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**Official Report
of Debates
(Hansard)**

F-7

**Journal
des débats
(Hansard)**

F-7

**Standing Committee on
Finance and Economic Affairs**

Progress on the Plan to Build Act
(Budget Measures), 2022

1st Session
43rd Parliament

Thursday 24 November 2022

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

Loi de 2022 sur la progression
du plan pour bâtir (mesures
budgétaires)

1^{re} session
43^e législature

Jeudi 24 novembre 2022

Chair: Ernie Hardeman
Clerk: Michael Bushara

Président : Ernie Hardeman
Greffier : Michael Bushara

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON
FINANCE AND ECONOMIC AFFAIRS**

Thursday 24 November 2022

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Jeudi 24 novembre 2022

The committee met at 0900 in committee room 1.

**PROGRESS ON THE PLAN TO BUILD
ACT (BUDGET MEASURES), 2022
LOI DE 2022 SUR LA PROGRESSION
DU PLAN POUR BÂTIR
(MESURES BUDGÉTAIRES)**

Consideration of the following bill:

Bill 36, An Act to implement Budget measures and to enact and amend various statutes / Projet de loi 36, Loi visant à mettre en oeuvre les mesures budgétaires et à édicter et à modifier diverses lois.

The Chair (Mr. Ernie Hardeman): Good morning, everyone. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting here today to resume public hearings on Bill 36, An Act to implement Budget measures and to enact and amend various statutes. The Clerk of the Committee has distributed committee documents, including written submissions, via SharePoint. Please wait until I recognize you before starting to speak. As always, comments should go through the Chair.

Are there any questions before we begin? If not, committee members, for the purpose of accessibility, with closed captions for our witness over Zoom this morning, I'm asking that all members please speak slowly and clearly and please state their name before they begin speaking each time during the rounds of asking questions.

The presenter will have seven minutes for their presentation, followed by 39 minutes of questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members, and two rounds of four and a half minutes for the independent members of the committee as a group.

ABILITIES CENTRE DURHAM

The Chair (Mr. Ernie Hardeman): We will now call on Mark Wafer, interim president and chief executive officer of Abilities Centre Durham, to please come forward. Welcome. State your name for Hansard as we begin.

Mr. Mark Wafer: Good morning. It's Mark Wafer here.

The Chair (Mr. Ernie Hardeman): With that, we will turn it over to you for your seven-minute presentation. We

will remind you when we're at the one-minute mark of the presentation to conclude. The floor is yours, Mark.

Mr. Mark Wafer: Thank you very much. Thank you for your attention, to be with me this morning. As noted, I am the CEO and president of Abilities Centre Durham, and that's who I am representing today.

However, in a previous life, not too long ago, I was an employer and a business owner. I owned 14 Tim Hortons locations in the city of Toronto, and did so for over 25 years. We sold the business not too long ago. One of the things we were most recognized for as employers was the inclusion of people with disabilities in real jobs for real pay. We employed over 250 workers in 25 years who identified as being disabled, with all types of disabilities. In fact, we believe that we hired from every type of disability that is out there: people who have vision loss, who are deaf, who have missing limbs; people with mental health disabilities; wheelchair users; and, of course, people who have the use of a service animal. This means every position within the company, at some point in time, was filled by somebody who had a disability. Many of those workers came from ODSP. In fact, a large portion of those people came from ODSP.

Over the years that we were including people with disabilities—and I think anywhere from 16% to 20% of our workforce was made up of people with disabilities, which mirrors the disability population of Ontario as a percentage—we developed what we call a business case. We started to see some real value in including people with disabilities in real jobs for real pay. We saw lower absenteeism. We saw lower employee turnover. We saw higher safety ratings. We saw greater innovation, because people like myself—I'm deaf—have to do things differently throughout the day. My problem-solving skills are different. That's how innovation is created.

We had a wonderful 25 years as business owners, but we had a significant barrier, and that significant barrier was ODSP policy. When we hired people who were coming off of ODSP, or were staying on ODSP but were finding part-time work with us, they or their parents or their caregivers would come to us and say, "Do you know what, Mark? I'm really pleased that my adult son or my adult daughter is now working, but they can only work two hours a day," which is absolutely useless to an employer. Or they can only work one day out of the week—again, absolutely useless to the employer.

So I realized back in the early 1990s that we have a problem here. ODSP, in the policies, is set up in a way to

keep people with disabilities in poverty. In fact, it was actually legislated poverty. And so I argued with the government. I fought with the government. I advocated with the government. I was an activist all these years to try to get the government to change these draconian measures.

And that's exactly what happened last week in the fall economic statement. The decision to quintuple the income level before claw-backs, the decision to index against inflation, is a game-changer. In my opinion, it does two things. First, it removes that disincentive, so that I would not have parents coming to me and saying, "My son or daughter can only work two hours," because now they can work part-time. They can work a full shift. They can be adding value to my business as an employer, not just to themselves. And secondly, it lifts thousands of disabled workers, thousands of disabled Ontarians, out of poverty. We've been arguing for this and fighting for this and asking for this and advocating for this for a very long time now. In my opinion, this is very much a game-changer.

I don't need my seven minutes, Mr. Hardeman. I will rest right there.

The Chair (Mr. Ernie Hardeman): Okay. Very good. We thank you very much for the presentation.

We will start the rotations of seven and a half minutes with the official opposition. MPP Fife?

Ms. Catherine Fife: Thanks. I'll be sharing my time with MPP Kernaghan.

Mr. Wafer, I want to thank you for coming before this committee. I want to thank you for the advocacy that you've done for so many years and really introducing this new conversation around how employers can benefit from hiring people with disabilities. I've seen the stuff that you've done, and I think you got highlighted on CBC a couple of times. Some of your employees were interviewed, and it was definitely a game-changer.

The ask that you've put before multiple governments to raise the bar or raise that claw-back from \$200 to \$1,000—there's no doubt that for a group of citizens who face disabilities, or are differently abled, I should say, this may change the view of the employer around hiring folks.

What else can a government do to incentivize the hiring of those with disabilities? Because I really feel that the province is missing out on an opportunity to highlight the work and the potential of those with disabilities. Go ahead.

Mr. Mark Wafer: Thank you for your question. I'm very cautious when anyone uses the term "incentivize" when it comes to people with disabilities. We've run into significant problems in the past when we provide incentives to employers. What we need to do is—and the government has already started this—remove the barriers: remove the attitudinal barriers and the physical barriers and the financial barriers. And that's what has happened.

When we approach business, we have to approach business with a message that resonates with them, not with the employee, not with these service-sector agencies who are trying to find work for people with disabilities. We have to have a message that resonates with the employer, because ultimately we need them to open the door. We need them to say, "Yes, we're going to be an inclusive

employer, because we see the value of bringing people in with disabilities, doing real jobs for real pay."

If you look at the data I just gave you, I didn't get granular with it, but absenteeism rates—in my business, my absenteeism rate for people with disabilities was 85% lower than it was for people without. That's a real cost to employers. So when we talk to employers, that's how we incentivize them: the business case, the economic case. If we get into the weeds with incentives, we start to run into significant problems down the road.

0910

Ms. Catherine Fife: Thank you for those comments—I do think that there are some very significant attitudinal barriers around hiring those who are differently abled. The province is facing a labour shortage, and so there is a window of opportunity here to address some of those issues.

I do also want to say, though: There are those who are differently abled who cannot work. So while this is a good step—it is something that we have actually called for as the official opposition. But the fact is that there are those who are unable to work. So we are still calling for a doubling of the ODSP rate because we agree that it is legislated poverty.

Thank you so much for coming in today.

MPP Kernaghan?

The Chair (Mr. Ernie Hardeman): MPP Kernaghan.

Mr. Terence Kernaghan: Thank you very much for your excellent presentation, Mr. Wafer. I want to also—as a former educator and somebody who has worked with students living with disabilities for many years, I just want to thank you for your advocacy, for making sure that they have a voice and for showing the inherent benefits of hiring folks who are living with disabilities.

I just wanted to add the voice of a great constituent of mine, Lane Sargeant, who is reflecting on the pandemic. Lane said, "My condition is not a moral failing. Let me say again: My condition is not a moral failing. A popular misconception is that the disabled are lazy, incapable, or looking for a way to game the system. In truth, most of us want to contribute, but are forced to sacrifice health to hold a job, even with government assistance.

"As for myself, working full-time, in addition to receiving ODSP, I make less money than those eligible for CERB, which the federal government declared was the bare minimum required for survival throughout the pandemic. To be clear, I worked throughout and made less than those laid off in quarantine while receiving benefits. A full-time job and disability support and, somehow, I'm still in poverty."

I think we saw throughout the pandemic that CERB was identified as the basic living income that folks would need in order to pay the bills. I wanted to ask: Are you aware of any of the folks that you've worked with who applied for CERB and ended up having it clawed back?

Mr. Mark Wafer: Actually, no, I'm not aware of that at all. But I will say, listening to the comments from your friend: Absolutely. What he's saying is absolutely true, that when people are disabled in a society that's not built

for us, the attitudinal barriers. I was born deaf. I'm 61 years old, so I've got 61 years of lived experience living in a world that wasn't designed for me. I'm not disabled; it's the society that disables me, right? So the comments from your friend are correct.

What I believe we need to focus on here—and it's very important—is that there are about 25,000 people who are on ODSP who are working. It automatically changed their lives in the fall economic statement—absolutely changed their lives. But there's a lot more people on ODSP who should be working and want to work. It's the attitudinal barriers of not just society but the employers themselves that prevent those people from moving into work, as well as the disincentives. Now, we've removed that disincentive, right? There's no reason now for people with disabilities who are on ODSP not to work if they can work and they want to work.

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

Mr. Mark Wafer: What we need to do now is we need to remove the attitudinal barriers of employers. That's something that I've been working on for 25 years. We've moved the needle, but we've still got a long way to go.

Mr. Terence Kernaghan: Absolutely. I think you've touched on something incredibly important, and when we look at the built environment, as well as the social environment, it is deliberately designed to either include or to exclude. And I think measures like these are excellent ones to begin the conversation, although we are disappointed that there aren't any increases to Ontario Works and, also, we firmly believe that ODSP should be doubled.

I want to thank you very much for your advocacy, Mark, and thank you for everything that you're doing.

Mr. Mark Wafer: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes that time.

We'll now go to the government. MPP Byers.

Mr. Rick Byers: Thank you, Mark, for your presentation this morning. I found it very insightful, your comments about the changes made to the program, and thank you for your advocacy over a long period of time for these changes.

I was struck by your comment about the attitude barriers of employers. You obviously are, and have been for a long time, very forward-thinking in the way you've run your business, and your attitude. Can you comment a little bit more on what you're seeing from other employers, and, perhaps, is there anything the government can do to make them more aware or anything that we can do to change the mindset of other employers, in your opinion? I'd be curious.

Mr. Mark Wafer: It's a great question because, right now, we've got a very significant labour shortage, so today and in the near future, it is time to include people with disabilities in the labour market. There's absolutely a correlation between the labour market's issues and people with disabilities, who now face more than a 50% unemployment rate.

The attitude of employers has really changed, and it's because of advocacy work. It's because society as a whole

is changing. Diversity, equity and inclusion are important to people now, and so the topic has become more mainstream.

The reason I got started in all of this was, simply, I had a need when I owned my first restaurant, way back in the early 1990s. I had a need to hire somebody to look after a dining room in one of my restaurants. First week in business, and the man who walked through the door and wanted the job was a young man with Down syndrome. I didn't have a lot of experience with people with intellectual disabilities, but as a deaf person, I knew the barriers, and so I decided to give this young man a chance. He stayed with me for 25 years. He's one of my best employees. That's why I continued.

It was only after a couple of years that I realized there was more to it than just doing the right thing. Not only were some of these individuals our best employees, but with the low absenteeism, low turnover and greater innovation, including better safety records, I was more profitable. I was more profitable than my colleagues.

That's the message that resonates with business, and that message has to be to peer to peer, which is why I have a lot of success when I sit down with another business owner, when I sit down with the members of chambers of commerce or BIAs in communities and speak. I've spoken around the world. I've spoken globally about this message. It absolutely does resonate.

I'll give you a quick example. I happen to be a Rotarian. I started a program in Rotary to educate Rotarians who own businesses on the merits of hiring people with disabilities. That conversation led to 1,500 hires in five years. So the message resonates.

You ask what government can do? Government can help in that messaging. Instead of incentivizing, which the other member mentioned, take that message and blow it up from a government point of view, the value of employment. Employers will only listen so much to government because they see it as red tape, legislation and so on. But if that message is then taken by employers—and I'm not the only one out there who is an inclusive employer; there are many, many out there—take that message and run with it with other employers, and you will start to see the doors open.

Mr. Rick Byers: That's excellent. Very quickly, on the absenteeism, did you say your experience with absenteeism was—did I hear correctly—85% lower?

Mr. Mark Wafer: Yes, 85%. So I had about 250 employees who did not identify as disabled, and about 50 at any given time who did have a disability. The absenteeism rate for that group of 50 was always around 85% lower. And that's not just me. If you scale that and go into the United States, and take a look at a company like DuPont, one of the world's largest automotive paint manufacturers, they hired 200 people with disabilities in one of their plants in Texas. Their absenteeism rate for employees with a disability was 86% lower than the rest of the workforce. So this is not an anomaly. These are actually statistics to compare with, and they're scalable.

Mr. Rick Byers: Excellent. Thank you very much, Mark.

0920

The Chair (Mr. Ernie Hardeman): Anyone else on the government side? MPP Dowie.

Mr. Andrew Dowie: To Mr. Wafer: Thank you for being here. Really, it's truly a privilege to have heard you this morning and to have received your message. I appreciated your comments about the raising of the exemption of income from ODSP. Would you be able to provide us a bit more specific examples of how the previous exemption of \$200 acted as a barrier to employment and how acting on this will incentivize those who are on ODSP to seek and consider opportunities for employment?

Mr. Mark Wafer: Like I said earlier, I had numerous requests when I would hire somebody with a disability. This would typically be an intellectual disability—somebody who has got autism, somebody who has got Down syndrome or some other cognitive disability. And they may have had a caregiver or might have a parent who is advocating for them. They came to work at Tim Hortons, working in an entry-level position, and just so excited to be getting on with their lives and earning a paycheque. Paying taxes is absolutely huge, because now they're contributing to society, which is very important to people.

And Mom and Dad would come in and say, "We've got to put a break on this." It was so frustrating for me, because I could see how much this individual was going to put into my business: the enthusiasm, the love of wearing a uniform and being part of a team, and really wanting to get on with it and do a great job. The system let them down because they could not afford to work and get into a claw-back situation after earning \$200.

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

Mr. Mark Wafer: There's an attitude amongst families that there's a fear, and that fear has been lifted. There was a fear that the young person could lose their benefits. That's actually not true, but that fear was there because of the draconian ODSP policies.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation this morning. That does conclude the time. We didn't have the independents present yet, so—

Interjection.

The Chair (Mr. Ernie Hardeman): Oh. We'll get the—

Ms. Catherine Fife: One more round.

The Chair (Mr. Ernie Hardeman): One more round. I'm getting up too late in the morning, I guess.

We'll go for one more round. MPP Kernaghan.

Mr. Terence Kernaghan: I just wanted to speak, Mr. Wafer, about—you had mentioned that some of the folks you work with are living with autism. We noted that there are no mentions of autism or the Ontario Autism Program in the fall economic statement whatsoever. How does this impact some of the clients you work with?

Mr. Mark Wafer: I'll be honest with you, MPP, I cannot speak to the autism—do you call it the autism coalition? I'm sorry; I really don't know anything about that.

Mr. Terence Kernaghan: That's okay.

Mr. Mark Wafer: What I can tell you is that workers with autism sometimes brought the greatest level of innovation into my business, because they do everything differently. It's sometimes a challenge to find the right position for them, but once you do and they've gone through the training process, even if that person is, for lack of a better word, on the lower end of the spectrum of autism, they can still do entry-level jobs. I employed people who were not verbal, who did not speak, who would not look at you, and they did such an incredible job.

In fact—I have to leave you with this quick story: One of our employees—non-verbal, a wonderful young man—never spoke to me for the 10 years that he worked here. He set the standard in my restaurant for uniform wear, because he came to work with his uniform military-crisp: His pants were ironed, his shift was pressed, his tie was perfect, and he would spend 10 minutes putting his hairnet on so it was absolutely perfect. Everybody else saw that and didn't want to be outdone by the autistic guy, so they started to improve their look as well.

Mr. Terence Kernaghan: There you go. You know, as an educator of students with disabilities, I always strongly felt that people who are neurodivergent teach us more about ourselves. It's really such an excellent experience that you've shared with us. Thank you for that.

Mr. Mark Wafer: You're absolutely right there.

Mr. Terence Kernaghan: I did want to also just return to some comments from my constituent Lane who wrote—he's speaking about relationships for folks who are on the Ontario Disability Support Program. Lane writes, "Worse yet, ODSP is even a hindrance when it comes to forming relationships. In many instances, disabled people lose benefits if they marry or cohabit, having to wager the value of the roof over their head against the chance at a stable relationship. We have to fill out questionnaires about our love lives to determine if we are worthy of groceries? The state has no business indeed."

Lane is obviously suggesting some reforms to the ODSP program. Are there any other reforms that you would like to see implemented?

Mr. Mark Wafer: I think the dialogue should continue. Of course, I absolutely congratulate the government on what they have come up with. This is the most significant change in ODSP since its inception.

The person whom I told you about earlier, the first person who came to work with me with Down syndrome, came from ODSP. He worked with us for 25 years. About 10 years, in he married his high school sweetheart. We had 150 employees at that wedding. It was absolutely remarkable. It's just like you and me and everybody else: Those things are important to us. Those life-altering occasions are important to us.

Mr. Terence Kernaghan: Absolutely. That's why it is so deeply concerning that people's eligibility for ODSP is based upon the person who they love and the person who they decide to share their life with. That's a reform that I feel the government really needs to strongly look at, as pointed out by Lane, because I don't think your status with

ODSP should be impacted by the person whom you love and the person you decide to share your life with. I think that's a rather concerning thing that ODSP has in place at this current time.

I believe that is the end of my questions, but I want to thank you again for your presentation today.

Mr. Mark Wafer: Thank you.

The Chair (Mr. Ernie Hardeman): Further questions?

We'll then go to the government side. MPP Cuzzetto?

Mr. Rudy Cuzzetto: Thank you, Mark, for being here. First of all, I want to thank you for all the work you do at the Abilities Centre. I've been up there in Durham looking at that Abilities Centre, and I hope that we can build more of them across the province of Ontario. I think it's a great thing that you do up there.

About two years ago, I had the first-ever blind hockey game in my riding of Mississauga-Lakeshore, in Port Credit, to bring awareness to the people there about blind hockey players. I didn't even know we had a national blind hockey team. Mark DeMontis is one of the gentlemen who works with you; he was playing on that team.

There was another gentleman who showed up that day, Joe Del Grande. In my previous career, when I was helping my father-in-law with shoe importing, I used to sell shoes to Joe Del Grande, who owned a shoe store on Yonge Street. He and his brother were blind. When I would bring shoes to them, they didn't know what they looked like, but they would smell if they were leather. I couldn't believe how they could operate a shoe store, and they did well for many years. And then, seeing them playing hockey, I couldn't believe it.

The earnings from \$200 now to \$1,000: How will this help with the employing of people in our small businesses through the province of Ontario?

Mr. Mark Wafer: It's a game-changer, MPP Cuzzetto. There's just no question about it. You've lifted the disincentive. I see no reason why we can't double, very quickly, the number of people who are on ODSP who are working—double it, from 25,000 to 50,000. There's no reason why we can't. The incentives are there; the disincentives have been removed.

The labour shortage is here with us today and it's probably going to stay. So there's a remarkable opportunity for social service sector agencies to change their approach to having to deal with businesses, having to speak to businesses, and start to get a peer-to-peer discussion with businesses that could use an economic point of view, a business case, talk about the data I've talked about, and we're going to see more people with disabilities being employed. The way to change the employer's attitude is to continue to talk the way I'm talking. Employers understand that.

0930

I actually had the opportunity a couple of years ago to sit in the office of the CEO of General Motors Canada and have a discussion about this. I'm just a small business owner. I'm a restaurant owner. That individual was the CEO of one of the largest corporations in the world. We

spoke the exact same language, just on a very, very different scale. The things that kept that individual awake at night were the same things that kept me awake at night with my business.

If we talk in that way and we use that message continuously toward businesses, toward changing the business climate, toward other business organizations, we will start to lift those mental barriers, those attitudinal barriers that are in the workplace, with HR organizations, with the C-suite, with the CEOs. We'll change those attitudes. But most important was we needed to change the barrier at ODSP, the ODSP policy. You did that, and I'm very grateful, and I'm very thankful that you've done that.

Mr. Rudy Cuzzetto: Thank you, Mark. One more thing I forgot to mention when I was telling you about the hockey team: The blind hockey team beat the coaches from the Port Credit hockey team. But I traded Brad Boyes to them. Brad Boyes was a Toronto Maple Leaf player I traded to them for that game. They ended up beating us 5-4. Thanks, Mark.

Mr. Mark Wafer: That's great.

The Chair (Mr. Ernie Hardeman): Another question from MPP Smith.

Mr. Dave Smith: Mark, thank you very much for coming and presenting. I appreciate the comments that you made about increasing the threshold to \$1,000 as being a game-changer. One of the concerns I have, and I'm asking you specifically as an employer—some of the feedback I have received in my office from potential employers is their concern about hiring someone who isn't going to stay long-term if they're on ODSP because they may not like either the work or the job or the work environment. Can you give a message specifically to small business owners on your experience, why they should take that first chance and hire that first individual on ODSP?

Mr. Mark Wafer: Absolutely. The point that you've made is actually a misperception. It's a stereotype and a myth that people with disabilities will not stay on the job. Statistics show that people with disabilities stay on the job seven times longer than a person without a disability. This is even more important in an entry-level position, where people would typically be making a minimum wage or close to a minimum wage. If you are not disabled, you're looking across the street. You're looking in somebody else's backyard. "The grass looks a little greener over there. I'm going to take a chance and go over there," maybe for 50 cents an hour more or a dollar more.

When you have people with disabilities, it's often been years that they've been waiting to get that job. So the job is precious to them, and they stay. That's not necessarily fair, but it's a fact. It's real. When employers say, "I'm not so sure about this because I hired somebody with a disability 25 years ago and they only lasted a week, so I never did it again," I say to them, "Have you hired another disabled person who lasted only a week?" and they say yes, I say, "Well, why don't you hire another disabled person again?"

It all comes down to attitude and mindset. Breaking down the barriers or misperceptions and stereotypes is

probably the biggest job that we have as advocates when it comes to the private sector.

Mr. Dave Smith: Prior to getting into politics, I was manager of product development for a software company. I will be very open about it: When I had software developers come and apply who were on the spectrum, I did backflips, because in my experience, somebody who is on the spectrum who is a software developer has a greater degree of attention to detail and wants to make a more efficient application that runs faster.

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

Mr. Dave Smith: They were by far the best developers that I have ever had. It's my belief that as an employer, if you look at what the strength is that's needed for that job, in most cases, someone who has a disability, who is able to do that job, is actually stronger in that area of expertise than someone who doesn't have a disability, because they focus on their own strengths. Is my personal experience accurate for your experience?

Mr. Mark Wafer: That is such a true comment that you're making. It's important to recognize that around this table we're generalizing when it comes to people with disabilities. But when you look at autism, there's so many different versions and types and levels of autism.

If you look out west, there's a company in Alberta called auticon. The people who work at auticon all have autism. They do a job that I don't believe a person without autism could actually do: They look at reams and reams of information on sensors that are attached to oil pipelines. If something changes in the structural stability of that pipeline, it will show up as an anomaly in that data. As a non-autistic person myself, I would miss that after half an hour. I wouldn't have the focus to be able to do that. These workers with autism—

The Chair (Mr. Ernie Hardeman): If we can stop there, the time on that question has been consumed.

We'll now turn it over to MPP Bowman.

Ms. Stephanie Bowman: Good morning, Mark. Thank you for being here and taking time to educate us and to talk about the work that you do. I wondered if you could spend a few moments talking about what more we can do as MPPs, what more government can do, to encourage private companies to hire those with a disability. We know that that's, again, some of the work that you do around advocacy. I wondered if you could speak a little more about that.

Mr. Mark Wafer: Thank you for the question. I'd like to see the government, in some way, shape or form, campaign to support the message that we're already using in the private sector: a message that inclusion, diversity and equity of people with disabilities isn't just the right thing to do; it's simply good for business.

Like I said before, employers will not necessarily listen only to government, if government comes out with a campaign. But if that campaign is in alignment with what's being spoken about in the private sector—and if you take a look at the Ontario Chamber of Commerce right now, they have a message of employability. They have those programs in place to educate employers on the

business and economic benefits of inclusion. It would be very advantageous if our government was to mirror that with a campaign of their own, with the same talking points. Business could say, "Okay, this isn't just the chamber telling me this. This isn't just somebody with another business, like Mark Wafer, saying this. The government thinks this is important, too." The more support we have in the alignment with the messaging that we need to have go forward, the better.

Ms. Stephanie Bowman: Thank you. Are there other lessons from other jurisdictions, whether in Canada or abroad, where you see that kind of co-operation or partnership, where governments and private enterprise or not-for-profits are working together to advance that equity and diversity inclusion that we're talking about here today?

Mr. Mark Wafer: Yes. Government has a role to play, but the government's role, around the world, has never been the most important role. The government has a role in funding. The government has a role in helping to change attitudes in alignment with business. If we look around the world we will see some specific wins.

Australia, for example, has a policy of incentivizing the first hire of an employer. It seems to be working well in Australia, but there has been significant negative fallout from it. In the UK—and I always look to the UK, because they seem to be ahead of us, a little bit—there has been funding to organizations such as the British forum on disability, an organization that started in the early 1980s to try to get people with disabilities into the workplace. The government has funded them, and the reason the government funded them—and this is important—is they've got the right attitude, the right vision, the right mission, the right strategic plan in place, something that we do at the Abilities Centre in Durham and that we're very proud of.

0940

The government aligns themselves with those organizations and provides some funding, yes, but also echoes the message. So in the UK, you're going to see a lot more big companies that have a long-time track record of being inclusive employers. We're not quite there yet, but we can be. We've certainly got the bones to do it.

Ms. Stephanie Bowman: Thank you. So we're not quite there yet, so you still do believe there are some opportunities for government to provide more funding, to partner with those organizations whose work it is to advance that mission?

Mr. Mark Wafer: Yes, absolutely. There's always opportunity for the government to help in this area—absolutely.

Ms. Stephanie Bowman: Okay. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. That does complete the two rounds.

We do have extra time this morning, because we didn't have as many presenters. Are there any further questions from the committee? If not, we want to thank you very much for your great presentation and for the good work that you're doing for disabled people. Obviously, I think we've known all along that, given an opportunity, they all make good employees.

Mr. Mark Wafer: Yes, absolutely.

The Chair (Mr. Ernie Hardeman): You are a perfect example of that. You didn't do it just to help them; you did it to help your business, as you mentioned. So we very much appreciate that and thank you very much for coming to talk to us this morning.

Mr. Mark Wafer: Thank you all.

The Chair (Mr. Ernie Hardeman): That concludes the hearings for this morning. First of all, a reminder that the deadline for written submission is 7:00 p.m. on Monday, November 28. Secondly, we will recess until 1:00 p.m. this afternoon.

With that, the committee stands recessed.

The committee recessed from 0942 to 1300.

MS. NINA DEEB

ONTARIO ROAD BUILDERS'
ASSOCIATION

MR. JOHN REDINS

The Chair (Mr. Ernie Hardeman): Good afternoon, everyone, and welcome back. We're here to continue public hearings on Bill 36, An Act to implement Budget measures and to enact and amend various statutes.

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

The Clerk of the Committee has distributed committee documents, including written submissions, via SharePoint.

As a reminder, each presenter will have seven minutes for their presentation. After we have heard from the three presenters—and I believe on the first one we don't have three presenters—but after we've heard from the presenters, the remaining 39 minutes of the time slot will be for questions from members of the committee. This time for questions will be divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition and two rounds of four and a half minutes for the independent members as a group.

With that, we will now have our presenters. The first presenter is Nina Deeb, the Ontario Road Builders' Association—

Interjection.

Mr. Ernie Hardeman: Oh, she is an independent.

So we have the three then: Nina Deeb is on the panel; the Ontario Road Builders' Association, Andrew Hurd, director of policy and stakeholder relations; and John Redins. Are we all present? Okay. If we're all present, we then start. Each presenter will have seven minutes to make a presentation, and then we will follow through with the questions from the committee.

With that, we'll start with Nina Deeb.

Ms. Nina Deeb: My name is Nina Deeb. Good afternoon, Chair and committee, and thank you for hearing me on this bill.

I did not have time yet to prepare my submission for you, but I will have it to you by the Monday deadline.

I've been a real estate broker in Ontario full-time. I'm in my 27th year. I came to mostly speak on the target benefit pension plan and changes that I see here. I also would like to speak on the tribunals and also the changes for properties.

So the first thing I'd like to get right to the bottom of is centralizing government organizations to one place, on page 41. This reduces opportunity and jobs. That doesn't improve opportunities. That removes services from the people.

And the second I would like to point out here is on the target benefit pension plan. The reason this one gets my attention is because I have followed the financial crisis and I pay attention to when things get changed and amended like this. So what I see, what it looks like is happening here, to me, is this is getting reworked, and the people who should be benefiting from these pension plans—I don't see they're at that table. These are the workers. The workers should have a say in what is happening with their pensions.

I've been an employer a very long time, and I pay attention to pensions. CPP has grown since it came out in 1964, from \$148 per year that someone would contribute—that's the employer/employee portion—to the current \$7,000. So \$7,000 is how much is deducted from someone's income. That's one thing I notice here.

Pension plans have left finance, and they've entered real estate. And I've seen this with—the most famous place you're going to see this is the 407. The 407 in 1999 was handed over to CPP Investments, SNC-Lavalin and Ferrovial. So that highway was paid for by the taxpayers, and it was sold to a pension fund and a couple of partners.

And the other place that I see pension funds, where they have been very active in real estate, is—the Ontario land registry system was sold to a pension fund in 2003. That's something that I don't think should have been sold to a pension fund. I think that's something that should have stayed within the province. And since then, OMERS owns Teranet, which owns the Ontario land registry system, so pension funds are not staying within their sector. They have entered my sector very fiercely. They have a lot of money and I don't want their money in real estate. I've studied real estate for a very long time and pension funds are not welcome here.

I've actually written a study, the Generations Housing Affordability Analysis, which I published this year. One of my recommendations is that pension funds should not be participants in the real estate model in Canada. So that's one point I'd like to bring about, and also Bill 23, which was here the last couple weeks, which I didn't get to speak on, although I wanted to; I registered to.

On page 95 of this report, it says, "The Community Infrastructure and Housing Accelerator would not be used in the greenbelt, maintaining the government's steadfast commitment to protecting this valued area." That no longer stands, so that is a concern that I'd like to point out.

The other thing I'd like to—

Mr. Stephen Crawford: Point of order.

The Chair (Mr. Ernie Hardeman): Excuse me. We are doing the public hearings on Bill 36—

Ms. Nina Deeb: Yes. I'll carry on. The other thing I'd like to move towards is on page—

The Chair (Mr. Ernie Hardeman): We can't entertain the discussion on a totally different bill.

Ms. Nina Deeb: This is Bill 36?

The Chair (Mr. Ernie Hardeman): Yes.

Ms. Nina Deeb: Yes, I'm talking about Bill 36, from the bill.

The Chair (Mr. Ernie Hardeman): Okay.

Ms. Nina Deeb: So, page 97—I'm reading right from the bill and I'm relating things to this bill. I'm relating one to the other, which is appropriate. On page 97, it says here, "Protecting Homebuyers, Homeowners and Renters—Prioritizing Ontario Homebuyers." It says here that we're looking for foreign speculators and that we've increased the Non-Resident Speculation Tax to 20%. This actually does a run around the rules. For over six units, it does not apply. For agricultural land, it does not apply. For apartment buildings, it does not apply. This high tax not being applicable to what it should be is not helping. That's something that I noticed.

Also, the federal government moves the goalposts. When we have a housing plan and the federal government adds 100,000 per year in immigration, over the 10-year plan that we were trying to work towards, we're actually going to be short another 380,000 homes now, because we have more population than we planned for.

The other thing is that long-term care is absorbing our health care budget. We're building beds for private equity to run long-term beds for us here in Ontario, so health care is being shorted. The government is currently sitting on over \$2 billion that they haven't deployed into our health care system, which it really needs. This shortage within the health care system is being paid for with the suffering of children. It's children that need this money in Ontario and this money needs to be deployed into our health care system. And long-term-care beds—the private sector operating here in Ontario and long-term-care beds—the taxpayers aren't interested in funding assets for them to run—

The Chair (Mr. Ernie Hardeman): You have one minute left.

Ms. Nina Deeb: One minute left? Okay, thank you.

And then, as far as the tribunals and how they're operating here in Ontario: Tribunals have no role to play in housing or in workplaces or WSIB. I saw those changes here being made, as well.

There have been many books written about WSIB. Ron Ellis, for one, from U of T—he's a professor—wrote a book about WSIB and how inefficient it is in serving people that need it. And ODSP rising to \$1,000—that's a very high threshold and that's very high fruit for people that can't move or can't work. That doesn't help them. It also will not get them any shelter anywhere in Ontario anymore. There's nowhere for people in Ontario on ODSP to live anymore—

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

The next one is the Ontario Road Builders' Association: Andrew Hurd.

Mr. Andrew Hurd: Thank you, Chair and members of the committee. My name is Andrew Hurd, director of policy and stakeholder relations with the Ontario Road Builders' Association, and I'm here representing Kevin Machej, our president, and Michael McSweeney, our new CEO. Thank you for the opportunity to appear before you today. My comments will be in support of Bill 36, specifically schedules 4 and 9, authorizing expenditures, and schedules 2 and 3, extending the reduction in the provincial gas tax. At the outset, we want to thank Premier Ford and his government for these unprecedented levels of funding for transportation infrastructure.

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A bit about ORBA: Our association was formed in 1927. Our members build and maintain the majority of provincial and municipal roads, bridges and transportation infrastructure across the province. The road building sector, directly and indirectly, supports 56,000 workers at peak season and generates over \$5.5 billion in GDP.

We are strongly supportive of this government's transportation infrastructure program. Most people take our transportation infrastructure for granted; they never think that almost everything moves by truck at some point. The foods we eat, the building materials we buy and the pharmaceuticals that our province needs all move by truck. More than \$785 million of goods per day move on our highways, making the transportation system the backbone of our domestic and export-driven economy.

Infrastructure such as Highway 413 and the Bradford Bypass needs to be built as part of a multimodal strategy to keep Ontario moving. Investing in transportation infrastructure projects such as these will also significantly contribute to Ontario's economy through the creation of jobs during construction, connecting people to major employment areas and attracting more businesses to the region. Think of it this way: If you're stuck in gridlock, you are contributing to GHG emissions from this congestion.

Investing in transportation infrastructure is especially important in light of GDP growth, expected to slow next year. Every dollar spent in construction has a multiplier effect and keeps people employed. It's also vitally important that the Ontario government start to plan for the necessary road infrastructure that will support the government's plans for the Ring of Fire. The road network in the north is not currently robust enough to truly fulfill these plans.

Accordingly, we were pleased to note no change in the fall economic statement infrastructure forecast relative to the provincial budget. Bill 36 reaffirms almost \$87 billion for roads, bridges and transit over the next 10 years. That includes approximately \$3 billion for highways and over \$8 billion for transit annually over the next three years.

It's vitally important for our industry and for Ontario that this capital funding continues to flow. Because the linear construction season in Ontario tends to only last eight months—and it's shorter in the north—it's critically

important that our members have a sense of the government's infrastructure spend prior to the next fiscal year. Any capital indicators such as these are welcome, as it helps contractors plan their operations and capital investment for the upcoming season during the winter months.

Municipal infrastructure projects continue to be of major importance to the operations of many of our members. When municipalities are in chronic deficit positions, capital transportation projects are often the first to be curtailed in favour of shoring up operational deficiencies. Supports like the \$632-million joint federal-provincial assistance for municipal transit programs announced in this year's budget are very welcome. Further support from senior levels of government will be needed for the year ahead.

In order to help deliver on these important infrastructure projects, the conversations we continue to have with the government on risk reduction are critical. Contractors are ready to assume risk they can control, and right now there's a confluence of factors that are outside of their control, materials inflation and labour and supply chain pressures among them.

On materials inflation: There is usually a gap of several weeks—or sometimes months, in the case of municipal work—between bid submission, award, mobilization and shovels in the ground. Within that time frame, the price for key materials may have changed, something we've seen a lot of over the past year and through the pandemic.

Key materials indices serve as transparent mechanisms to ensure fairness for all parties and take some of the risk out of the process. There have been two indices in contracts for some time now that have worked well, and those are the MTO fuel and asphalt cement indexes. We would like to recommend that the provincial government encourage municipal governments to also follow this practice. We must ensure all ORBA members who bid provincial or municipal work are treated the same or fairly.

In the context of the MTO fuel index, the proposed extension of the reduction in the provincial gas tax contained in schedules 2 and 3 in Bill 36 is also an important component to reducing the cost pressures of our members and, we think, an important component to combatting the inflation we're all experiencing, should Bill 36 pass.

We are in the midst of exploratory discussions with the government on the creation of a steel index, which would, if adopted, provide more certainty and help reduce risk in contracts.

We are pleased to see this government prioritize careers in the skilled trades. Construction, like many other industries, is in the midst of a generational shift. Investing in domestic supports such as the increased funding for the Skills Development Fund and expanding the Dual Credit Program for high school students, as announced recently—there are great careers in construction out there, and many mentorship opportunities available.

We know that immigration is also a crucial component. It's great to see this government's efforts to have the OINP numbers doubled to 18,000.'

In the heavy-civil industry, we are in acute need of general labour. As I mentioned, there are many mentorship opportunities within our industry, many opportunities for career progression. Further industry and government promotion of the non-apprenticeship skilled trades is necessary to help ensure the transportation infrastructure industry keeps up with the growing needs of Ontario.

On behalf of the Ontario Road Builders' Association, thank you again for the opportunity to appear before you and for the unprecedented and continued level of funding that is being spent on transportation infrastructure.

The Chair (Mr. Ernie Hardeman): Thank you very much for the presentation. We now will go to John Redins. I believe he's—

Mr. John Redins: Yes, I'm here, Mr. Chair.

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

Mr. John Redins: Good afternoon. I'm John Redins, on the traditional territory of the Algonquin, and some say it belongs to Mohawk territory. I'm a client on ODSP and consider myself as a political junkie. As well, some will recognize me as a volunteer for the AMO conference here in Ottawa. My wife is a volunteer as well, and just recently won her two-and-a-half-year appeal for ODSP. She had a minor stroke in between, during COVID lockdown.

You have to address the backlogs on ODSP appeals. You did address the 6.5% of people with disabilities that work towards them, with an increase in taking more money home for working, but we need that money now, not in March 2023. If you can give that raise to MPPs in the last few months, you can move that quicker to the people with disabilities working.

Pierre Poilievre made a motion in the previous federal Parliament to get rid of these, to take them all away, but you are still punishing OW folks who are waiting for their appeals. You are still punishing people with disabilities living in legislated poverty. In fact, you have created a new pandemic called MAID.

You have increased ODSP rates 5%. Inflation is running 8% to 9% and your legislation said you'll match it with inflation every year. Well, this year you haven't matched it. Where's the match? The salesman pitch doesn't equal your legislation. As Premier, ministers and MPPs of the Legislature, answering emails from Ontarian taxpayers is your job. Why are they not doing it?

The legislation should be tied into the yearly allowance for ODSP recipients. Inflation should be tied into how much in assets people have under ODSP. The populist ideology that people with disabilities are fraudsters has to stop.

Mental health issues alone are hurting our community daily. I had an email from a family that a family member on ODSP received a letter during COVID lockdown in Brampton, when COVID numbers were high. It was putting this client at risk. My client has so much time to prove their stats for ODSP, but the Ministry of Health was telling folks to avoid doing things. Why do you treat people on ODSP sometimes like garbage to appease a certain group of the government's supporters?

Killing the greenbelt won't help the homeless when they can't afford rent regardless. The city of Ottawa has increased their stock and hasn't decreased prices, but your sales pitch doesn't match the need. I know landlords are keeping stock empty and are increasing values. I know landlords have torn down affordable housing or have left the properties empty. How many MPPs are landlords and voting on legislation on housing? Isn't that a conflict of interest? Why don't you want to hear from organizations such as AMO, who represent most of the municipalities of Ontario, except Toronto?

My 87-year-old mother is living in northwestern Ontario, in her own home still. She told me to be honest. The truth hurts sometimes. My former counsellor told me I am brutally honest.

Municipalities are still hurting from COVID. The government of the day called people heroes, going to work every day, using transit, but the sales pitch doesn't answer the need. Municipalities need the funding still for operations. While the Premier was on top of the Ottawa Citizen pitching for the former deputy of social services during the election, people a couple of miles away from the city of Ottawa were still cleaning up from the windstorm—nothing yet in the update to help our city.

I haven't been feeling well, with possible blockages in my intestine. I've been up all night before last, coping with it, because I don't want to go to an emergency, wait hours to get my stomach pumped. The pain is so severe that it feels that I have a blown appendix. What if it was? I don't want to be sitting hours in pain waiting for a doctor or a nurse to become available in emergency. Ontarians deserve better health care. Thank you for your time.

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

We will now start with the rounds of questioning. We'll start with the independent member for the first seven minutes.

Interjection.

The Chair (Mr. Ernie Hardeman): Yes, four and a half minutes, sorry.

Ms. Stephanie Bowman: I'd like to ask a question of Mr. Hurd. We often hear about the increases in costs for doing large projects. You've talked about some of the indices that you would like to see included. What kind of measures do you think are necessary to prevent the kind of overruns that we see in other transit projects that protect the taxpayers? For example, we're hearing now that there is a 70% increase in the Ontario Line project, and the government is saying that's due to inflation and supply chain issues. Is that the kind of increase in costs that we could expect from projects like the Highway 413? And what kind of measures would you recommend to make sure that that doesn't happen so that taxpayers don't end up bearing that burden?

Mr. Andrew Hurd: Thank you for the question. I'll have to defer to IO on the particulars of that specific project. But I can say that certainly we know that construction projects around the world are facing issues of

inflation. They are facing acute supply chain challenges. In terms of specific measures beyond materials indices, I think it's something that we're all grappling with. I'm not sure that we have the specific answer, but it's something that we're all looking at.

Ms. Stephanie Bowman: Do you think it would be wise and prudent for the government to include an increased amount for Highway 413 in this document? Right now they've planned for \$25.1 billion over 10 years to support the planning and construction of highway expansion and rehabilitation projects. Should that number be increased by 50%, 30%, 20%, 8% for inflation? What advice would you give the government around how to account and plan for these kinds of increases that they surely know will be happening?

Mr. Andrew Hurd: I'll have to defer to the government's expertise on this matter.

Ms. Stephanie Bowman: So you have no opinion on what kind of cost inflation we might expect on these large projects? Is there a typical amount? The indices you've talked about—again, I presume they're tied to market prices. What is the fuel index right now showing?

Mr. Andrew Hurd: The MTO fuel index is based on the rack price and accounts for the provincial tax as well. In general, I talked about that gap between bid and award and then mobilization—shovels in the ground. That's often several weeks, as I mentioned, and in municipal projects longer. So at the time of bid you are estimating the fuel consumption for specific road-building practices. Then, when it comes time to actually purchase the fuel for these activities, that's when the index kicks in. If it is going up from what you originally bid, then the owner pays the contractor and vice versa.

Ms. Stephanie Bowman: I guess what I'm saying is, what would be an example of a project right now that has that built in, and what kind of increase did that bring? If you looked at the index a year ago and then a contract had a clause to allow that increase for fuel, what would that be now?

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

Mr. Andrew Hurd: I think all MTO traditional tenders do have the fuel index applicable to them. I can't speak to the specific nature of Metrolinx and IO projects, but certainly the MTO fuel index and the AC index exist to protect all parties.

Ms. Stephanie Bowman: Can you give an example of a contract that had the index and what the increased cost was? Not Metrolinx, just a road project that you're familiar with.

Mr. Andrew Hurd: I can't speak to any specific project.

Ms. Stephanie Bowman: Okay, thank you.

The Chair (Mr. Ernie Hardeman): We'll now go to the government: MPP Crawford.

Mr. Stephen Crawford: Thank you to all the presenters for coming here today. We really appreciate you coming here as a witness.

I'd like to start off with Mr. Hurd and your organization, representing the road builders' association. I just

want to get a sense—I think we can all agree that the population growth of the GTA, Ontario and, indeed, Canada is growing at a pretty rapid clip. We're bringing in more immigrants, newcomers coming to the province from other parts.

We obviously have a shortage in housing; I think everybody would agree on that. We may disagree on how we solve that problem, but I think we agree on that basic premise. I think the same can be said for roads, in general—roads, highways, infrastructure, public transit. You being specifically in the road builders' association, could you give the committee some sense of how building of highways will help families, will help businesses? Has it kept pace with the population growth in the GTA over the last couple decades?

Mr. Andrew Hurd: Well, in relation to specific projects like the 413 and the Bradford Bypass, we don't look at those as standalone projects. These are part of a cohesive, multimodal plan, the greater Golden Horseshoe plan, and I think all elements in that plan are important. Certainly transit is of significant importance, but we can't build transit everywhere.

We are behind in this province in terms of having the transportation infrastructure—all modes—that we need in order to continue to connect communities and to continue to support our domestic and export-driven economy, and to further support social connectivity, as I mentioned, connecting people. I think the multimodal aspect and the building of highways is a crucial component of that. It is of vital importance to make sure that the province is ready for the population increase that we all know is coming.

Mr. Stephen Crawford: Okay. I have one more question before I pass it off to a colleague. You touched on the gas tax, which we are lowering for another 12 months. We know that the price of gas is not controlled by anybody here—it's circumstantial, and it's a global problem—but businesses and families are paying a lot of money right now for gas. You're supportive of the government decision to carry that gas tax credit for the next year?

Mr. Andrew Hurd: Yes.

Mr. Stephen Crawford: Any particular reason why? What would be the premise for your support of that?

Mr. Andrew Hurd: In our industry, fuel accounts for a sizable cost. I'd be happy to provide you with particulars by the submission deadline—on the 28th, I believe it is—if you'd like. But as I mentioned, it is a significant cost, and any measure to assist all Ontarians with the price at the pumps, and certainly with a lot of construction vehicles—much of our heavy equipment runs on diesel, but our staging vehicles and lots of pickup trucks and maintenance vehicles that are smaller operate on gasoline as well. So it's a vital component to making sure that we are able to continue the work that we're engaged in.

Mr. Stephen Crawford: Thank you. I'll pass it to my colleague from Mississauga—Malton.

The Chair (Mr. Ernie Hardeman): Three and a half minutes, MPP Anand.

Mr. Deepak Anand: Thank you, Chair. Thanks for letting us know how much time we have. First of all, I just

want to say—through you, Chair—thank you to Nina Deeb, John and Andrew for taking time and meeting us. These consultations are very important for all of us, especially when we heard that 500,000 people are going to be coming to Canada. Our federal government has intended that they want 500,000 people as new immigrants. Typically what happens—well, 60% love Ontario. They'd like to come, and I don't want to call it “end up”; we actually want them to come. With open arms, we want them to be here.

So I just want to start with you, Nina—a quick question, and then I want to move over to Mr. Andrew on this. My question to you is: For these 300,000 people who will be coming here, how important is it for us to make sure that we get ready? They all need a roof and we are already struggling with the housing crisis. So what's your take on that? What should we do?

Ms. Nina Deeb: Thank you for the question. I welcome immigration; we need more people in Ontario. One of my recommendations for immigration is to have housing prepared ahead of time, so that they don't—I helped house the Syrian refugees that came. I volunteered to try to help house them. They were in hotels, and the housing just wasn't there. So I think we should get the housing ready first and show that we have the housing, and then welcome as many as we can. I want to welcome as many immigrants as we can to this province. It's a beautiful province, and it should be shared.

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Mr. Deepak Anand: Thank you so much.

And Mr. Andrew, the question to you is: You briefly touched upon how all these 300,000 people coming need a job. When we talk about jobs today, we have a province that is actually having over 350,000 jobs going unfilled. On the other hand, we have people. People need jobs, and jobs need people. The missing link, as you talked about, with the labour shortage is making sure that we are there to help these residents.

You did talk about the Skills Development Fund and how important it is, if you want to take a moment on that. But what I really want to ask you is about the portable-benefit piece of this legislation. In your opinion, how important is it for our gig workers and other employees of the future, the portable benefits? What's your advice to us?

Mr. Andrew Hurd: Well I think that in construction, particularly in heavy-civil, we are looking at both immigration and domestic support. I'm the treasurer of a group called the Ontario Construction Careers Alliance, and we are going into high schools, often with virtual reality simulators, trying to break that stigma and encourage more young people to look at the trades.

I think that there's a tendency to think of construction as this monolithic sector, and I often use the terminology that it's a bit like calling emergency services. When you phone 911, you get police, fire and ambulance. They're all emergency services; they all do different things. We have acute needs in heavy-civil construction, relative to residential and ICI, on the general labour portion. We have

a lot of mentorship opportunities. We have a lot of opportunities for growth in soft skills in our industry—

The Chair (Mr. Ernie Hardeman): Thank you very much for the answer. The time is up.

We'll now go to the official opposition. MPP Fife?

Ms. Catherine Fife: Thanks to all delegations for being here today.

First, I just want to say to John Redins that I do remember you from Ottawa at AMO, so thank you very much for volunteering there. I hope that you're feeling better, and thank you for speaking to the raised threshold for those 6.5% of people who are on ODSP and who can work. Perhaps it will get more people into the workforce, but addressing the legislated poverty is a key piece, so I appreciate you coming here today.

To Nina: You touched on a lot of things in your presentation. You could make the argument that anything that has to do with money is something that citizens have a concern for, especially in the lack of transparency in where some the money is going.

And thanks for raising the 407. In 1999 when the 407 was sold—taxpayers paid \$1.5 billion for it; it was sold for \$3.1 billion. Its net worth in 2019 was \$30.1 billion, so the taxpayers and the citizens of this province certainly lost out in that transaction. At the time it was one of the largest privatizations of a public asset in Canadian history, so thank you for reminding us of that, because it should serve as a warning, really, for a government that really is dead set on privatizing a lot of investments.

But specifically to the fall economic statement: You referenced the target benefit pension plan. I'm really happy that you brought that up, because it hasn't gotten a lot of attention in this discourse. For those of you who are watching—which I know are maybe five or six people online—the target pension plans traditionally are just that: a target. The target can move if the pension plan does not perform well. Like defined contribution plans, it shifts the risk of the performance of the investment from the employer to the pensioner.

So your concern, if I'm getting it right, is very similar to what's happening in New Brunswick right now, where those target pension plans—they're 10 years ahead of us, and now those target benefit pension plans don't cover the cost of living for pensioners. So I appreciate the fact that you've brought that, too. Actually, there is a court challenge around the target benefit pension plans, because the unions at the time noted that the pension plan model shifted the risk of bearing financial market volatility almost entirely onto plan members, and that's not the goal of a pension. I hope that you'll agree with me on that.

So is your concern here today that because the fall economic statement is setting out a framework—it's actually on page 72, I think—is your concern that the target pension plans will move into replacing pension plans where one is currently offered by the employer? Are you looking at the displacement of those target benefit pension plans, and do you want to talk about some of your concerns as it relates to that question?

Ms. Nina Deeb: Yes, that is my concern. My concern is that once it gets—because I think it's expiring in 2024,

the way that they operate now. I think that once it gets changed through regulation—pensions are meant to benefit the worker, but the workers lose their power when they get transformed like this.

The other concern—it's actually similar to CPP, if you look at how CPP works and how much control you have over that. You do contribute. It's a maximum of just under \$7,000. When I got into real estate, it was around \$1,700 for both portions, employer and employee. That wealth that is being used is unavailable until you hit a certain age, if you live that long. It looks to me like it's following a similar model, and the people who it's meant to benefit, the workers, will lose control of the pension and also how it's invested. I believe that they will be looking to invest in real estate, similar to other pension funds, and that type of investment is not welcome in Canada. I do not welcome pension investments in real estate. There's no room for that type of investment here. Real estate is meant for people to live in, not for pension funds to profit on.

Ms. Catherine Fife: I mean, listen: The developers are doing okay in Ontario right now. I don't know if you've noticed.

I do want to say that at the federal level, around these target benefit pension plans, the federal government started down this road in 2016. At the time it was Minister Bill Morneau, and he introduced Bill C-27 to do this at the federal level. The move faced widespread opposition from unions and retirees, as it would undermine the worker security of the defined-benefit plans, which was contrary to the government's commitment to strengthen retirement security.

If you're looking at a society right now where the rate of inflation is on the increase, the cost of living is really impacting people on fixed incomes—the retirees in Ontario and across the country organized against this Bill C-27, so it is our job to get this information out to folks, because if they see that the government is going in this direction, this will definitely negatively impact their quality of life as they age, and this goes for all workers, I would say. In many respects, they think of it as a form of wage theft, which I feel like you've kind of articulated already, Nina.

With that, I think I can move—would you like to ask a question? Yes.

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

Ms. Catherine Fife: I'll pass it along to MPP Kernaghan, for the one minute.

Mr. Terence Kernaghan: I'd like to thank everyone for their presentations today and for coming to this committee.

Ms. Deeb, I wanted to quickly ask about your recommendations regarding the non-resident speculation tax. You had mentioned that it doesn't apply, and you think that the government's fall economic statement doesn't achieve its desired results because it doesn't apply to over six units, agricultural land and conservation land. How would you like that to be strengthened?

Ms. Nina Deeb: I think that it actually should specifically apply to these players and to these transactions. I think that it actually goes right around the problem. This tax is

only going to capture a wealthy student who wants to maybe have a place, like an international student who can afford to buy a place. That is happening because there's a shortage of rentals and housing, so the people who have the wherewithal will just buy a place and pay the 25%. It's not a lot of money to them. But what it's not capturing is the real estate investment trusts—

1340

The Chair (Mr. Ernie Hardeman): We'll have to finish this in the next round. The time is up for that presentation.

We'll now go to the independent, MPP Bowman, for the second round.

Ms. Stephanie Bowman: Let me add my thanks to all of you for taking time out of your days to be here.

I want to come back to Andrew. Andrew, ORBA has called for the mechanism to deal with inflation's impact on building materials. I wondered if you could give some context around what kind of inflation we've seen recently in the cost of building materials. We've heard about different things over the pandemic, about the price of a two-by-four going up and then coming back down. Could you just give us some context around that, please?

Mr. Andrew Hurd: Sure. If I can focus on steel, if you look at the American metal market scrap index, which takes a global view of steel prices, we see two big spikes in the last couple of years. The first spike was during the pandemic, and then almost as large was the war in Ukraine. That has put significant pressure on steel globally. We've certainly seen that with lumber prices. We've started to see lumber prices come down, but also, when it comes to equipment, as well, if you order a truck at the beginning of the year, due to the shortage of semiconductors, you will be lucky to get that by the end of the year. We know that in some cases, some heavy equipment manufacturers have stopped taking orders until they can rectify the supply situation.

Ms. Stephanie Bowman: Can you share a bit of an example of the scale of the increase in steel prices?

Mr. Andrew Hurd: I'd be happy to get back to you with specifics.

Ms. Stephanie Bowman: Okay, thank you.

When you look a large project like constructing a new highway—again, high-level—what would ORBA say about the percentage of cost that would be allocated to labour, materials, buying the land? Again, a rough scale here.

Mr. Andrew Hurd: Thank you for the question. It's a very good question, and I will be happy to provide that to you and other members of the committee by submission time on the 28th.

Ms. Stephanie Bowman: Okay. I'm really, again, just looking to get a sense for what kind of inflationary pressures that large mega projects like the 413 might need to anticipate, and again, what kind of increases to the potential overruns or, again, extra costs that would need to be built in.

I also want to better understand—you've called for this mechanism to be put in the bill. If it's not put in the bill, what's the impact of that to builders, to the province?

Mr. Andrew Hurd: I'm sorry. In reference to the—

Ms. Stephanie Bowman: The mechanism to deal with inflation's impact on building materials that you've requested.

Mr. Andrew Hurd: That is a separate conversation that we're having with the government, and it is, at this point, exploratory only. We're talking about the potential steel index.

Ms. Stephanie Bowman: Yes. I guess I'm just trying to understand—you've called for this. I'm just wondering what kind of analysis you've done to show what the impact would be if it's not put in the bill.

Mr. Andrew Hurd: Well, again, we continue these discussions with the Ministry of Transportation and with the government in terms of a specific legislative mechanism, whether it goes in a bill or is determined outside of that through some sort of legislative or regulatory vehicle.

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

Mr. Andrew Hurd: I can't specify what vehicle the government may look at, but certainly, we continue those discussions, and they're important discussions.

Ms. Stephanie Bowman: Okay. We've talked a little bit about labour and the shortage of labour. We're trying to build homes; we're trying to build highways. What's the potential impact to these large projects with the labour shortage, as well as the training challenge? We know that even if we have labourers available, they might not have the skills. What kind of implications can a significant labour shortage have on these kinds of projects?

Mr. Andrew Hurd: It can definitely be an issue. I think jurisdictions across Canada are grappling with this challenge. In Ontario, I think the government has done a great job at showcasing that there are careers out there in the skilled trades and in the non-apprenticeship skilled trades—

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

We'll now go to the government side. MPP Cuzzetto.

Mr. Rudy Cuzzetto: I just want to ask Nina a question here. If I understood you correctly, you said that you are against pension plans investing in real estate, correct?

Ms. Nina Deeb: That's correct.

Mr. Rudy Cuzzetto: So are you against the teachers' pension plan investing in real estate as well?

Ms. Nina Deeb: Correct.

Mr. Rudy Cuzzetto: Okay. Thank you very much for that.

My next question is for Andrew. Andrew, I believe in public transit, but I know that we need highways as well. With manufacturing coming back to Ontario and it being the number one jurisdiction in the world to build electric vehicles, and building the battery here, I know we need more roads to transport the parts. We cannot transport parts on public transit, and that was the discussion I had with Mississauga city council at one time, because they were against building the 413. How would that 413 help us bring parts into our manufacturing facilities in Oakville, in Windsor and across the province?

Mr. Andrew Hurd: Thank you for the question. I think that there is a major impact to not building anything. And we know that there is a cost in economic, social and in greenhouse gas terms to not continuing to build for the supports that we need for all of us as Ontarians and for the backbone of our economy. As you mentioned, it's primarily road-based.

Mr. Rudy Cuzzetto: Okay. Real quick, another part to that question: The 413 and the Bradford Bypass will take approximately 10 years to build. In 10 years, can you see 70% of the vehicles being electric vehicles, on those highways? Those highways will be considered the first-ever carbon-free highways being built.

Mr. Andrew Hurd: I think it's a good point. We've certainly seen the automotive manufacturers across the world really leap into the EV manufacturing in a big way. We know that there is a certain pressure on battery manufacturing as well.

But as you mentioned, the highway that is being built and going through the process at the moment, in terms of what that looks like in terms of the environmental impact, at the end and going into future decades, it's certainly exciting to think about what it could be with the EV infrastructure and the EV vehicles that could be on the roads at the time.

Mr. Rudy Cuzzetto: Thank you.

The Chair (Mr. Ernie Hardeman): MPP Dowie?

Mr. Andrew Dowie: A question for you, Andrew. Welcome. Actually, you're bringing me back to my previous career of civil engineer at the city of Windsor. So, just when you're mentioning the materials components and asphalt escalation and price index, I can certainly sympathize with that.

I've got a couple of questions for you. One is, do you foresee more volatility in the supply chain, in the ability to procure materials for road-building in the next coming years? Or are you finding a stabilization of some of the sourcing, understating it's been tough to find pipe, to find certain types of aggregate and other materials that go into road-building? I hope you can shed some light on that.

Mr. Andrew Hurd: Thank you for the comment. As a non-engineer and a non-contractor, I'm going to have to rely on the expertise of my members to help me provide a robust answer to you by submission time on the 28th.

Mr. Andrew Dowie: Okay. Thank you. Just to follow up, I know most industry has been mentioning too, certainly many around the table, that that labour force is a huge worry, where our next labourers are going to come from. We've had a generation of young people, certainly from my generation, where working with their hands and working in trades has not been encouraged. So now we're in a point where unfilled jobs are costing Ontario billions of dollars in lost productivity. I'm aware of contractors who are unable to bid on work because they cannot find the workers.

I was hoping to see if you had some insight as to ways that we can improve upon our education and skills development. Is there a greater role for the government to play in making sure that the workforce that you need to

make it go and build what we need to have built sees the light of day, and that we can get back to a sense where the market is a bit more balanced and we lose some of the volatility?

1350

Mr. Andrew Hurd: Thank you again for the question. I think that there are a lot of organizations and some good government promotional efforts involved in trying to bring people into the skilled trades and the non-apprenticeship skilled trades.

One of the problems we have is sort of last-mile business. It's sometimes difficult to connect people that want to get involved with the trades directly with employers. That's a discussion that we are having at the skilled trades construction advisory council. Perhaps we can have a one-window approach to help bring people in.

Certainly, there's a lot of work going on in the high schools and in settlement agencies in terms of trying to connect people to these jobs. The settlement agencies approach for heavy civil is something that we'd like to explore more with agencies such as COSTI, because we have a lot of people who would like to work and support their families, and they'd like to do that today. The only issue we have there is that we don't have a sense of critical mass, and so that's something we're working with settlement agencies to try and determine.

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

Mr. Andrew Dowie: Thank you. I'll be quick with this. Our government is looking at portable benefits. I know workers often have to move depending on their skill set. Are you aware of any impacts that might have on the workforce that contributes to road building in Ontario?

Mr. Andrew Hurd: We are looking at a situation where we do have organizations out there that are bringing workers from Alberta to Ontario and workers from Newfoundland to Ontario as well, so I think portable benefits are certainly a crucial component.

The nature of construction is that sometimes it is itinerant, given the weather circumstances we face, and so having a strong portable benefits plan to further support workers is certainly a step in the right direction.

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

We'll now go to the official opposition. MPP Fife.

Ms. Catherine Fife: I'll start this round with Andrew. Thanks for being here, Andrew.

Thanks for addressing the labour shortage. I have companies in the Waterloo region that have actually hired an immigration lawyer. They've got two specialists in skilled trades and they've gone to Portugal and they're doing direct recruitment in Europe. It's quite something. They've just given up on things moving quickly here.

There are some good things happening. My own son went through the skilled trades. I don't think people have an understanding of the time and the lengths that it takes to go through the training and go through the apprenticeship program, but he literally could get a job anywhere. And he's already making more money than me, which makes me very happy as a parent.

Just to go back to the steel index, because I think that this could also be tied with interprovincial trade. I know that I've advocated for a steel company in Waterloo that has often raised the issue—they want the government, in some way, to level the playing field, if you will, especially around steel. You mentioned the steel index and the cost pressures around that, and that other jurisdictions have a competitive advantage. What are we looking for from the government to potentially, especially around the supply chain, provide a competitive edge against other provinces?

Mr. Andrew Hurd: Thank you for the question. Again, that's a question that I will have to come back to your office with in more detail.

Ms. Catherine Fife: You were talking about specific vehicles, so I just want the committee to hear: What are some of those vehicles which would be helpful for ORBA?

Mr. Andrew Hurd: I think any time you're dealing with pick-up trucks and larger vehicles, the computerization of those vehicles, the technology that's in them—that is certainly a significant issue in terms of being able to have those vehicles manufactured and into the hands of contractors to be able to fulfill the jobs.

Ms. Catherine Fife: Any other comments on procurement, as well? Because procurement is an issue that I've been following very closely here, about who gets contracts, who doesn't get contracts, how those decisions are made and, I would say, a greater need for transparency around procurement. Do you think Ontario's procurement process for large infrastructure projects could be more transparent, more open, more clear?

Mr. Andrew Hurd: So please forgive me, but I'm focused at ORBA more on traditional tender, so design-build, design-bid-build and some construction-manager/general-contractor issues. So I think that those questions are certainly ones that Infrastructure Ontario and Metrolinx would be more adept at answering than I can. In terms of traditional tenders, I can say that the MTO tendering system has been in place for many years. It is quite robust, and there is prequalification for contractors to be able to bid on projects.

Ms. Catherine Fife: I did have a private member's bill to diversify that procurement chain, though, so that companies that traditionally don't access government jobs could access that. I definitely made an economic argument for that. We're trying to make procurement sexy again in Ontario, and it's an uphill challenge, I can tell you. Thanks very much, Andrew, for today.

Over to you, MPP Terence.

Mr. Terence Kernaghan: First of all, Mr. Redins, I hope you're doing well. I'm sorry to hear about your recent health troubles. This morning, in our committee discussion, we were focusing a little bit on some comments about family income, and I wanted to ask your opinion: Do you think relationship status should have an impact on the level of support you receive on the Ontario Disability Support Program?

Mr. John Redins: Yes, it should be. My wife is actually older than me. She's going to be retiring in two years. I'm on ODSP myself and I'll be losing all of my

benefits because of it. It will affect me 100%. It's just a disaster because you have a minister of red tape—you should see the red tape I have to go through to get me the stuff that I will lose out on when she turns 65. And when she turns 65, she has to fill out all these forms federally just to get to qualify to get payment.

Mr. Terence Kernaghan: Understood. One thing that we remain concerned about—we do believe that ODSP rates should be doubled, but also on page 90, it indicates that “reforms are required to ensure that only those who need social assistance are the ones receiving it. This includes plans to enhance measures to deter and detect abuse of the system to maintain program integrity,” which, unfortunately, is very judgmental and quite a frightening statement.

Mr. John Redins: It's a big myth out there that we're fraudsters.

Mr. Terence Kernaghan: Right.

Mr. John Redins: And I'm tired of the communications about that. It's absolutely frustrating. People are getting fed up, and you're making them feel worthless.

Mr. Terence Kernaghan: Absolutely.

Mr. John Redins: I'm sorry, but you're creating a new pandemic called MAID.

Mr. Terence Kernaghan: Understood. And I do strongly believe you deserve to be treated better by this government.

My next question, I'd like to just go back to Ms. Nina Deeb. I just want to thank you, because I know from working with my local realtors that realtors are very well connected to their community. They understand the needs and the issues.

I want to focus on your concerns about what we see in the government's transfer of public tax money into private, for-profit hands. Many I speak with are deeply concerned about this. You had some comments about the 407. Were you aware that, recently, the government forgave the international conglomerate that owns the 407 the \$1-billion tab they were owing?

Ms. Nina Deeb: Thank you for the question. Yes, I am aware. And also, I appreciate the value, as of—

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

Ms. Nina Deeb: Sorry?

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

Ms. Nina Deeb: The value in 2019 that was given to the 407 based on the 10% sale that occurred at that time, the value was \$32.5 billion in 2019. So that forgiveness, that \$1 billion forgiveness, is just even more injurious to the taxpayers because we're paying by the second. And it's similar to hydro billing now; the 407 is similar. So on holidays you pay different fees, and in the evenings and rush hours. So it's very financialized. The 407 is very much a financialized asset. It's a large tract of land. It's 108 kilometres of land.

So that's my answer. I hope that answers it.

1400

Mr. Terence Kernaghan: No, absolutely. I want to thank you for adding your comments about Teranet and the online registry.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time for this panel. I want to very much thank each one of you for being here today to speak to the committee and thank the committee for listening when I said they got shuttered out. Thank you all for coming here.

I do also want to remind all the presenters that the deadline for written submissions is 7 p.m. on Monday, November 28. So just because you've made your presentation today does not mean you cannot put more, if it comes to mind, into a written presentation. It must arrive here by November 28.

ONTARIO NURSES' ASSOCIATION,
LOCAL 83

NATIONAL CHRONIC PAIN SOCIETY

The Chair (Mr. Ernie Hardeman): Our next panel is the Ontario Nurses' Association, Local 83: Rachel Muir, registered nurse and the Ontario Nurses' Association local coordinator and bargaining unit president. The second one is the National Chronic Pain Society: Leeann Corbeil. I believe we have both on the screens. We will start the presentations. You will each have seven minutes to make a presentation, and then we'll go to two rounds for the panel to ask questions to use up the rest of the hour.

We will start with Rachel Muir, if we can, from the ONA.

Ms. Rachel Muir: Thank you. Good afternoon. I'm here today as a registered nurse. I'm the Ontario Nurses' Association bargaining unit president at the—

The Chair (Mr. Ernie Hardeman): If I could just stop you for a moment.

Ms. Rachel Muir: Certainly.

The Chair (Mr. Ernie Hardeman): I was supposed to say: Would you please introduce yourself for Hansard, to make sure Hansard records it the way it's supposed to be rather than the way I said it.

Ms. Rachel Muir: Certainly. My name is Rachel Muir. I'm a registered nurse and I'm the bargaining unit president and local coordinator for the Ontario Nurses' Association, Local 83.

As I've just stated, I am the bargaining unit president at the Ottawa Hospital. I'd like to say that our front-line health care providers and nurses are experiencing the worst staffing crisis on record, and there is no end in sight. Here in Ontario, the nurse-to-population ratio is 668 per 100,000 population; the national average is 830. We have the dubious distinction of having the lowest nurse-to-population ratio in Canada, and we are third from the bottom internationally. Today, a total of 25,000 nurses are needed to be hired here in Ontario to bring us to the national average—25,000.

As our population grows and ages, so do our nurses. One in five registered nurses are eligible to retire immediately, with another one in four able to retire starting in 2023. In 2021, health care and social assistance were the two largest employers in the service-producing industries, yet Ontario has done little to nothing to bolster them, and

even less to plan for the needs of Ontarians. You talk about the addition of health care workers and nurses without talking about the net amount. More people are leaving the profession than are entering it. In October of this year alone, here at the TOH, the Ottawa Hospital, we hired 36 registered nurses and lost 42.

With this loss of knowledge and skills, who will mentor and support the new nurses? Who will be there to ensure that there will be skilled, knowledgeable, professional nurses to provide the care to people of Ontario? Nursing students are entering the workforce ill-prepared. Lack of in-person clinical placements, mentors, crushing debt loads, unmanageable workloads, PTSD all ensure our next generation of registered nurses will leave the profession prematurely. I'm hearing of nursing students who are halfway through their third year getting their first clinical placement. Next year, they graduate. How is that education preparing them for their career?

Since the start of the pandemic, verbal and physical violence has increased by 50% across the health care sector. It is not just the frequency that has increased but the intensity. When did it become acceptable for nurses at my hospital to be almost strangled to death by a patient? When did it become acceptable for family members to verbally threaten my co-workers, stating, "You'd better watch out"? When did it become acceptable for patients' families to harass, intimidate and racially slur nurses at the bedside? It is never acceptable, but you do little to nothing to address this.

And then there's the issue of wages. Between 2010 and 2021, male-dominated public sector workers saw a real wage increase of 6%. Registered nurses, a predominantly female profession, saw a decrease of 7%. In 2019, Ontario was the richest it has ever been. The province had more money than it had when medicare was first implemented—\$22.7 billion more—yet we continue to see a decrease in program spending, a 1% wage cap, and on benefits, and cuts to public health care, with Ontario spending 10% less than the national average per person on health care than any other province, something they have been doing since 2008.

In 2021, despite increased revenues, Ontario under-spent by a staggering \$1.1 billion in health care. This is the equivalent to hiring 12,000 full-time registered nurses. Tax cuts such as the 5.7 cents per litre on gas are expected to cost the province \$1.2 billion and save the average household—assuming they have a vehicle—\$10.83 a month. This lost income would pay the salaries of approximately 12,000 registered nurses.

In 2022, despite having a surplus and inflation being at 7%, you decided against helping registered nurses and health care workers. Do you see a pattern here? After 10 years of cuts in our real wages, a decrease in our spending purchasing power by 13.9%, nurses struggle to make ends meet, to do more with less. To see no new money invested in health care in the fall economic statement is pure negligence.

Band-aid solutions such as enhancing health care capacity in hospitals through the use of externs and

unregulated health care providers and 300,000 hours of physician coverage in remote hospitals is not a solution. Investing in registered nurses has been shown to result in better health outcomes, a reduction in mortality rates and long-term financial savings, but money continues to be spent on infrastructure and beds. Buildings and beds are only buildings and beds with no nurses at the bedside to provide care to the person in that bed.

My colleagues and I have a list of solutions to retain and support our health care workforce:

- repeal Bill 124;
- tackle violence in all health care settings by implementing all recommendations in the workplace violence prevention in health care progress report;
- expand funding and access to mental health services;
- return and reintegrate nurses back into the workforce with fully funded late-career initiatives, so they can mentor and support nursing students and new and internationally educated nurses;
- increase the number of RN seats in the Ontario colleges and universities;
- improve financial support and provide stipends for clinical placements;
- expand fast-track programs for RPN-to-RN and provide them with financial support and stipend support.

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

Ms. Rachel Muir: To date, you haven't tried or implemented any of these solutions. There's no quick fix to this crisis, and private health care is not the answer. It will worsen the crisis, making health care less accessible to those who need it most: the sickest, the poorest and the most vulnerable.

Ontarians do not want professionals to leave the profession. They don't want increased wait times, costs and morbidity and mortality rates. They don't want to see their taxes line the pockets of the wealthy as the wealthy look to profits over people. The solutions to fix our public health care system—

The Chair (Mr. Ernie Hardeman): That does conclude the time. Thank you very much for your presentation.

We will now go to the second presentation: Leeann Corbeil.

Ms. Leeann Corbeil: My name is Leeann Corbeil, and I'm the executive director of the National Chronic Pain Society.

We all know health care is a major budget item. As Rachel started with in her presentation, our doctors, nurses and medical professionals across the board are burning out more than ever now. It started pre-pandemic; it just continued to get worse through the pandemic and even more so now. With our ER times upwards of 20 hours in some hospitals, the beds just aren't available, and backups with imaging, testing and all of that are creating a lot of backlogs.

1410

In Ontario, we have over three and a half million people suffering from chronic pain. Often chronic pain sufferers have a stigma attached to them, and with that stigma it's

often difficult for them to access the care they need. Quite often they end up turning to the emergency rooms and creating an extra backlog there.

We are lucky in Ontario that we have at least 400 chronic pain specialists, but as we've heard, the government wants to change that. They want to reduce the amount of care that a chronic pain specialist can provide, as well as the number of nerve blocks a patient can receive.

We understand that nerve blocks are a big expense in Ontario on our health care system; however, without nerve blocks, we would be putting an extra workload back into the emergency rooms, where the average emergency room visit is over \$300. If patients aren't able to access this care through chronic pain specialists, they will be forced to go to the emergency room, adding to the backlogs, adding to the expense, whereas the highest visit for a patient seeing a chronic pain specialist is \$200 versus an average of over \$300.

With these visits, if patients are being forced to the emergency rooms, there are certain things that the ER doctors would have to be doing each time that patient walks through the doors, like—if a patient enters with low-back pain, because it's a new visit to that physician, they would have to order a urine test to make sure there are no kidney stones, no kidney infections, to clear them before they can even treat the low-back pain. Whereas if they're continuing to see a chronic pain specialist, they don't have to do those tests as frequently. They're on top of their care. They see them, keeping, again, the patient-per-visit visits lower.

Our biggest concern here is we're advocating for those patients suffering from chronic pain who rely on nerve blocks to get them through their daily living, to allow many to continue to work and not have to resort to ODSP and to keep them out of their family physician's office, again, receiving narcotics and other modes of treatments that are more addicting and harmful, not only to them as a person but us as a society.

Again, going back to keeping these people out of the emergency rooms where they don't need emergency treatment, they need pain control. With less than 200 hospitals in Ontario, we can't afford to keep pushing these patients to the emergency room.

I have a nice, short presentation today.

The Chair (Mr. Ernie Hardeman): Thank you very much. Thank you both for the presentations.

We will then now start the round with the government. It's the first round. We have—

Mr. Deepak Anand: MPP Triantafilopoulos.

The Chair (Mr. Ernie Hardeman): Yes, that's what I was going to say. There you go.

Ms. Effie J. Triantafilopoulos: Thank you, Chair. Do you want me to give you just a short lesson? It's Triantafilopoulos.

The Chair (Mr. Ernie Hardeman): "MPP T."

Ms. Effie J. Triantafilopoulos: Thank you.

Thank you very much to both presenters for joining us today. I know that you gave us a lot of very, very important and valuable information.

I just want you to know that we on the government side do believe you are dedicated. All of our health care workers in Ontario are really the lifeblood of our province's health care system. We would not have been able to get through the COVID pandemic with all of you doing more than 100% in order to ensure our population was safe and well cared for.

To that I want to add that our government has really been rebuilding our health care system. It's a system we inherited that we know was badly in need of vital investments.

In August of this year, our Minister of Finance invested \$5.6 billion more in health. That was on top of the \$5 billion that we put into it last year.

We know that in all sectors, whether it's personal support workers, nurses, RPNs, our medical professionals, all of you have been doing more than your share, and we will have your backs. We are supporting you with the vital investments that we have going forward.

On the issue, I believe, it was—I think it might have been Rachel. You mentioned our investments with respect to nurses. You must know that our government has continued to work with our colleges and our universities to ensure that we have a robust curriculum in order to recruit and hire and create incentives, in fact, for more nurses to graduate. We've also announced that we will have three new medical schools that will be built in the coming years.

One of the programs I'd like to mention to you is the Learn and Stay Grant program for 2,500 eligible students, who then are able to work in underserved communities after graduation. We know that's important, particularly in rural and northern communities. As well, another program: In March 2020, we expanded the community commitment program, which provides \$25,000 as an incentive for 3,000 nurses who commit to working in underserved hospitals, long-term-care homes and home care agencies for two years.

All of these programs, in addition to more that we've announced, are there to be able to stabilize our current health care workforce and really build to have the kind of health care system that is publicly financed and publicly owned, not privately owned, by the province of Ontario.

I'd really appreciate it if you could both comment on this. Rachel, do you want to go first?

Ms. Rachel Muir: Thank you. Okay, so to address a couple of things that were brought forward: the grants for 2,500 students. That's all students, not just nursing students. So while it is a drop in the bucket, it is definitely not sufficient. Our nursing students, when they reach their consolidation, or for any of their in-person clinical rotations, are no longer able to work, which is why they need support there.

Their fees are astronomical. They're coming out of university with debt loads of a minimum of \$50,000. They're coming to a profession where they're expected to work 16-plus-hour shifts because the unit they are working on is short three, four, five—in emergency units for my hospital, 15 nurses on a shift. This is not sustainable.

We need to address the root cause. These are band-aid solutions again. We've reached out frequently to offer

solutions that can be worked with, that can be used together, that can be worked on together to fix this problem, and yet no attempt has been made to speak with us about this. We're the front-line workers. We know what will work.

As I said in my presentation, infrastructure is wonderful. We all recognize that we need new infrastructure; however, it's useless to us if you don't have nurses, health care providers to look after the person in that bed. It just becomes a pretty new bed in a pretty new building because there's no qualified, professional, experienced health care providers there to do what is needed to be done.

Ms. Effie J. Triantafilopoulos: Would Leeann wish to comment before I ask my next question?

Ms. Leeann Corbeil: Thank you. I just wanted to point out that there may have been some money put into health care, but when it comes to chronic pain sufferers, it seems like money keeps coming out of those services. Back when OHIP was covering physiotherapy and things like that—and then that was delisted; and now, the discussion of nerve blocks being reduced drastically as well. My focus is making sure that there's still services available under the OHIP service coverage for these patients with chronic pain.

1420

Ms. Effie J. Triantafilopoulos: Thank you for that. What I do acknowledge and support is that infrastructure is not enough. We have to work on all fronts going forward, and that is, in fact, what our government has been doing. Not only have we been investing in the bricks and mortar of adding investments to building more hospitals; we're also investing, as you know, heavily in terms of building more long-term-care homes.

When we came in as a government four years ago, in the previous eight years, the previous government had only built 611 net new beds in the entire province of Ontario.

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

Ms. Effie J. Triantafilopoulos: What we have actually done, even during a pandemic, is work on building 30,000 new long-term-care beds and an additional 22,000 re-developed beds. That is massive infrastructure, but at the same time, we're also investing in making sure that we have the nurses, that we have the PSWs, that we have all manner of health care allied professionals working alongside those workers to make sure that our seniors, in particular in long-term care, get the quality care they need during their elderly years. We're investing in four hours of direct care, which was a promise the previous government had made for years and never implemented.

So I share with you that, in fact, this government is listening and doing all of the necessary investments we need. I'd be happy to meet with you at any time, if you would like, for me to be able to listen to your concerns. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. Your time has elapsed.

The official opposition: MPP Fife.

Ms. Catherine Fife: Thank you very much, Rachel, for coming in and speaking truth to power, and Leeann, for fighting for more options to address chronic pain.

I'm going to start with you, Rachel. When we raised the issues—you actually described in your presentation that this is the worst staffing crisis on record, in your experience, at the Ottawa Hospital. When we tell the Minister of Health in question period and we ask her about specific issues, she says to us that they have a plan and the plan is working. What do you say to the Minister of Health when she says that to all of Ontario?

Ms. Rachel Muir: The plan is not working, and I have yet to see a plan. What I see on a daily basis is nurses leaving, nurses who have a month. I have nurses who are leaving the profession without even completing their orientation because they see what they are going to be faced with and cannot do it. I have nurses in their cars crying before they come into a shift or after they leave a shift.

Ms. Catherine Fife: Okay. And then the parliamentary assistant to the Minister of Health says she's tired of hearing about this crisis. When the parliamentary assistant to the Minister of Health says that she's tired of hearing these real-life stories about what's happening in our health care system, what does that do to morale for hospital and health care workers in your settings?

Ms. Rachel Muir: It does nothing for morale. In my 35 years of nursing, I have never seen morale this low. And just when I think it can get no lower, we hear comments like this. We know what it's like on the front line. Our morale actually gets lower, and we see more nurses leave.

Ms. Catherine Fife: Okay. And when the Premier of the province says to Ontarians, to citizens, that what's happening in our hospitals is not about money, it's not about resource allocation—he said this on several occasions. And yet we know, last night in Hamilton, the children's hospital is now operating at 143%, and only one fourth of their beds are funded.

What do you say? We have been trying to get the government to repeal Bill 124. They are stubbornly attached to this wage-suppression legislation which is driving nurses out of the province. What do you say to the Premier when he says that this isn't about resources, that it's not about investing in health care? What do you say to him?

Ms. Rachel Muir: It absolutely is about resources. It's about health human resources. That's what it's about. We are losing them. As I've said, just to bring us up to the national average, we need 25,000 nurses.

Ms. Catherine Fife: Yes. You've made some very good points. We've been trying to track how many nurses are leaving Ontario, and the Ministry of Health is not clear or transparent on this. But in your presentation, you said that you've brought in 28 new nurses, new RNs, I believe—RPNs or RNs—but you've lost 42.

Ms. Rachel Muir: Yes, in one month alone, the TOH hired 36 new registered nurses, but we lost 42.

Ms. Catherine Fife: And the important part about that I think you tried to get at in your presentation is that that's a loss of knowledge and experience and ability to mentor.

Can you speak to the prevalence of agency nurses? Because some hospitals have not been able to attract RPNs or RNs into their settings, and then they've had to go outside to these private agencies, where we all pay for it. I just want to say it: The government says this is all publicly delivered; however, the taxpayer pays the extra money for those private agency nurses. Do you have any experiences of that in your hospital?

Ms. Rachel Muir: Up to now, we've managed to keep it to a minimum, but it's just a matter of time before that changes.

Ms. Catherine Fife: What does it say when you have an agency nurse who is, say, making \$85 an hour versus a full-time nurse in a hospital who is making, say, \$47 or \$42? What does that do to the culture and the health and well-being?

Ms. Rachel Muir: Nothing positive, because there are a lot of other things: The agency nurses are not invested in the institution. They come and go as they please. If they're working overtime, then all of a sudden that \$85 per hour becomes \$160, and you know that the institution is paying double that, at a minimum. So all of a sudden, your \$45-an-hour nurse who is employed by the hospital is costing that same institution \$300 or \$400 an hour.

Ms. Catherine Fife: Yes, it's fiscally irresponsible.

Ms. Rachel Muir: Very.

Ms. Catherine Fife: I made this case to the finance minister earlier this week. I said that I feel like it would be a financially responsible thing to do to repeal Bill 124, to retain the knowledgeable staff that's already in our system and to pay them a fair wage, because it's the retention piece, I think, that is lost in this entire argument.

So thank you very much for setting the record straight, and also thank you for coming with recommendations to make this better, because that really is the missing part.

My second question is to Leeann. Leeann, you've had some success as a new organization or when you've had some meetings with MPPs, because all of us have had an experience with a family member or friend who has experienced chronic pain. It does touch close to home.

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

Ms. Catherine Fife: When you are talking about the government reducing the access to nerve blockers, can you give the committee some sense as to how, if they do this, if they move ahead and they reduce those appointments and those medical procedures, how much more will that cost the system when people have to resort to other avenues for pain relief?

Ms. Leeann Corbeil: That's a big point here, that it could reduce it from the chronic pain specialists, but it's going to be redirected either to family physicians having to see these patients or, worse, these patients going to the ER. As stated, the highest-billing visit for the chronic pain specialist—if they did a maximum of their injections, which is eight per visit, plus the urine test and the visit fee, the maximum that could be billed in that day is \$200, where the average hospital visit is almost \$360 per visit.

Ms. Catherine Fife: Yes. And you—

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll have to finish that answer in the next round.

We're now going to the independent. MPP Bowman.

Ms. Stephanie Bowman: Thank you, Rachel and Leeann. You were clearly both well prepared, so I thank you for the time that you spent preparing and for being here today.

Rachel, I'd like to start with you. What does the government tell the ONA about why they can't give you more than 1% a year?

Ms. Rachel Muir: They tell us they don't have the money.

1430

Ms. Stephanie Bowman: They don't have the money.

Ms. Rachel Muir: Yes. Yet when you have male-dominated professions, they find the money for them—police, firemen, paramedics when they're municipally hired. They all get significant salary increases, whereas nurses—which is predominantly female—do not.

Ms. Stephanie Bowman: We know they have the money, because we see the financial reports: a \$2.1-billion surplus, a \$3.5-billion contingency fund. If they have the money and they're not giving you the money, just tell us again what you think it's really about.

Ms. Rachel Muir: Well, it floors me, to be honest. What it looks like is it looks like it's gender-biased, but it seems to us that the ultimate motive here is to destroy our public health care system and to put into place a private health care system similar to that that we see in the States. We all know that that is just going to impact our most vulnerable: our children, our elderly, our chronically ill, our acutely ill, our injured. Those people who need the most care are the ones who are going to be the most impacted, forever.

Ms. Stephanie Bowman: Thank you. I'm going to just refer to the member opposite's comment recently. MPP Triantafilopoulos said, "We've got your back. This government has your back." What do you feel and think when you hear that statement?

Ms. Rachel Muir: They do not have my back, and I think I could absolutely say on behalf of all 68,000 nurses in Ontario: You do not have our back. If you had our back, Bill 124 would never have come into being. If you had our back, we wouldn't be seeing nurses leaving in droves. If you had our back, you would have listened to us when we put forward the request to meet with you and work together on solutions, both short- and long-term, to repair the health care system that Ontarians so value. You do not have our back.

Ms. Stephanie Bowman: Thank you. I hope they're listening. I keep saying that: I hope they're listening.

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

Ms. Stephanie Bowman: New statistics released this week show that Ontario's supply of RNs, as you have mentioned, has fallen further behind the national average than ever before. The CIHI report found that the average number of RNs in the rest of Canada has actually increased by 2.68%, with Canada having an average of 830.5 RNs per 100,000 citizens. In Ontario, the average number of RNs per 100,000 is just 668.

Your association, the RNAO, were here yesterday, or they've been at Queen's Park recently. They keep telling

the government that Bill 124 is a major cause for that decrease in nursing supply, which is affecting our health care crisis—or is creating this crisis. Any other closing thoughts you'd like to share with the government here today?

Ms. Rachel Muir: That is the biggest factor at the moment, because while we all look at the financial impact that it has had on us, it also speaks to one of value. It tells us that we're not valued, that we're not professionals—

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll have to finish that answer in the next round.

We'll now go to the government. MPP Anand.

Mr. Deepak Anand: Thank you, Chair. I appreciate it. I just want to acknowledge and thank the dedicated presenters here.

My first question is to the Ontario Nurses' Association, and I do want to ask a question to the other presenter from the National Chronic Pain Society, though, as well. You talked about how we need a lot of nurses, and I don't know how much we can do as a family, but I want to say this: My daughter is actually going to become a nurse. She is in grade 12 right now, and she's actually applying for nursing as we're speaking. Her question has always been, "Dad, we need to do a little more to educate my peers to go into this noble profession," so can I take a moment to ask you—I'm sure I'm going to take and share this message of yours to her—if she has to go and talk to her peers, what should she say to those grade 12 students who are planning to get into the profession and potentially—because we know it's a noble profession and we know that we are in need of nurses. What should the message be?

Ms. Rachel Muir: You need to be honest with them. Yes, it's a noble profession, and I would not have done anything else, and I still, despite the crisis we're in at the moment, would not change my career. But it's not a Florence Nightingale career; it's hard work. You see things that nobody should see. I have held stillborn babies. I have held the hands of adults who were dying. And that is a reality to nursing. They need to know that. They need to know that we are not heroes. This is the thing: I am not a hero. We are not heroes; we are professionals. We are educated individuals with four-year degrees and continuing education after that.

But please come. Just know what you're getting into and know that, while it is one of the hardest careers you will pick up, it is definitely one of the most rewarding careers you will ever have.

Mr. Deepak Anand: Thank you so much. In fact, she is actually volunteering at Credit Valley Hospital, so she knows what she is getting into. Every time she comes back, she talks good things about how they are able to help. I mean, of course, she is not a nurse; she is just a volunteer, but she sees those wonderful nurses like you.

Another thing that is a bit close to my heart and my home, because I'm a first-generation immigrant: I get a lot of calls from—Malton, as you know, is right next to the airport. A lot of new immigrants will come, and, I don't know, for some reason, they will always say it is extremely difficult to get into—they have experience of five to 10

years. Many of them come from the Middle East, and many of them are actually from the American hospitals. But still, when they come here, they say it takes forever to become a registered nurse. So is there any suggestion that you can give so that I can take it back, especially because I'm in the Ministry of Labour, Training and Skills Development?

Ms. Rachel Muir: It does. It takes an average of three years. The holdup is the college of nurses. It takes a long time for them to get their papers together. They are expected to have current nursing experience. Once you come here, it's very difficult to get that, because you're no longer licensed, so they have to go back home to get that experience. So, there are far too many roadblocks in place, and eventually, because they have to earn, they move away from nursing. They move to something else that they can do so that they can put food on their families' tables.

But the primary—it's the paperwork. It's the red tape. These are qualified individuals who sit at home, unable to work. It needs to be addressed with the college. We need to look at their processes. I know they're saying how they've fast-tracked 1,000 nurses. Well, it's not enough. There are enough internationally educated nurses out there who would be able to help us with this crisis we have. The estimate is there are 12,000 of them at minimum, probably more, waiting to get licensed. That's half the problem.

Mr. Deepak Anand: I greatly appreciate it. Thank you so much. You talked about—when you're a new immigrant, what should you do first: Put food on the table today or think about the future?

I'll give you an example: I graduated in chemical engineering, but I did not pursue being a professional engineer, and I somehow sometimes regret it, as well, though. So we need to all come together. Thank you for those valuable suggestions.

I just want to quickly move over—Chair?

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

Mr. Deepak Anand: Two minutes—I apologize to the member from the National Chronic Pain Society; we only have two minutes.

As we know, Ontario is the most populated province, and we're in conversations to create a national chronic pain strategy. So my quick question would be, as an association, can you please tell us how Ontario can lead the nation's chronic pain strategy?

1440

Ms. Leeann Corbeil: I think the number one thing is to speak to the right people. I think the people in the mix of it need to have their voices heard. Patients suffering with chronic pain need to be consulted. They need to be heard. They need to be able to speak up for themselves. I think, quite often, they are not part of any discussions, and I don't know how any discussions can be made without the people directly involved having a say and input.

Mr. Deepak Anand: As an association, can you speak to any initiatives in place to help with the overprescribing issues with pain medication that we are seeing across Canada as a—

Ms. Leeann Corbeil: That's exactly one of the reasons I brought forth my concern: that if the drastic cuts are made to nerve blocks, we are going to take a step back with this problem of the overuse of prescribed narcotics. People will have to resort back to using them rather than having these treatments covered by OHIP. Nerve blocks are not addictive. They don't have any major side effects. People can go back to work. They can take care of their families, things like that. Right afterwards, if they're put back into the system where they need to take narcotics, we all know how that ends.

We need to do what we can to keep people off of narcotics. They're highly addictive. Even the most well-educated people can become addicted very quickly. So we want to make sure that people suffering from chronic pain have these options through OHIP that are not addictive, that help reduce the strain on our health care system, help reduce the strain in our emergency rooms and on our health care providers.

The Chair (Mr. Ernie Hardeman): That concludes the time.

We now go to the official opposition. MPP Kernaghan.

Mr. Terence Kernaghan: Thank you very much for your presentations, Rachel and Leeann.

I think I'd like to focus my questions for Rachel. You have, quite importantly, pointed out how Ontario's per-person health care spending is the lowest in the country, and has been really very unfair to nurses for well over a decade when we see that other professions are seeing increases. I also wanted to thank you for offering all of the solutions that you've put forward, and thank you for sharing the really disturbing truth about third-year nursing students: that many are just considering leaving altogether. We need good people who are strong and have that good, caring heart, and it's a shame that people are being pushed away from the profession by this government's neglect of the field itself. I think, as well, it's disastrous when we consider all the nurses leaving the profession and the loss of skills that that will pose for our future.

I want to also thank ONA for coming to Queen's Park today with the other five largest health care unions to really try to communicate to this government that it is a crisis that they can no longer keep ignoring. Minister Jones, in question period today, said that she's always ready to meet and she's fond of good ideas from the front line. Have you heard any feedback on the recommendations that ONA has made to Minister Jones?

Ms. Rachel Muir: No, because Minister Jones has not heard the recommendations. They have not been able to get to speak to either Minister Jones or Premier Ford. So you can't get feedback if you haven't been able to provide the information in the first place.

Mr. Terence Kernaghan: Right. So the government has claimed that they're always ready to meet, but they have not made themselves available, despite multiple requests to meet. Is that correct?

Ms. Rachel Muir: That's correct.

Mr. Terence Kernaghan: Understood. I also wanted to consider your comments about privatization of our

health care system. Previously, we heard the former Minister of Health, Minister Elliott, indicate that private hospitals would help with taking care of the surgical backlog. And more recently, Minister Jones was attending a press conference in which commitments to not further privatize our treasured public health care system were crossed out and never delivered in that press conference. Could you please provide your thoughts about privatization and the dangers that poses for this government?

Ms. Rachel Muir: It's the worst thing we could ever have. It's been well documented, in the States, in particular, and we tend to use them a lot because they are our closest neighbours. But their morbidity and mortality rates are far greater than ours are. The cost of their health care is the highest in the world because of the private health care. It was attempted in England—which is comparable, also, to us—in 2012, I believe it was. The NHS introduced more privatization, and it resulted in an increase in the morbidity and mortality. It did not result in cost savings; it did exactly the opposite. The other thing is, it drives your professionals out of the public health care system.

The private health care systems are interested in profit. Ultimately, it is profit that they are interested in, so they're not going to take the sickest. They're not going to take the people with underlying risk factors. They're not going to take the knee replacement who has a bad heart and COPD, because they are a higher risk. They are going to cost them money to care for them.

It results in people who need the care the most getting the care last, because they don't have the user fees that private health care companies request or demand. Tests suddenly become—if it's \$100 on OHIP but you can pay \$1,500 and jump the queue, then they're going to take the person with the Visa, not with the OHIP card. So it increases the wait times, it increases surgery times, because now people are sicker when they get in there. You don't have the skilled people within the system because they've moved out, so our populations don't get the care they deserve.

Mr. Terence Kernaghan: Understood. I think it does come down to a question of the public health care system and what their mandate is or what the ethos of health care should be. Is it there to care for individuals or is it there to drive profits for a few investors?

I just wanted to also ask: You mentioned in ONA's recommendations about addressing workplace violence. Why do you suppose the government is reluctant to address this very pernicious and growing threat for talented nurses?

Ms. Rachel Muir: I wish I knew, I really do. But I have seen a drastic increase in the level of violence that is being perpetrated against nurses. As I mentioned, one of my nurses, one of my members, was almost killed by a patient. If it hadn't been for the fact that somebody walked into that room at the right time and pried the fingers of the patient off her throat, this would be a completely different conversation.

I wish I could say that was unusual, but it is not. Patients throw things. Family members throw things. They are

frustrated with wait times. They are frustrated with everything. And I think the current environment, which seems to encourage violence, is not helping.

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

Ms. Rachel Muir: People feel entitled to do this. It's their right to do what they want to do, and if that means swinging at a nurse and potentially killing her, they don't care.

Mr. Terence Kernaghan: It's just incredibly lucky, given the story you just told us, that there was actually somebody there, given the health human resources disaster that is Ontario's health care system right now.

I'd like to turn over any remaining time to Leeann. I'm sorry; I didn't ask any questions. Is there anything you'd like to add for the committee? I put you on the spot there.

The Chair (Mr. Ernie Hardeman): Thank you very much. We're now at 15 seconds. Unless you want to utilize that, we will now go to the independent. MPP Bowman.

Ms. Stephanie Bowman: A question for Leeann: Could you give us a little more background around a situation or a case that you've seen where a treatment that might not be covered today generated a lot of benefit for someone and, for example, enabled them to return to work or minimized a hospital stay? I think one of your key messages is that tackling this creates a whole bunch of downstream benefits, so to speak, in terms of people being able to live their best life, return to work etc. Could you share an example of that kind of story?

1450

Ms. Leeann Corbeil: Services that used to be covered that aren't anymore?

Ms. Stephanie Bowman: Yes, a service that's not covered that generates a lot of benefit for your clients and patients.

Ms. Leeann Corbeil: The biggest one that I would see is the physiotherapy. When patients had access to physio—I know there are still some remaining physio clinics out there; they're not the same quality of care and not too many people have the benefits of using those clinics. I think that was a big switch for chronic pain sufferers, when they no longer had the access to physio and rehab. We all know a multidisciplinary approach works best for any injury, especially those patients with chronic pain. So having the ability to have a trained physiotherapist or kinesiologist do a physical program with them would just enhance their treatments that they would receive elsewhere.

My biggest concern, really, is the discussion of the nerve blocks being drastically reduced, because that's where we are going to see the trickle effects affect every other part of the health care system: the emergency rooms, our family doctors, our other medical providers who are already backlogged. They are going to have to now pick up these extra three and a half million patients who suffer from chronic pain. They are now going to have to turn to those avenues of treatment instead of the nerve blocks and treatments they currently receive in a pain clinic.

Ms. Stephanie Bowman: You talked a little bit as well about the opioid crisis and people turning to that when

they can't get their pain treated and alleviated. I'm not sure if you are aware that the RNAO and other organizations are suggesting to the government that they provide increased funding to safe supply, to mobile units etc. that can support those with opioid addictions. Do you support that? Do you think that's a good strategy?

Ms. Leeann Corbeil: I think it's too late at that point. I think that if patients are having to resort to that, there's a time and a place. But if there are other options out there so we don't have to use the opioids, things that don't create addictions, I think that's the better use of our resources and our funding. Because, like I said, any one of us could become addicted if we had to deal with chronic pain in a way we don't know how to manage. So if we have to worry about adding that support afterwards for those patients that are addicted, it's an afterthought. Let's try to catch it before it happens. Let's have access to other care and prevent the need for that.

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

Ms. Stephanie Bowman: One last question for Rachel: I've heard recently about family doctors who are sending letters to their patients saying, "We're not going to book any regular physicals or regular checkups because we need to preserve spaces for sick kids"—kids who are suffering from viruses, COVID etc. Are you seeing the impact of those kinds of things in the hospital system, where patients can't get treatment from their family doctors and they need to come to the ER, as an example?

Ms. Rachel Muir: Absolutely. It's overloading our emergency rooms. It's perpetuating a lot of problems because wait times, on average, are 20 hours, which means most people are waiting significantly longer than that just to be seen. That's not to be treated and released; that's just to be seen. Care is not the issue; care is given, eventually, but it's certainly not given in a timely manner. With the shortage of staff in the emergency rooms, it means that if you are not literally bleeding to death, you won't be seen.

The Chair (Mr. Ernie Hardeman): Thank you very much. That does conclude the time for the presentations. I want to thank both of you for the presentations that you made this afternoon. We very much appreciate the efforts

you put in to prepare it, and obviously the fact that you lived through it to get here too. We very much appreciate you going to that trouble to talk to us.

We also want to remind the committee that this concludes our business for today. I thank again all the presenters. I want to remind you that the deadline for written submissions is 7 p.m. on Monday, November 28, 2022. As for the presenters this afternoon, if you have more that you would like to put into the record, you can send in a written submission over and above the fact that you made a presentation.

Committee members, the deadline to file amendments to Bill 36 with the Clerk of the Committee is 5 p.m. on Tuesday, November 29, 2022.

Are there any questions before we adjourn? Yes, MPP Byers.

Mr. Rick Byers: We previously had a meeting, I think, scheduled for Monday, but we are not meeting Monday. Is that correct?

The Chair (Mr. Ernie Hardeman): That's correct.

Mr. Rick Byers: Okay. Thank you.

Mr. Terence Kernaghan: Chair?

The Chair (Mr. Ernie Hardeman): Yes?

Mr. Terence Kernaghan: I'm just wondering, what are the dates that the committee will be travelling?

The Chair (Mr. Ernie Hardeman): What are the dates we will be—

Mr. Terence Kernaghan: Yes. When will the committee be travelling? Do you have those dates for us?

The Chair (Mr. Ernie Hardeman): As we said here today, I don't know of any travelling that we're doing. But in the very near future, we're going to likely be coming forward with a subcommittee report to deal with pre-budget consultations. Whether that includes travel or not, we'll wait to see what the subcommittee comes up with.

Mr. Terence Kernaghan: Okay. Thank you.

The Chair (Mr. Ernie Hardeman): Anything else? If not, I again thank the presenters. The meeting is concluded.

The committee adjourned at 1456.

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