, and she thought—not thought, but she saw her patients dying off sooner because of this chemical exposure. Anyway, she thought she was going to die. That claim took 10 years to allow at the WSIB, and having to relive—she can't step foot on the property of that hospital as a result of that incident.

Another nurse in community was in a head-on car collision, rolled her car down a hill and could never get into a car again. We had to fight, and we won that claim as well for PTSD. The SARS nurses, who heroically protected the public from SARS and filed claims, all had their claims for PTSD denied at the WSIB when the WSIB gave employers in the province who dealt with SARS a break on their experience-rating claims.

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Mr. Mike Colle: Yes, I remember I got a call from a nurse in my riding who was in the SARS unit at North York General. She told me how she was exposed to SARS without protection, and she went to her supervisors and she wasn't getting any kind of support from them. I remember talking to the Toronto Star about it at the time.

I just wanted to ask: With all this horrific violence that is occurring, is this an increase? And why the increase? There seem to be very incredible levels of hostility in the workplace. What's happening there?

Ms. Erna Bujna: I think we've got a mental health crisis out there, so the sickest of the sick are coming into our workplaces, with respect to workplace violence. You have to either be a risk to yourself or to the public in order to actually get treatment and be formed in a hospital. The early treatment centres that used to exist—where people could get early treatment—aren't there, so they're coming into our facilities now.

Mr. Mike Colle: A lot of them are really the result of people that have existing mental health issues that border on violent tendencies?

Ms. Erna Bujna: I would say it's both. It's not just mental health. I would hate to even try to stigmatize that. It's both. We have got people angry at wait times. You're talking about people who are seeing their loved ones possibly dying in front of them. They want service, and they want it then. Yet the nurses have to triage, based on—

Mr. Mike Colle: They take it out on the nurses that are trying to help.

Ms. Erna Bujna: Absolutely. They're exposed to code blues. They see babies being brought into the emergency, babies being brought into the ICU, babies who are dying, who have been physically assaulted and then die before them, and the grieving parents. It's awful, what they have to experience, and it's just repeated over and over and over again.

Mr. Mike Colle: Or witnessing a stillbirth, as a nurse.

Ms. Erna Bujna: Exactly.

Mr. Mike Colle: Yes. Okay, thank you very much for your presentation.

Ms. Erna Bujna: Thank you.

The Chair (Mr. Peter Tabuns): Thank you. Any other government questions? You've got about 40 seconds. No? Okay, we go to the official opposition: Ms. Martow.

Mrs. Gila Martow: Thank you very much. I really appreciate your heartfelt presentation. I know that's very hard.

I think you alluded a little bit, with the member opposite, that the stress doesn't just come from being assaulted but, as nurses, from what you have to see in terms of violence against patients, but also in terms of just patients who, unfortunately, meet with an accident or an illness.

We heard yesterday some data that some of the first responder groups had done in terms of the number of post-traumatic stress incidents in their membership versus the general population. Do you have anything to share with us? Because, in my opinion, the nurses—it's a pretty stressful job, and let's leave it at that.

Ms. Erna Bujna: The literature that we referred to is in our submission as well. You can see that there is numerous literature that deals with post-traumatic symptoms in nursing, so I don't think that anyone could dispute the actual literature that is out there.

As I said, I have personal experience at ONA, dealing with the nurses who have actually had cases denied. We've got several examples of that as well in our submission.

To have to relive over and over and over—we had a nurse stabbed at a workplace recently, and people had to witness that. We had a shooting at one of the hospitals, and the nurses were scrambling to save the little kids and the patients in the emergency room. I sat across the table from those people. They have all filed WSIB claims for that.

Right now, we're just waiting to see what is going to happen. I'm anticipating that those are not going to be allowed. We couldn't even get the Ministry of Labour in there to protect them. It was very difficult to actually deal with that. But they've filed these claims. We already know; we can anticipate which claims are going to be denied, and those are typical of the types of claims that are denied.

Mrs. Gila Martow: In terms of the timing, right now the focus has been on the 24 months. Do you have any comments on the time frame for claims or for symptoms?

Ms. Erna Bujna: I absolutely agree with the last speaker. Just based on my experience of doing WSIB claims and how long it can take to manifest PTSD—and particularly for our members, it can take years for it to manifest. We were just talking about this before we came, and I thought that 24-month mark is not right. I would highly recommend not putting a limitation on it. I know that you're probably thinking there needs to be, but definitely extend it, as the previous speaker said. I would not go any less than five years.

Mrs. Gila Martow: Thank you.

The Chair (Mr. Peter Tabuns): Now to the third party. Ms. French.

Ms. Jennifer K. French: Thank you very much for your presentation. I certainly appreciated your passion, and on this International Women's Day I also appreciate that you pointed out that nursing is a predominantly female profession, and here we have a group that has been recognized on the official First Responders' Day in Ontario but not included in this piece of legislation, which I think is a mistake. Certainly, we appreciate

where you're coming from and will push to have you included under this presumption. It's interesting and positive that correctional nurses have been included, which is great, but to expand that to all of our first responders, all of our nurses.

Thank you also for expanding on just how traumatizing, not just retraumatizing, the WSIB process is, in and of itself. I think that's an important thing for the government to take away from this whole process, so that when you are covered by the presumption, hopefully there will be others still making their way through the system. Thank you for advocating on their behalf as well.

Are there Ontario studies—you mentioned Manitoba, which is also a province with presumptive legislation that covers all front-line workers. Are there Ontario studies we can draw from for statistics for nursing?

Ms. Erna Bujna: For statistics? Well, ONA actually did a survey, not on PTSD but just on workplace violence. This was in 2009. During that survey, 54% of our members actually indicated that they had been physically abused.

Ms. Jennifer K. French: And is that something you have provided to the government in this submission?

Ms. Erna Bujna: It's in our Have a Say. I don't know if it is in the submission—

Ms. Jennifer K. French: I'm sure they would appreciate having Ontario numbers.

Ms. Erna Bujna: —but it's so widely accepted that the government established a workplace violence leadership table in health care. So I don't know that we have to even prove it anymore. Why would both the Ministers of Labour and Health have established this table if it wasn't recognized?

The Chair (Mr. Peter Tabuns) Ms. Forster.

Ms. Cindy Forster: Why is it that you think the government didn't include nurses as part of this bill? Is it because there were 1,000 violent incidents just in Toronto hospitals in a one- or two-year period? Is it because there would be too many people coming forward rightly claiming PTSD?

Ms. Erna Bujna: I think both. It's a female-dominated workplace, and we seem to see so much emphasis on construction and mines, all the male-dominated workplaces, and yet the female-dominated workplace—it's like it's accepted that being beaten up is part of the job. So I definitely think both. It makes no sense to me that the government is saying in one breath that they are supporting nurses, that they understand the extent of the problem in health care and that they know something needs to happen, and yet in another breath they are not willing to compensate the female-dominated workers in these workplaces. That makes no sense.

The Chair (Mr. Peter Tabuns) I'm sorry to say that you're out of time. Thank you very much for the presentation.

MS. DANIELLE Du SABLON

The Chair (Mr. Peter Tabuns) Our next presenter is Danielle Du Sablon. As you've heard, you have up to 10 minutes to present. After your presentation, each party will have three minutes to ask questions. If you'd start by introducing yourself for Hansard, and then just take it away.

Ms. Danielle Du Sablon: My name is Danielle Du Sablon, and I am a probation and parole officer. I'm here today to discuss our exclusion from Bill 163.

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The way in which my role is defined depends on whom you ask. As I have sat shoulder with police, fire and paramedics in discussions on panels about post-traumatic stress disorder, I was considered a first responder. In the academic studies on PTSD, I am routinely referred to as a correctional professional, a high-stress service provider or someone working in a high-trauma profession.

What I know for sure is that I am a member of law enforcement, I am a peace officer and I'm a helping professional. I work with the very same offenders who have been arrested by police for committing horrendous acts, the very same violent offenders who are held in our correctional facilities but eventually released to the community.

What I also know for sure is that the DSM-5 is very clear on its diagnostic criteria for PTSD. Both direct traumatic exposure, such as experiencing or witnessing traumatic events first-hand, and indirect traumatic exposure, such as reading or hearing about horrific or traumatizing events, can lead to the development of PTSD. Trauma, in both of these forms, is an everyday reality for probation and parole officers.

I have been a probation and parole officer with the Ministry of Community Safety and Correctional Services for 10 years. I have been exposed to direct trauma on many occasions. I would like to thank Ms. Jennifer French for mentioning one of my letters on February 29 that detailed some of my experiences.

As you will see in a document in your package titled Trauma Exposure in Community Corrections, I experienced the loss of five clients to suicide and overdose in one year alone. On several of those occasions, I had spoken with the client the day before, and in one of those instances it was suggested to me that my decision to lay a charge resulted in the offender's death.

You will read about the many times that I have received telephone calls from clients who were in the process of attempting suicide and how I identified their location and arranged for an ambulance. It happens almost every year.

I work with victims of domestic violence and sexual assault. Building relationships with victims who are generally untrusting of the criminal justice system is part of my job. Through that process I have witnessed domestic violence victims battered, bleeding and bruised as they've attended my office unannounced and in crisis. I have sat and discussed with young children as they've sobbed and disclosed to me that they've been sexually abused at the hands of a family member.

I have been stalked. I have been threatened. I have been charged at by large male offenders. I have found

sexually suggestive notes on my car windshield as it sat in my work parking lot. I have attended offenders' homes where there have been guns in the house. On one occasion, the offender shot himself moments after I left.

These experiences are considered direct traumatic exposure under the diagnostic criteria for PTSD in the DSM-5. While many are shocked by the disclosure of some of my experiences with trauma, I am certainly not the exception in my profession and I am most definitely not alone. As you heard from my colleague Scott McIntyre yesterday, and as you will see in your package amongst the various academic articles that support my position, the data collected by Lewis, Lewis and Garby noted that 30% of the 154 probation officers in Ontario that were surveyed had been exposed to four or more primary traumatic events throughout the course of their work. Of those officers, 10% were assaulted, 69% were threatened and 19% received death threats.

Even more prevalent amongst probation officers is our indirect exposure to trauma. As you will see in your package, 59% of the 151 Ontario probation officers surveyed experienced four or more secondary traumatic events. Indirect exposure, or secondary trauma, for a probation officer means working with a traumatized population. Offenders didn't find themselves in contact with the criminal justice system because they had the benefit of positive and supportive upbringings; most come from a trauma background with significant histories of verbal, physical and sexual abuse.

As you will read in the article that's titled Compassion Fatigue: Coping with Secondary Traumatic Stress in Those Who Treat the Traumatized, the process of empathizing with a traumatized person—which is what we do—allows us to understand that person, but through that process we too may become traumatized.

A large part of my job is to assess and manage risk. This means delving deep into the psyche of offenders and discussing their traumatic histories and their struggles with addiction and mental illness. It means working with sex offenders, discussing deviant sexual fantasies and reading police reports and victim impact statements that detail gruesome sexual assaults. Imagine, for a moment, what that is like every single day.

It means preparing pre-sentence reports for the courts on offenders who have committed murders and will likely never see the light of day. To do that, we interview those offenders and we interview those victims' families.

We provide testimony at dangerous offender hearings, which also means that what we do and what we say could potentially result in a particular individual being incarcerated indefinitely. Courts rely on a probation officer's recommendations when they impose a particular sentence on an offender. The parole board relies on our recommendations when they determine whether or not a person is safe to be released into the community.

We're held to a very high standard and in many ways are seen as being responsible for the actions of the offenders under our supervision. Sometimes, our offenders make bad decisions. Sometimes, they revictimize and commit serious offences while under supervision. For an officer, this means that every single case management decision is scrutinized. We're asked questions about whether or not there was anything that we could have done to prevent a horrific event from taking place. This is a very heavy psychological burden to bear.

I would like to thank Ms. Cindy Forster for her mention on February 22 of the stress and trauma associated with the triple homicide committed by a probationer in eastern Ontario. Imagine, for a moment, what that was like for the supervising officer. Imagine having to testify at that inquest. This is secondary trauma.

For many of us, these types of events change who we are as professionals, and for some of us, it changes who we are as people. These are examples of indirect traumatic exposure in the DSM-5 criteria for PTSD. These are the realities of a probation officer's work.

While I continue to enjoy my job, it has most certainly come at a cost. I have been fortunate enough not to develop PTSD, but with my level of exposure to both direct and indirect trauma, I very well could have. Instead, I was diagnosed with an anxiety disorder. The year was 2010—the very same year that I lost those five clients to overdose and suicide.

Some of my colleagues are battling PTSD today. Many of them are in a place where they're not able to openly discuss their experiences because it forces them to relive the trauma. They are the reason that I am here today.

Whether you chose to define me as a first responder, a high-stress service provider or a correctional professional, please know that I am a member of law enforcement. I am a peace officer. While I may work in plain clothes and drive an unmarked government vehicle, I still carry a badge in my wallet. I am one of many probation and parole officers supervising over 40,000 offenders in the community in Ontario on any given day. My job is to keep our community safe. My job is to offer help to those who need it most. Sometimes, those keeping you safe need to be protected too. Sometimes, those who offer help need help too.

Please include probation and parole officers in Bill 163. Mental health support is something that we desperately require.

The Chair (Mr. Peter Tabuns): Thank you very much for your presentation. The questions go first to the official opposition. Mr. Arnott.

Mr. Ted Arnott: Thank you very much for your presentation. You spoke with passion. You spoke from experience. You gave this committee numerous examples of what you face day to day in your job and what you've encountered over a period of time.

How long have you been a probation and parole officer?

Ms. Danielle Du Sablon: Ten years.

Mr. Ted Arnott: Ten years. So you've done all of that in 10 years?

Ms. Danielle Du Sablon: Right.

Mr. Ted Arnott: Was any organization that involves the probation and parole officers—as far as you know, were they ever consulted in terms of the development of this bill and whether or not probation and parole officers would be included in the bill?

Ms. Danielle Du Sablon: I work for the Ministry of Community Safety and Correctional Services and we have a variety of union-related committees, like our occupational stress injury committees and our provincial health and safety committees. For whatever reason, correctional officers received support from our minister, Mr. Yasir Naqvi; however, probation and parole officers were excluded and disregarded.

It's interesting that we spoke about, earlier, the female- versus male-dominated field. The Probation Officers Association of Ontario took some statistics a couple of years ago. Probation and parole officers in Ontario are 73% female. It is a female-dominated profession. Correctional officers are predominantly male. In that mix, they were included in there. Their inclusion was supported; ours was not.

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Mr. Ted Arnott: So do you believe that there has been some gender bias in the government's decision?

Ms. Danielle Du Sablon: I don't know whether or not it was intended, but I think it certainly speaks to the perception around first responders and law enforcement and what that image represents, which is sort of why I alluded to certain things in my presentation—I don't carry a gun, I don't drive a marked vehicle, all of those kinds of things—because there's that stereotype about law enforcement and being in uniform and being predominantly male. We're forgotten, oftentimes, those working in law enforcement in the female-dominated areas.

Mr. Ted Arnott: Have you heard the government give any explanation as to why probation and parole officers have been excluded from Bill 163?

Ms. Danielle Du Sablon: No explanation.

Mr. Ted Arnott: I didn't hear any explanation from any of the government members during the course of the second reading of the bill, either.

Ms. Danielle Du Sablon: Right.

Mr. Ted Arnott: But we will look for an explanation.

Ms. Danielle Du Sablon: Thank you.

The Chair (Mr. Peter Tabuns): We'll go to the third party. Ms. French?

Ms. Jennifer K. French: Thank you, and welcome to Queen's Park. Thank you so much for your presentation. Clearly, there is a lot to know about your profession—a very thorough presentation but also materials for us to take away.

I can't help but wonder if part of the reason that you were excluded is because the government perhaps doesn't know what it is that you do. This pile is a step in the right direction.

I had the opportunity, of course, over the last intersession to visit a number of our correctional institutions but also a number of the probation and parole offices, and I fully appreciated what I had heard from the officers there.

To your point of being a peace officer and a member of law enforcement: Thank you for making that clear. In Alberta, their presumptive legislation includes peace officers, so you would not have been excluded had we modelled it similarly.

You had said that sometimes, those keeping you safe need to be kept safe. Thank you for reminding us of that. What would you be willing to do in terms of meeting with the government or partnering to ensure that after you're included, we can also address the workplace situations that lead to, as you said, such high levels of primary and secondary trauma exposure? What would that need to look like?

Ms. Danielle Du Sablon: I think to adequately address the exposure in community corrections, a couple of things need to happen.

First, we have a critical incident and stress management unit that relies on management to initiate. Nine times out of 10, you have a critical incident, and management doesn't initiate our critical incident team. So those officers aren't getting the immediate support because it's really at the discretion of the manager, and that needs to not be.

In terms of the mental health support that we have now, it's inadequate. We have an employee assistance program that offers five sessions from non-trauma-trained providers, so it really doesn't get us anywhere in terms of providing adequate treatment along the way.

Workload is another issue that needs to be addressed in community corrections. The reason that this ties into trauma is the work-life balance. When we are swamped during our regular day to day and having to take home all of those police reports and victim impact statements etc. to write reports at home when we put our kids to bed, that's a problem. Those kinds of things are changes that need to be made in terms of overall wellness for officers. I think we have a variety of different committees with OPSEU, our union, that would be willing to address those things with the employer.

The Chair (Mr. Peter Tabuns): And with that, I'm sorry to say, we're out of time. We go to the government. Mr. Dhillon?

Mr. Vic Dhillon: Danielle, thank you very much for your passionate presentation.

At the outset, I just want to mention that the Ministry of Community Safety and Correctional Services is in a transformation stage, and I believe the consultations are to begin at some time.

As well, Minister Naqvi is very well aware of some of the challenges that may be there. One of the components that the minister has stated, and one of the things that will be at the forefront, will be mental health issues.

Having said that, it's clear that mental health is very important to your association. Can you tell us some of the actions that your association takes to address the stigma associated with mental health?

Ms. Danielle Du Sablon: Our professional association or the union?

Mr. Vic Dhillon: You can talk about your professional association.

Ms. Danielle Du Sablon: I think overall there's a culture in community corrections where we're helping professionals, so it's not unusual for us to talk and speak openly. We do have a lot of support for one another, which I think has been helpful.

From what I've noticed, our professional association has made attempts to have discussions with Mr. Naqvi with respect to this bill, and there has been no progress made as of yet.

We have, annually, a symposium with the Probation Officers Association of Ontario where we talk about primary and secondary trauma. A lot of the data that I referenced today came from a researcher who attended one of our symposiums, so they do provide assistance in that way.

Mr. Vic Dhillon: Thank you very much.

Ms. Danielle Du Sablon: You're welcome.

The Chair (Mr. Peter Tabuns): Mr. Anderson.

Mr. Granville Anderson: Thank you for coming in here, Danielle.

I think the notion that's alluded to on the other side, that you're excluded because it's female-dominated, is ludicrous. I, personally, didn't know; I would have thought that parole officers etc. would be male dominated. You've enlightened me on that today.

No bill is perfect but we'll eventually get it right; hopefully, we will.

You had a lot of passion during your presentation and I'm sure the government is taking note of that, which includes myself and my colleagues. Thank you.

Ms. Danielle Du Sablon: Thank you.

The Chair (Mr. Peter Tabuns): With that, our time is wrapped up. We really appreciate you presenting today.

Ms. Danielle Du Sablon: Thank you very much.

MR. RALPH WALKING WOLF THISTLE
MS. KYRA THISTLE

The Chair (Mr. Peter Tabuns): Our next presenters are Ralph Walking Wolf Thistle and Kyra Thistle.

As you've probably heard before, you have up to 10 minutes to present and then we divide up nine minutes between the three caucuses for questions. Once you've settled in, if you would introduce yourself for Hansard, and we'll go from there.

Mr. Ralph Walking Wolf Thistle: Thank you very much. My name is Ralph Walking Wolf Thistle. I am Métis. I was a 30-year veteran of the Toronto police force; I joined in 1977.

I'm also known in the Homeless Hub—which is presented by York University and is a foremost study on homelessness in Canada—as the "homeless policeman." That's where my journey ended up.

As a sufferer of PTSD after 30 years of policing with Toronto police's homicide squad, as a child sexual assault investigator, with the drug squad and Project P—most of my work was done in uniform.

My first shooting was in 1984. It was a hostage situation after a bank robbery. I almost shot a hostage in the face. I got the assailant outside, where I shot him. He survived due to a bullet-proof vest, but I crippled him for life. I began to experience PTSD not knowing what it was because back in 1984 there was no information whatsoever.

Myself, Terry Nunn and Superintendent Cowan formed the first PTSD group. We called it the PTSD shooting team. Because of my background in homicides, I would go to police shootings. This goes back to 1986. We didn't have the skill set or the professional approach to it. I look back at those days; we were actually re-traumatizing ourselves as well as these other officers.

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Since then, I went down to 51 division, where, again, there were numerous traumatic events. I was covered in a large amount of human blood; I had to go on the HIV cocktail. Toronto Police and my benefits fought over that as I was feeling that, "Here I am; I could be dying of HIV." Toronto Police did not come forward to assist me, and I couldn't afford the medication due to a lengthy family dispute, which is also related to my post-traumatic stress. My daughter is here today and I'll introduce her after I'm finished, if I may, and what it has done to my family.

I was very successful as a Toronto Police officer. Again, other traumatic events—too numerous. I believe, if you do have the copy of the Homeless Hub before you, there are some stories in there. I don't need to get into them, other than that I had suffered immeasurable loss due to my PTSD. I had become unstable, an alcoholic and a very dangerous man.

I remember fingerprinting a man at 51 division who was a homeless rubby, and he says, "Officer, you smell worse than I do." The stench of booze—I was drinking 40 ounces of booze a day and performing my duties as a police officer. Toronto Police, in their wisdom, had made me a coach officer for me to train new, young police officers from the college down at 51 division, which is known for its violence.

I had become hyper-vigilant. When I did pick up my daughters, if I did get custody of them—I remember picking up my two daughters and going to McDonalds in Georgetown. I'm carrying two handguns, one on my hip and one on my ankle, and I'm carrying a commando knife because I trained myself to fight with knives. My daughters, 5 and 6, go into the play land. My marriage had already failed, due to my addiction issues, mental health issues and PTSD. I'm in the restaurant blading people, thinking that someone was going to come in and start shooting.

When you get PTSD—for me, the problem was trying to shut it off. I was always on, in the sense that I was waiting for violence, anticipating violence. I'd scan the

McDonalds. My daughters are playing; I would get food; I would have numerous scenarios flood through my brain of how I'm going to defend my children and how I'm going to shoot and fight my way out of McDonalds. I told my family physician that, and he said, "Ralph, normal people don't think like that."

Again, a lot of other traumatic events, as far as the story goes. What had happened is, I'd lost custody of my children; I'd lost my wife. It's a matter of "yet" with PTSD: Have I lost my family yet? Have I lost my daughters yet? Have I lost my house yet? Have I lost my pension yet? Have I been arrested yet? Have I been in jail yet? Have I been dead yet? The only "yet" I haven't done is be dead because I ended up being homeless in British Columbia, planning that I was sick and tired of the horror that was in my mind. I phoned Toronto Police, knowing that they would ping my cellphone and they would send a SWAT team after me. And this is not the first time SWAT teams came after me. Again, I'm very well trained, and I knew that Toronto Police were very fearful of me. The RCMP showed up. I also took an overdose of antipsychotic drugs and liquor; if the police didn't kill me, the overdose would.

What I wanted to do was gift the police—I didn't want to hurt them. I wanted to gift them with trauma and addiction because I felt abandoned by the city of Toronto, the police and this province. The best way I figured, at that point, was that they're going to gun me down as I'm fighting a SWAT team. The Mounties did it right: They took their time, I was arrested, I went and I was incarcerated in the Surrey lock-up and I was doing jail time there.

I spoke to the judge, and the judge said, "You scare the living hell out of me. I have the police protect the public, but who protects the police from someone like you? I see that you have the Governor General's of Canada award and the most venerable order of Jerusalem—medals for bravery. How can a man be so awarded and end up homeless and in jail?" The judge said, "I think you're NCR, not criminally responsible. I'm sending you to the Colony Farm forensic mental institution."

I spent some time with baby murderers and other quite unwell people. It was found that I am responsible, and I take ownership for what I have done. That's the only way I'm going to heal. With that, I have embraced my culture, being Métis-First Nations. I do the smudge and other things to keep me healthy.

What has happened is not just what happened to me; it's what happened to my family, to my beautiful daughter Kyra. I would like her to have a few words.

Ms. Kyra Thistle: Hello. My name is Kyra Thistle. I'd just like you guys to pass this bill to help those family members who have people they love suffer from PTSD.

I also had some traumatic experiences due to my father's suffering. He came to my school when I was in middle school and tried to kidnap me and my sister. I had to call the cops on my own father and have him taken away because he was unwell. We were living in a trailer park with no running water, and my father was drinking.

The next day, he came to my school, yelled at my teachers and threatened to hurt them and kill them if they didn't call me down. They called me down to the office. I saw him, and I could tell that he was not stable. I ran away. I called the police. I called my mom. Then my father came down the hallway, grabbed me and dragged me down the hallway. No one came to help until I was able to get away and lock a computer classroom door behind me.

Because my father has saved people's lives by sacrificing his own, he sadly also sacrificed the stability of his family and his children. It would be nice if the government and WSIB acknowledged PTSD as a work-related illness so that no other family members and the people they love who suffer from PTSD have to suffer.

Mr. Ralph Walking Wolf Thistle: I'd like to just close with another minute if I could.

The Acting Chair (Ms. Cindy Forster): You have about 30 seconds, sir.

Mr. Ralph Walking Wolf Thistle: All right. I am now an addictions counsellor. I work at Hope Place Centres. I help men just out of jail and homeless men find recovery. I've embraced my Métis culture and also help others heal.

The Acting Chair (Ms. Cindy Forster): Thank you so much.

The NDP: Ms. French.

Ms. Jennifer K. French: Thank you both very much for your presentations today. I think we can all appreciate how raw and personal and authentic your stories and presentations are, and why it's so important for us to recognize, when we bring forward a piece of legislation, that it's so important to get it right for those who really need it, because we are talking about real community members and families. Thank you for having the courage to share with us today. We appreciate it.

I'd like to actually take a moment, if I may, and recognize that we have a guest here as well. Dilnaz Garda is joining us. She's the sister of Officer Garda. People across Ontario recently understood their situation from the Toronto Star: Her brother had died by suicide, and brought that story into our homes. Now we have the opportunity to have your story in our homes, so thank you for that. Also, Mr. Thistle, as you just mentioned, you are embracing the next chapter of your journey, and I think there is hope and opportunity if people can get treatment and can find their way to that point.

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I guess, instead of just talking at you, I would like to ask you a question. In addition to this presumptive PTSD legislation, what else should police forces and the province be doing to assist police officers in prevention and support of PTSD along the way?

Mr. Ralph Walking Wolf Thistle: I find that I do volunteer work with Tema. With that, I believe peer support would be an important part of the healing mechanism—of course, having professionals and things like that, but peer support—and having someone the officers or firefighters or EMS or whoever can relate to, who

have perhaps been trained properly in peer support. With that would be funding—and it's not just all about PTSD, because I understand that only about 8% will be diagnosed with PTSD. It's depression and anxiety and other job-related stressors, and I hope that they're included in the legislation as well. So that means the money—right?—and a dedication.

The Acting Chair (Ms. Cindy Forster): You've got about one minute.

Ms. Jennifer K. French: Okay. As you mentioned in your deputation, you had gone from such a decorated officer and through such a journey to now being before us today, I'll say loosely, on the other side of that journey. Can you speak a little bit about what are the dangers or what are the concerns about officers who are struggling with mental health issues and PTSD who are interacting with our community members and who are not able to seek treatment or who don't have access to the presumptive coverage as it stands now?

Mr. Ralph Walking Wolf Thistle: I'd strongly suggest that the subculture of policing can be inherently unhealthy, so that, as the next generation of men and women join, they get the mental health education as they go through Aylmer or whatever department they're with—again, EMS—that they're taught.

I now lecture at colleges and police forces. I ask these young men and women to demand proper health care, and that means mental wellness.

The Acting Chair (Ms. Cindy Forster): Thank you. Government: Ms. McGarry.

Mrs. Kathryn McGarry: Thank you very much for your presentation. Kyra, it takes a huge deal of courage to bring forward a story like you've told us here before. Mental health not only affects—and I know you know this—the individual who's suffering from it, but it affects the whole family, and your story today really highlights for me why it's so important that we pass this legislation as soon as we can.

I think you'll find that around this room we've been looking at the legislation to get it right, to make sure that we go forward with it as quickly as possible. I hope you're well along your road to recovery—and hopefully being able to get this message out and recognizing that it helps us to craft a bill that helps prevent some of the trauma that you faced in your early years. I just wanted to say that I'm just very proud of you for being able to come out and confidently tell us your story.

Ms. Kyra Thistle: Thank you.

Mrs. Kathryn McGarry: In saying that, I'm also impressed that you've gone on and taken the situation and been an elder healer in your own community. It takes a lot of courage and inspiration to be able to turn that around and reach out to others.

My question to you would be around this bill and how you think it can impact mental health for those first responders who are already in the field and looking at getting work in the field. So my question would be around how you feel this would assist and impact mental health in the future.

Mr. Ralph Walking Wolf Thistle: Well, with the presumptive part, I could see that being a necessary part of it, because I had to prove, over years, my trauma. Again, this happened in 1984. Workers' comp won't recognize that injury because it's too far back, but I can see a cause and effect. PTSD led to my addiction, because I self-medicated, and the subculture of policing and others did that, which led to further mental issues. Workers' comp only wants to hear about the PTSD. They will not touch my addiction issues and mental issues that have spawned from that. Again, I think education for the new generation of men and women coming on is very important, that they know that they can rely on their employer and this province to be there when they need the help.

Mrs. Kathryn McGarry: Certainly, around early diagnosis, assessment and treatment—we're hoping that that will prevent some of the PTSD in the future. We know that prevention is key. Do you have any last comments about prevention?

Mr. Ralph Walking Wolf Thistle: Prevention? Again, it would be education and reaching out for them.

Peer counselling: I know that some departments—Toronto police—have gone with some professionals. Some are open to that, but really, they want to talk to a peer. With that, there has to be funding to provide that type of care. Again, just to hand them off or divert them into a professional psychologist or psychiatrist, like they have done to me, or into a treatment centre—a well-versed or street-savvy peer counsellor is worth their weight in gold to steer that member to where to get the professional help.

Mrs. Kathryn McGarry: Meegwetch.

Mr. Ralph Walking Wolf Thistle: Meegwetch.

The Acting Chair (Ms. Cindy Forster): Thank you. The official opposition: Ms. Martow.

Mrs. Gila Martow: Thank you, both of you, for coming in and for sharing your story.

My question is: What type of counselling do you see for people who work in law enforcement—who work on the front lines, who try to keep the rest of us safe—not just after the fact, but from the beginning of their career? What type of support would you like to see in place to help people cope with difficult situations before they arise? I think it's much easier to counsel people before these traumatic episodes. Actually, some militaries train people in case you're captured on what exercises to do—breathing exercises. It's a little bit like coaching women before childbirth. If you could share some thoughts on that.

Mr. Ralph Walking Wolf Thistle: Well, exactly. I know that, in my journey of wellness, I have to slowly learn how to do all these healthy things in replacing the bad behaviour that I had become immersed in or that was part of my life.

Similar to the rehab, we have these men. We talk to them, one on one, about what issues have come to mind. I could see, in a platoon setting, you would have educators coming to police stations and talking to them.

A certain amount of anonymity—I know that some police departments say that they accept that officers have PTSD and mental issues, and there's a degree of wellness that they can achieve afterwards. I'll be impressed when they start promoting them, because I know a lot of police officers who contact me are in fear of their employer, the Toronto police, in a sense, not of the chief himself—I don't know the man; I knew Billy Blair, but I don't know this fellow. They're in fear that if they come forward, they no longer would ever see any type of promotion.

Mrs. Gila Martow: A type of discrimination?

Mr. Ralph Walking Wolf Thistle: In a sense. Some of us suffer, and some of us suffer immeasurably. But it doesn't mean that there's not hope in recovery and, with that, a certain amount of insight towards life itself. I think that would make a better police officer.

Mrs. Gila Martow: Thank you.

The Acting Chair (Ms. Cindy Forster): Thanks very much for your presentation and for being here with us today.

Mr. Ralph Walking Wolf Thistle: Meegwetch. Thank you.

UNIFOR

The Acting Chair (Ms. Cindy Forster): I now call upon Unifor, please. If you could please state your names for the Hansard record.

Mr. Corey Vermey: Good afternoon. My name is Corey Vermey. I am the director of health care at Unifor. I'll let Dan introduce himself.

Mr. Dan Lefebvre: My name is Dan Lefebvre. I'm an Ornge flight paramedic and have been for 10 years. I worked for land ambulance in Cochrane district before that.

The Acting Chair (Ms. Cindy Forster): Welcome.

Mr. Corey Vermey: Thank you. We wanted to appear before the committee to, first of all, congratulate the Legislature for moving to committee this bill and to also acknowledge the prior inceptions or variations in which the principles behind this bill have resided by way of Ms. DiNovo's private member's bills in the past, which our union has applauded and supported.

We are also here to encourage all-party support and quick passage of the legislation. We would recognize, as have earlier speakers, that perhaps not all those who are possibly exposed to PTSD are covered in this bill. But this bill is an important first step in having that conversation in the province about the experiences of people in their normal working lives providing service to the citizens of this province—of fairly traumatic events that will occur in the course of their working lives. Certainly, the probability is highest amongst those groups that are covered under the current draft legislation.

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We would certainly welcome its passage and it becoming a platform to move forward and to expand and continue the conversation in terms of others not presently included within the legislation. We would speak on behalf of Unifor members, many of whom, for instance, would be working in the health care industry, who would, in the operating room, receive the patient that the paramedic has stabilized and transported to the hospital and could equally experience PTSD. This is a very important first step, and we encourage swift passage of the bill.

The other matter that we would speak to would be acknowledging that it has taken some time for this initiative to reach the stage in the legislative process that it is now at. We would encourage, if there is consideration of amendment to the bill, providing a retroactive element to that legislation to acknowledge those who most recently have had the experiences that the bill seeks to provide presumptive coverage for.

I would turn to Dan to speak more personally to the experiences that he and other paramedics have experienced.

Mr. Dan Lefebvre: I have 13 years as a flight paramedic and also a bargaining representative for Unifor for the Ornge flight paramedics. I was asked to come here today. It was kind of short notice, but I felt it was important to come and share a couple of stories I have.

One close personal friend who was a land paramedic and another partner who was a flight paramedic both took their lives. Obviously Bill 163 is coming in a little bit late for them. Seeing that and experiencing that, I think it's very important for us to recognize this and to get this bill passed so that we can help those who may require this kind of help in the future.

I've seen what it has done to families. I've seen what it does to co-workers—close; far; southern Ontario; northern Ontario. I just wanted to reiterate how important I feel it is, as a Unifor representative, for my membership, the flight paramedics and any paramedics or any first responders. That's basically why I came here today. I think most people have heard stories or have been touched by it, and I'm just here to reiterate how important it is.

The Acting Chair (Ms. Cindy Forster): Thanks so much. The government: Ms. McGarry.

Mrs. Kathryn McGarry: Thank you very much for coming in today and talking about this. As a critical care nurse, I worked very closely not only with land paramedics but sometimes flight paramedics. So I've seen first-hand that it can be one major incident or it could be a series of accumulative incidents that cause somebody to have symptoms.

We're very aware that early assessment and diagnosis and treatment are very, very important. I know that the minister is looking at seeing if we can insist that there are prevention plans in place.

Can you speak a little bit about your members and prevention plans in the workplace and how you think that may impact those who may be facing PTSD symptoms?

Mr. Dan Lefebvre: I can speak to a peer-to-peer support program. I think it's a great idea. It's a fairly new introduction into my current workplace, but even in speaking to one member who is one of the peers who will be helping others, he says it helps him just to speak about

it and deal with what has happened in the past. That's one step.

I think recognition is important as well: getting people into counselling who require it before they get to a certain point.

Mrs. Kathryn McGarry: Do you think that will impact mental health in the workplace—improving it, of course?

Mr. Dan Lefebvre: I should think so. As a paramedic working on the front line, I think one of the most important things for us, as first responders, is that we speak to each other, we understand each other and we understand the situations we're in. So peer-to-peer really is a very important improvement upon the workplace—but early recognition, from the employer as well, so that something can be recognized and then help can be sought.

Mrs. Kathryn McGarry: You mentioned talking to each other. Do you find that there is still a significant issue with stigma in the workplace, or what steps are you taking to remove some of the stigma so that somebody will come forward more likely than not?

Mr. Dan Lefebvre: I think some of the stigma is being lifted. I think people are understanding—we're seeing it more often. Obviously, it becomes public and with the age of communication we are in right now people have a better understanding, whereas before someone might turn a blind eye. I think we're moving in the right direction now and I think this bill will help it along, as well.

Mrs. Kathryn McGarry: So the presumptive piece, you find, is going to be important in this legislation?

Mr. Dan Lefebvre: Most certainly, yes.

Mr. Corey Vermey: As the program was rolled out—first with the package around awareness and other initiatives, before the actual statute was introduced to the public for discussion—-I think we were certainly always very receptive to the initiative from government. Obviously, on the first package, we were underscoring the need for the presumptive legislation and then we were quite heartened to see that the type of principle that had been part of the DiNovo private member's bill was in fact part of Bill 163. We see that as a suite of measures, all of which are critical and certainly the legislative piece in Bill 163 is absolutely essential for a just settlement of those issues for those who suffer from post-traumatic stress disorder.

Mrs. Kathryn McGarry: Thank you.

The Acting Chair (Ms. Cindy Forster): We'll move on to the official opposition. Mr. Coe?

Mr. Lorne Coe: Thank you for your presentation. I just want to continue the dialogue and questions that my colleague opposite posed with respect to the types of supports you already have in place. Can you speak about some of the work and receptiveness of the employer to your requests for help, as well? How receptive is that?

In context, I'm a former chair of health and social services at Durham region, and paramedics reported into that, so I understand the work you do and the risks that you have, but talk a bit about the receptiveness of the employer trying to help you and your families.

Mr. Dan Lefebvre: I think it has improved over the past few years. Like I say, once there is more awareness and people are recognizing where it's coming from and defining it—I think it's improving but I think there's still that barrier. I feel that a lot of members are still reluctant to come forward. They see it as a weakness if they start feeling or having some kinds of symptoms or anxiety or even the beginnings of PTSD. People are still reluctant to come forward because it is your career on the line; it's your livelihood. People are still very cautious, so I don't think we're at the point where someone will just come out and say, "Yeah, you know, I'm having these issues."

There are still a lot of people who are keeping hidden if they can. That's part of the problem, so recognition and training, I think, are important things to move forward on.

Mr. Corey Vermey: If I may add, it also is conditional on the warmth of the workplace relationship. If I may, in Superior North, a land paramedic service serving the city of Thunder Bay, the workplace parties—the employer and the union and the paramedics—have been directly engaged around building these campaigns. That work in and of itself is critical for normalizing the issue.

In other workplaces where the relationship between the workforce and the employer is not as conducive, you have an atmosphere that isn't supportive of directly engaging and supporting the type of initiatives that the awareness campaign would feature.

I don't want to put Dan on the spot but there are other employers that could work with the union in the workplace in a more productive fashion, and that will have a trickle-on or flow-through effect as well on post-traumatic stress disorder measures.

Mr. Lorne Coe: Thank you for that answer. Thank you, Mr. Chair.

The Chair (Mr. Peter Tabuns): Okay. Thank you very much. To the third party: Ms. French?

Ms. Jennifer K. French: Thank you both very much for your presentation and for joining us today. I appreciated yesterday during committee when we heard some very strong deputations also from your colleagues, CUPE and paramedics and others.

What I'd like to ask about is some of the things that you brought up—you had said that this is an important first step. One thing that I'm nervous about is that this might be the only step or that the next step will not be taken in our lifetimes. I think we all see the importance of making sure that this first step is taken seriously and made as strong as it can be.

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To that end, you had mentioned that there are others not currently covered. I think you were sort of suggesting that they were other health care service providers. Would you like to speak to that?

Mr. Corey Vermey: Yes. Certainly our understanding of it would be that one could have sort of a risk-based approach, and one could look at the professions where

the risk of PTSD is strongest and draft and delineate coverage based on that approach. We certainly think that it's appropriate to look at not removing the ladder. I know paramedics best of all; I'm not here to speak on behalf of police or firefighters. Paramedics have no intention of removing the ladder so others can't ascend to the same height they have; the ladder will stay in place and it will be a beacon and a call for them.

We would certainly see that, in the province of Ontario, health care workers, generally, ought to have the presumption flowing from the nature of their work. When we look at what were once workplaces—long-term-care facilities: We now see homicide in long-term-care facilities. That's a startling change from the nursing homes that I remember 30 years ago, and I trust that that's the same for the members of the committee.

For a more general application, we would certainly see health care workers—I won't speak for parole or probation officers, but clearly there are those engaged in public service who, by the nature of their duties, are exposed to these types of traumatic events that are triggers. We would welcome extension. We can have an ongoing conversation about what the platform looks like—is it an add-on to this bill or is it a slightly different version of this bill—but the principle of presumption would be relevant.

Ms. Jennifer K. French: Okay. I have a couple of other quick questions I'd like to get in. Do you have dispatchers in your membership—911 dispatchers? No? Okay.

In terms of preventive plans, we see that prevention piece in this legislation but the wording isn't definite. It's "may direct," "if the minister directs"—

The Chair (Mr. Peter Tabuns) Ms. French, I'm sorry to say that you're out of time.

Ms. Jennifer K. French: Oh—

The Chair (Mr. Peter Tabuns): I know. It's been that way all day.

Ms. Jennifer K. French: To be required or just appreciated?

The Chair (Mr. Peter Tabuns) I'm very sorry.

Thank you very much for your presentation.

Mr. Corey Vermey: Thank you.

MR. BRUCE KRUGER

The Chair (Mr. Peter Tabuns) Our last presenter for the day is Mr. Bruce Kruger.

Mr. Bruce Kruger: So, you know what I'm doing: I'm unable to sit—I don't have the luxury to sit the way you people do. Unless my back is directly to the wall, I'm devastated and I wouldn't be able to talk to you.

The Chair (Mr. Peter Tabuns): Yes. That's fine, Mr. Kruger.

Mr. Bruce Kruger: Are we on?

The Chair (Mr. Peter Tabuns): We're set. You have 10 minutes. Please give your name again for Hansard, and take it away.

Mr. Bruce Kruger: I'm Detective Inspector Bruce Kruger of the OPP, retired since 1999. I have a couple of Swiss Chalets and Harvey's and Kruger's Muskoka River Bed and Breakfast. I love advertising when I can.

Mr. Chair and members of the Standing Committee on Social Policy, as a first responder I went on my first ambulance calls when I was at the age of 13 until I joined the OPP at the age of 21. Unfortunately, my policing career took a sudden, dramatic change on June 28, 1977. I was forced to kill an escaped convict from Kingston Penitentiary who was armed with a sawed-off shotgun. He was about to shoot a young rookie police officer trapped on the floor of his cruiser, hiding from this approaching and very desperate man. Within seconds, my life changed forever.

Each year, more serious incidents affected me. For instance, my boat was set ablaze by two drug dealers. In 1990, I was dispatched to a scene of a double drowning, at which time I recovered the bodies of a father and his nine-year-old son, whom I knew. My oldest son, Skeeter, was to have been with them; luckily, he missed that trip.

One January 2, 1981, I located the body of a fellow OPP officer who was frozen solid in a snowbank with three bullet holes between his eyes. In 1981, I was run down by an escaping peeping Tom with his vehicle. I was off duty for over a year, having undergone four operations and later a muscle transplant.

In 1999, as detachment commander of the Bracebridge OPP, I received a telephone call pertaining to the shooting of the escapee from 14 years ago. It devastated me so much that I was removed from the detachment. I was found later that night, in full uniform, lying in a vegetable garden on the opposite side of town, too drunk to stand. For three months, I believed that a person was coming to kill me in retaliation for the fatal shooting. General Roméo Dallaire had a similar incident, being found naked and drunk in the Ottawa River because of his experiences.

I am also the officer who instigated the massive investigation by the Ontario Ombudsman, without whose help we would never have moved forward to prevent officers' deaths and family destructions. I had 77 other OPP officers and 146 municipal officers join with me to show that this is a systemic problem. I have personally witnessed the abusive decision-making procedures of the WSIB for benefits, and I appreciate this opportunity to present my concerns regarding the presumptive legislation of Bill 163.

I purposely have asked to speak directly to this committee today since the Ministry of Labour round table addressing PTSD for first responders and the WSIB working group for police with PTSD have completely refused to let anybody even speak. If you've got PTSD, you're not allowed at their meetings, and yet they're the ones who are supposedly controlling it. Unbelievably, these two groups have been tasked with making the rules and regulations, and yet we can't speak.

I wish to point out several concerns that I hope may be changed or incorporated within Bill 163. You must

understand the heartache, pain and anguish that I and my family have endured for years due to the terrible, flawed system of WSIB. Unfortunately, for years I have suffered extensively. I was continuously denied WSIB assistance to alleviate the devastating effects created by this operational stress injury.

The last words at my appeal hearing from the government lawyer were, "Mr. Kruger is not deserving of benefits." I was hospitalized for two months at Homewood Health Centre, and later I had 11 months of treatment at CAMH in Toronto, twice weekly. My condition worsened so badly because of hypervigilance that I had to withdraw from treatment.

I should not have been forced by WSIB to relive the hell of those horrific events. Just preparing my appeal hearing brought back nightmares, anxiety, sleeplessness and much more. I should have been healing, not rehashing. I did not deserve to be treated as a throwaway employee with a mental illness. PTSD is the loneliest injury in policing, and the WSIB just made it worse.

Pertaining to Bill 163, I have the following comments specifically: The definition of "police officer" does not include a person who is an auxiliary police officer. As a former provincial coordinator for the OPP auxiliary program, I was in charge of approximately 800 OPP auxiliary members serving across this province. These auxiliary members volunteer countless hours to give support in most aspects of general policing while out on patrol with our regular members.

It is ludicrous to think that a regular officer and an auxiliary officer could attend at the same horrific scene of crime or accident, experience exactly the same traumas, both later to be diagnosed with PTSD, and yet the regular member is then given the benefit of presumptive legislation while the auxiliary is not. This is wrong. Please keep in mind that these are the very heroes of society who give of their own free will in order to serve the citizens of Ontario, with no monetary reward of any kind.

In regard to the entitlement to benefits, the time frames that have been announced are all related to 24 months from the time when this bill is given royal assent. But due to no fault of the first responders who applied after Ms. Cheri DiNovo brought this to the Ontario Legislature six years ago, they were anticipating that the Legislature would certainly have acted far sooner than six years. Those people should not be losing out on the benefit of presumptive legislation, and I would ask that you consider moving it back 60 months rather than 24.

For section 5, I strongly urge that it be reworded out of principle towards the issue of PTSD. It currently states, "The worker is entitled to benefits under the insurance plan as if the post-traumatic stress disorder were a personal injury." All research to date clearly shows that PTSD is in fact also a physical injury. It is no different than a broken leg. The data shows that there is significant change within the brain as a result of the trauma. This is not just another mental illness. The phrase "as if" is insulting to those of us who have received an operational stress injury. As Roméo Dallaire points out, it is this type of disparagementtowards PTSD that augments the stigma that goes along with mental illness. The sentence should read, "The worker is entitled to benefits under the insurance plan since the post-traumatic stress disorder is a personal injury."

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The Ministry of Labour has asked that there be reports developed to show how various organizations will prevent post-traumatic stress disorder for preventive measures. I think, more importantly, I would like to see included in the minister's orders that he ask that they also submit how they are going to submit WSIB forms on behalf of the organization, whether it's police, fire or ambulance, to keep them confidential. There is no confidentiality for these officers when their WSIB forms sit in some secretary's tray or on a corporal's desk overnight. People joke about it, people take home the information, and it's wrong. WSIB should have a plan in place to correct that.

I spent well over 800 days trying to get my benefits. That's how bad it was. It was a disgrace. I couldn't get any help from anybody. The hell that that put on my family and myself in particular—and by the way, I had to do my own investigation because the WSIB investigator was too incompetent to do the job. I should never, ever have had to do that. I hope that that change is with the presumptive legislation.

These ministry groups that I mentioned before—the round table and the working group—they don't want to hear about the problems that truly exist. Presumptive legislation is just one thing—and by the way, when I went to the Ombudsman, I was furious because all the police associations turned me down. They said, "We have this all looked after. We're getting presumptive legislation," when, in fact, it didn't cover anything to do with how PTSD was dealt with within policing services. The Ombudsman did the largest investigation and made the most condemning recommendations that he had ever done while he was there.

Money: We're not supposed to discuss money either, for some reason, but money truly is one hell of a cause for these people killing themselves, having family domestic problems. Constable Garda of the Toronto Police Service who had died drowning was heavily in debt, and they had to use a GoFundMe account. That's a disgrace in the province of Ontario. Another officer from Toronto, Bill Rusk, just in the last few weeks lost his farm because he had finally been assessed by WSIB and he was given less than the poverty rate. So he had to sell his farm. Another—

The Chair (Mr. Peter Tabuns): Mr. Kruger, I'm sorry to say that you've reached the end of your 10 minutes.

Mr. Bruce Kruger: Okay. Just the last statement that I want to do, and that is: As far as change, I truly believe that it's time that the resignation of the WSIB either be taken or should be removed from office. That is how bad the culture is there.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Kruger. We go first to the official opposition: Mr. Arnott.

Mr. Ted Arnott: Mr. Kruger, thank you very much for coming in today and for your presentation.

Because of the time limitations, you didn't really get enough time to finish it. Is there anything more you wanted to say in the time that we have for our caucus?

Mr. Bruce Kruger: The money aspect—and as I say, people don't want to discuss money. But when I was in the Homewood hospital for the two months, the soldier that had been over in Afghanistan for six months got retraining and a package of $260,000—a little over that—for his non-economic losses. I got a cheque sent to me, which I did not cash because I was so upset, for $2,500 for my 30 years of hell that I've gone through. That works out to less than an oil change for my truck per year. That's how the province of Ontario is addressing the needs of emergency services.

Mr. Ted Arnott: You said that PTSD victims should be able to spend their time healing, not rehashing.

Mr. Bruce Kruger: That's right.

Mr. Ted Arnott: It's a very eloquent way of saying what needs to be done.

Again, thank you very much for your presentation.

Mr. Bruce Kruger: Thank you. I appreciate it.

The Chair (Mr. Peter Tabuns) We'll go to the third party. Ms. Forster.

Ms. Cindy Forster: Thanks, Mr. Kruger, for being here today. You spoke about the auxiliary police, that they should be included. When I met with some of your fellow colleagues in the last couple of weeks, they also talked about the need to include operators, call centre workers, dispatchers and forensic technicians, who are on the scene of many accidents and murders.

Do you have any kind of comment on that?

Mr. Bruce Kruger: Yes. I strongly—strongly—agree with all of that. They say that a telephone call can't upset anybody. It was the telephone call that I received, thinking, in my mind, that somebody was coming to kill me; that's when I went off the walls. For three months I thought, "Somebody's going to put a bullet in the back of my head."

Therefore, dispatchers—yes. They suffer just as badly, listening to the screams and the anguish of what's going on on the other line.

I also have a very good friend who does road reconstruction—I forget the title that they have now; I'm getting older. He saw so many horrific accidents, picking up body parts of babies and everything else. Sure, these people need it. They need that protection.

Ms. Cindy Forster: Now the government is proposing that there be this 24-month window for people to come forward with their diagnosis. But it sounds, from your story, like it was many years, many incidents, that actually finally led to a diagnosis of PTSD. What do you have to say about that?

Mr. Bruce Kruger: Well, what happened with me is, once I pulled the trigger, I was in big trouble. It was just devastating for me. By 1984, I came down here to Toronto to a SMILE program the Toronto police had put on. The acronym was about mental health within law enforcement.

But then, when the OPP started up their program, I was one of the first to call for help. We met in a Tim Hortons. I sat down with the guy and he said, "Wait a minute, Bruce. Before you say anything, I've got to tell you, this is a very confidential thing on paper, but I've been instructed to tell my district commander of everybody I meet with. So if you ever want to get promoted, don't come back and see me." I shut my mouth until I retired. I became the great pretender.

By the way, I became the provincial coordinator for the tactics and rescue units. I was such a good pretender—and I got the job because I was the highest scoring in psychological testing. They had no idea that I was bleeding inside for so long.

Ms. Cindy Forster: Thank you.

The Chair (Mr. Peter Tabuns) We go to the government. Mr. Anderson.

Mr. Granville Anderson: Thank you for being here, Mr. Kruger, and sharing your experience. It's quite the experience that you've been through.

I know you have a lot to say. I was just wondering if there's anything else you would like to make sure the committee is aware of. Give me your background. You can expand.

Mr. Bruce Kruger: I can't explain enough that the Ministry of Labour round table and the WSIB working group are such a terrible failure. The best that's come out of the round table has been that they've decided they're going to have another conference. There is not one report—the Second World War was fought faster than what is going on. It is a crying shame that first responders have been set on the back burner so much. So yes, they've got to change. They've got to allow first responders to speak at these things, tell them their problems and do something about it.

Mr. Granville Anderson: Given your experience with the WSIB, do you think Bill 163 will help make that easier for others?

Mr. Bruce Kruger: I think Bill 163 is tremendous, so don't get me wrong with my ranting. I think it's tremendous and I'm very, very proud to see it go ahead. I would love to see so much more. There has to be one heck of a change in culture within WSIB. I can't even get my expense accounts with my restaurant. If I'm one day late past 30, I pay penalty and interest on anything that I owe. Last year, to get my expenses out of WSIB, it was 11 months and they wouldn't pay a cent. I'm still waiting for last year's expenses that I've submitted, and I've been waiting now for five months for that one.

They refuse to answer any letters; they will not acknowledge letters. I was so upset about that because they accused me of failing to deliver the letters. I said, "I want a receipt for it." "No, no, you can't have one." So I put in a complaint to the Fair Practices Commissioner of the WSIB, and be damned if he wouldn't give anything. By the way, I've got that on a telephone conversation, that they wouldn't allow it.

Mr. Granville Anderson: I still have some more time?

The Chair (Mr. Peter Tabuns): You have about 40 seconds.

Mr. Granville Anderson: How do you think this will impact mental health in the workplace, Bill 163? I believe you alluded earlier to the stigma in—

Mr. Bruce Kruger: I think it's going to be amazing for the people to feel confident that they can say, "Yes, I suffer from PTSD and, yes, I am going to get quick help." I think it's going to make a huge difference, and people will not be sitting back as much scared to death. Believe me, people are scared.

Mr. Granville Anderson: Thank you very much for your presentation.

The Chair (Mr. Peter Tabuns): Thank you, Mr. Kruger.

Mr. Bruce Kruger: Thank you. I appreciate the kindness.

The Chair (Mr. Peter Tabuns): Careful, the microphone.

Mr. Bruce Kruger: Jeez, what did I do?

The Chair (Mr. Peter Tabuns): We lose too many people that way.

Mrs. Gila Martow: Yes, it'll be another WSIB claim.

The Chair (Mr. Peter Tabuns): Mr. Arnott, you had wanted to raise a point of order?

Mr. Ted Arnott: Thank you very much for recognizing this very brief point of order.

I just want to draw committee members' attention to written submissions to the committee, one of which was placed on committee members' desks yesterday and the other today. They're from my constituent, Norman Traversy, from Erin. He wanted to make an oral presentation to this committee. I realize there were more expressions of interest than there were available spots. They're two very large submissions and I would encourage all members of the committee to take the time to read through them.

I've had a lot of interaction with him and he's been in touch with my office over a number of years. He's a victim of PTSD. He is a former firefighter working for the city of Mississauga. Again, thank you, Mr. Chairman. I would encourage members to read the submissions and consider them.

The Chair (Mr. Peter Tabuns): I don't believe it was a point of order but well taken, nonetheless.

Mr. Ted Arnott: Thank you.

The Chair (Mr. Peter Tabuns): Ms. Forster?

Ms. Cindy Forster: I'd like to just have another point of order to acknowledge that there are people here in the audience today who could not get on the list because of the short turnaround time to actually get on to present, even though there should have been 20 minutes left at the end of this day today. They went out of their way to come here and make sure that they heard the presentations of others.

The Chair (Mr. Peter Tabuns): Okay. Thank you very much.

Mr. Dhillon.

Mr. Vic Dhillon: Chair, I'm just unclear about the other 20 minutes. It's my understanding that the presentations were booked to the max and they were to go to 6 o'clock.

The Chair (Mr. Peter Tabuns): My understanding, Mr. Dhillon, is that today we are booked to the max. We moved someone from yesterday to today, which took up the 20 minutes that were remaining.

Colleagues, a couple of housekeeping matters before I adjourn the committee: First, pursuant to the order of the House, amendments must be filed with the Clerk of the Committee—and you can see him right here—by 12 noon on Wednesday, March 16, 2016. Amendments need to be filed in hard copies with the Clerk in room 1405 in the Whitney Block.

With that, I adjourn the committee until Monday, March 21, 2016, 2 p.m., for clause-by-clause consideration of Bill 163.

The committee adjourned at 1754.

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