

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

F-43

**Journal  
des débats  
(Hansard)**

F-43

**Standing Committee on  
Finance and Economic Affairs**

Pre-budget consultations

1<sup>st</sup> Session  
43<sup>rd</sup> Parliament

Wednesday 10 January 2024

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

Consultations prébudgétaires

1<sup>re</sup> session  
43<sup>e</sup> législature

Mercredi 10 janvier 2024

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Chair: Ernie Hardeman  
Clerk: Vanessa Kattar

Président : Ernie Hardeman  
Greffière : Vanessa Kattar

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LEGISLATIVE ASSEMBLY OF ONTARIO

**STANDING COMMITTEE ON  
FINANCE AND ECONOMIC AFFAIRS**

Wednesday 10 January 2024

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

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

Mercredi 10 janvier 2024

*The committee met at 1001 in Sheraton Hamilton Hotel, Hamilton.*

PRE-BUDGET CONSULTATIONS

**The Chair (Mr. Ernie Hardeman):** Good morning, everyone. Welcome to Hamilton. I call this meeting of the Standing Committee on Finance and Economic Affairs to order. We're meeting today to resume public hearings on pre-budget consultations 2024.

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 presentations, and after we've heard from all the presenters, the remaining 39 minutes of the time slot will be for questions from the 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 as a group.

We have panels of three presenters. Are there any questions from the committee before we start? If not, we'll ask the first panel to come forward.

FEDERATION OF ONTARIO  
PUBLIC LIBRARIES

PROTECTING ESCARPMENT  
RURAL LAND

CONGRESS OF UNION RETIREES  
OF CANADA, HAMILTON, BURLINGTON  
AND OAKVILLE CHAPTER

**The Chair (Mr. Ernie Hardeman):** Federation of Ontario Public Libraries; Protecting Escarpment Rural Land; and Hamilton, Burlington and Oakville chapter of the Congress of Union Retirees of Canada—and I believe the Federation of Ontario Public Libraries is virtual, so we'll have two presenters at the table.

**Ms. Catherine Fife:** Can you pull the mike closer? I can't hear you.

**The Chair (Mr. Ernie Hardeman):** I find that strange. Usually, the committee would rather not hear the Chair than hear him—but I apologize for that.

Thank you, for the presenters. As I said, there will be seven minutes for the presentation. At the six-minute mark,

I will say, "One minute." Don't stop talking because I will stop you at seven—dead stop. We would also ask you to start your presentation with introducing yourself for Hansard to make sure we can attribute the comments to the right person.

With that, the first presenter would be the virtual one, the Federation of Ontario Public Libraries. The floor is now yours. Are you on? One more time.

**Ms. Dina Stevens:** Yes, hello.

**The Chair (Mr. Ernie Hardeman):** Okay, there you go. Time to start.

**Ms. Dina Stevens:** Sorry, is that my turn to speak?

**The Chair (Mr. Ernie Hardeman):** Yes, it is.

**Ms. Dina Stevens:** Hi, everyone. Sorry about that. Thank you for allowing me to appear here virtually. I actually have tonsillitis, so I'm just getting over an illness, but thank you so much for allowing me the opportunity to participate today virtually.

My name is Dina Stevens and I'm the executive director of the Federation of Ontario Public Libraries. I'm proud to work alongside passionate librarians and library staff who make an impact for millions of regular people across Ontario every day in communities large and small.

Public libraries are critical to communities across Ontario and essential to thriving, local economies and economic growth. Millions of Ontarians rely on local public libraries in their communities to work, to learn, to connect to community and government services, and to find or train for a job. It's a testament to our mission of service and inherent flexibility that corresponds to what our communities need, but many Ontarians who depend on these public library services are still falling through the gaps.

Combined with the impact of the pandemic, the pressure of inflation on public library and our municipal budgets and growing social and economic challenges in communities across the province, this has brought public libraries to a critical point. The situation is even more challenging for many First Nations public libraries, as these libraries do not receive funding from their municipal tax bases and they confront an overburdened financial model that has left many public libraries on reserves closed or with severely reduced access.

On behalf of the public libraries across Ontario, we are advocating for critical, targeted investments that will stabilize our public libraries and ensure that all Ontarians, no matter where they live or learn, will continue to have access to modern, cost-effective resources and services that they have come to rely on through their local public libraries.

The first thing I wanted to tell you about, of course—I'm sure you've already heard about it—is the Ontario digital public library. The Ontario government has already recognized the crucial importance of public libraries to broadband Internet access, and they made a historic \$4.8-million investment to install or upgrade broadband connectivity at over 100 public libraries across the province. And this was a fantastic initiative that brought connectivity to rural and remote libraries across Ontario and on reserve.

However, many of these public libraries, particularly small libraries and in First Nations communities, struggle to afford and cannot provide high-quality digital resources that people in their communities need. So, for example, we have 363 public library systems—that's over 1,000 branches in almost every single community in the province, but only 20 of those 363 can actually afford a robust complement of e-resources. So that is a huge culture of haves and have-nots. Really, only the large, urban public libraries like Hamilton Public Library, Toronto Public Library etc. can afford e-resources.

Digital resources are now highly impactful and accessed as part of public library offerings. They provide powerful capabilities, including in-depth job and career training skills; language learning; live tutoring and homework help; health information and resources that support vulnerable residents, such as seniors and adults living with developmental disabilities; and more. These resources are extremely expensive, especially as we're purchasing them now, which is on a patchwork, library-by-library basis. Individuals and families can't afford to subscribe to them on their own.

Following the lead of Alberta and Saskatchewan, Ontario can leverage its significant purchasing power to create this provincially funded resource. We estimate that the Ontario digital public library could provide the same digital resources at a cost savings of up to 40% when compared to the direct subscription by an average Ontario public library.

We're asking for an annual investment of approximately \$15 million, where every Ontarian will have access to a common set of high-quality e-learning and digital resources through their local public library, and all they need is a library card. For hundreds of libraries across Ontario, they'll be able to offer digital resources that they could never have afforded to provide before, while our larger public libraries will be able to reinvest tens of thousands of dollars into their urgent local priorities.

I did want to speak a little bit about our other two priorities that we will be asking for in our pre-budget submission. We will be—and if not more importantly—working alongside First Nations public library leaders to implement a sustainable funding model for First Nations public libraries to ensure that these important local hubs are fully fundable and viable. As I said previously, these libraries do not have a municipal tax base, and about 95% of our libraries' budgets come from municipal taxes.

As an immediate first step, the First Nations salary supplement must be increased to ensure that all existing First Nations public library staff are fairly compensated for the work that they perform. Since 2019, we have had 11 public libraries on reserves close because they are not able to pay their workers or remain open and pay their bills

because of severely reduced budgets. The public libraries on reserves—

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

1010

**Ms. Dina Stevens:** Oh, sorry?

**The Chair (Mr. Ernie Hardeman):** Carry on. I marked the one minute.

**Ms. Dina Stevens:** Oh, thank you.

Public libraries on reserves serve as an accessible gathering place and information-sharing resource for First Nations communities and they're deeply important to maintain a sense of community and to minimize social isolation, many of which are remote or face systemic social and economic challenges.

In addition to the First Nation Salary Supplement, Ontario's public libraries are continuing to emphasize the need to increase provincial funding for Ontario's libraries to address critical shared priorities and community needs. Unlike most sectors in Ontario, public libraries have received no increase in the provincial operating funding budget for over 30 years. The envelope has been frozen since 1992. During that time, the value of the province's investment has decreased by over 60%. We are asking for—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes your time. Hopefully, we can get the rest in during the question and answer.

The next presenter will be Protecting Escarpment Rural Land.

**Ms. Sarah Harmer:** Good morning. Thank you very much. It's my pleasure to be here. My name is Sarah Harmer. Protecting Escarpment Rural Land, also known as PERL, is a non-profit, incorporated community group that was founded in 2005 on Mount Nemo in north Burlington, so about 25 minutes away from here, up on the Niagara Escarpment. We formed to understand an aggregate licence approval proposal, and for eight years, we learned about hydrogeology and dust mitigation and truck transport and well water issues, and we learned about endangered species regulations as well. For eight years, we worked to raise awareness, to raise science, to protect this fountainhead, Mount Nemo, part of Burlington's Niagara Escarpment. In 2012, we were successful at the Ontario Municipal Board in having the Lafarge-Nelson Aggregates proposal for a massive below-water-table quarry dismissed by the Ontario Municipal Board and the Environmental Review Tribunal.

The reason I'm here today is particularly to call attention to the recent Auditor General's report that came out last month on the state of aggregates and the state of the Ministry of Natural Resources's ability to manage aggregates in Ontario. If you've not read the Auditor General's report, it is a scathing report that echoes the concerns, very grave concerns, that communities and residents and municipalities across Ontario have been raising for many years.

The Auditor General's report lays out where the Ministry of Natural Resources and Forestry is going wrong, and it basically says that the aggregate industry, the gravel and sand mining industry in Ontario, is not being governed. Ninety-five per cent of sites in Ontario have not been evaluated or inspected. When the Auditor General

looked into it, they found that 5% of sites that they evaluated had actually been investigated and reviewed by the MNRF.

The Auditor General's report also found that in the last six years, inspections have gone down by 64% under the Conservatives' watch. They also found that only 0.4% of the fees that have been outstanding for non-compliance issues have been collected as of last year. No one is minding this industry. It is getting away with virtually whatever it wants, and it's not being penalized when it's being found to be non-compliant. Enforcement has rarely been called upon—the enforcement branch of the MNRF.

I have some stats in front of me. Hundreds of operators in Ontario have not been—it's very self-regulated, and so they need to, every year, submit reports on what they're doing and how they're doing it. Over 25% of those operators have not submitted reports.

The penalty under the Aggregate Resources Act, which is the act that governs aggregate resources in Ontario, for not submitting your report as an operator is an immediate suspension of your operations. That has never been applied, even for companies who are found to be extracting beyond their approved levels. A company that was found to be extracting 1,000% beyond their approved legal extraction limit—there was no enforcement. They're operating with impunity.

Unfortunately, the aggregate industry is not a benign industry. It is, by nature, an incredibly destructive process. When you go into the forests, the farmlands, the endangered species habitats at times, the wetlands, you're blasting often below the water table. You're putting rural residents' well water at risk. On Mount Nemo alone, there has been an operation since the 1950s, and well water has gone dry. Well water has been contaminated in Burlington. People's windows crack when blasts occur once or twice a week. Our walls at my parents' farmhouse, after we had recently had plaster done, cracked after a blast.

I was at the back of our farm years ago with a city-of-Burlington planner when a blast went off unexpectedly, and he was shocked at the volume, the sound of the blast. He pursued what the limit of that blast was, and found out that it exceeded the legal limit of vibration by two times. When he pursued through the Ministry of Natural Resources and the Ministry of the Environment what repercussions were going to be put upon the operator, there was a rap on the wrist. There was no negative repercussion for the industry.

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

**Ms. Sarah Harmer:** They're operating with impunity, unfortunately, in Ontario, and that's not just a Conservative situation. During the last Liberal government, there were definitely issues. But as I mentioned, inspections have gone down 64% since the Conservatives took government in 2018.

Carcinogenic dust that is emitted out of the quarry on Mount Nemo, for example, once or twice a week: We have evidence of huge clouds emanating over neighbourhoods, full of silica and small, tiny particles that get into the lungs. They're operating without suppressing the dust, without

there being any repercussions for the communities in the rural ridings of this province, and it's rampant.

I'm part of the Reform Gravel Mining Coalition, and we've met with communities—

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

We will now go to the Hamilton, Burlington and Oakville chapter of the Congress of Union Retirees of Canada.

**Mr. Malcolm Buchanan:** My name is Malcolm Buchanan. I am the president of the Hamilton, Burlington and Oakville chapter of the Congress of Union Retirees of Canada.

Health care is a major concern for seniors and retirees in this province, and that is why I'm here before you today. Ontario is currently in the worst health care crisis in memory. Across Ontario, vital hospital services are facing repeated and unprecedented closures, including maternity, emergency departments and intensive care units, and are desperately understaffed, putting patients at risk. Tens of thousands wait for long-term care and home care. Unprecedented staffing shortages extend across hospitals, long-term care, primary care and home care.

A number of CURC members who live in small rural areas have reported the closure of local and emergency hospitals and emergency departments. That has resulted in outrage by local residents. Seniors and retirees are seriously affected by the current crisis in public health across Ontario, and this has to be addressed.

Government has a responsibility to provide health care services for all Ontario citizens. The 2024 budget must increase health care funding to meet these health care challenges. The budgeted increase for health care this year and over three years is significantly less than needed to meet inflation, population growth and aging, even without any significant improvements to services.

**1020**

The provincial government has repeatedly underspent its planned health care budget for years, choosing instead to impose real-dollar wage cuts as staffing shortages worsened, and refused to increase service levels, even as health care services have fallen into unprecedented crisis. This practice has to stop.

Ontario currently funds health care at a lower rate than most other provinces. On a per-person basis, Ontario ranks second-last in Canada. As a percentage of provincial GDP, the most accepted measure of affordability, Ontario ranks third from the bottom in Canada.

HBO CURC recommends that health care funding be determined in a collaborative manner by consulting with the OMA, hospital administrators, health care unions, long-term-care and home care organizations and unions and other health care providers to discuss current and predicted needs and challenges. Inflation, population and aging factors must also be involved in the funding discussions.

The issue of privatization is also a major concern of many seniors and retirees in this province. We believe that privatization is not the solution to solving wait-time problems and funding problems and other things such as that, because we believe that the whole situation is manufactured

by successive governments that have progressively underfunded health care in this province for years.

As a result of government policies, including Bill 124, the wage-control legislation that affected all public sector workers, especially health care workers, numbers of nurses and health care workers became so devalued by the provincial government's low pay and dismissive treatment that they've had to and continue to leave their hospital positions, resulting in staffing crises. This has also led to hospital emergency room closures and skyrocketing wait times across the province.

The Ontario finance officer, in their recent report, noted that waiting times in hospital emergency rooms, with patients staying, on average, 20.9 hours in 2022-23—has the longest average wait times recorded in more than 15 years, and 145 unplanned emergency room closures in Ontario in 2022-23. That situation is still going on and is getting worse.

The solution proposed by the Ontario government is more privatization. Privatization is not the answer. Funding taxpayers' dollars into private, for-profit clinics will result in a further starving of funding to the public health system. The primary obligation of a for-profit clinic is its fiduciary responsibility to maximize shareholder value. The priority is clearly incompatible with the delivery of necessary health care services, where the first and overarching priority must be to ensure the health and well-being of patients.

It appears to CURC members that the government's agenda is to undermine public health care by smoothing the way for more privatization and smoothing the way for future positions for themselves to profit from. The government should be reminded that it is the responsibility of government to protect the public, which includes protecting public health care from private speculators whose only concern is to make a profit. Elected governments should be the protector and advocate for public services that benefit the citizens of Ontario, not for businesses and corporations.

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

**Mr. Malcolm Buchanan:** HBO CURC recommends that no public funding be directed to private, for-profit surgical clinics, private health care clinics or private hospitals, effective immediately. HBO CURC recommends that provincial funding be directed to public hospitals so their closed or partly closed operating rooms, including the necessary staff here, reopen as soon as possible, effective immediately.

The rest of my submission—I will not read; you have it in front of you—makes comments about home care and the varied concerns about home care. Seniors do not want to go into long-term-care homes. They want to age in the security and comfort of their own homes, so more money and more funding is necessary for home care in this province. I would ask you, please, to read the other comments that are in the submission.

I look forward to answering any questions that you may have. Thank you.

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

We will start the questions this morning with the official opposition. MPP Shaw.

**Ms. Sandy Shaw:** I would like to start my questioning with Sarah Harmer. Good morning, Sarah, and thank you so much for joining us here. It's a privilege to have you here. I want to just start by saying, as an advocate for PERL, you're well known, but your work as an award-winning artist, musician, songwriter—that is something that we are all proud of. And your ability to combine your work as an artist with your activism to protect the environment, to make the world a better place for all of us, is something that is really remarkable, so I want to commend you on that before we begin. Thank you so much.

**Ms. Sarah Harmer:** Thank you.

**Ms. Sandy Shaw:** We're here today to discuss the priorities for the 2024 budget, and you've shared a lot about aggregates. I learned a lot from your presentation, so thank you. I think that, keeping in mind that you talked about inspection and the lack of inspection—I'm going to ask later how you think the government should be funding that inspection.

But before I do that, you said that this is not a benign industry, and I would like, if you could just a little bit further explain the impact that this gravel mining or aggregate industry can have on the environment. You identified it briefly, but particularly water, the water table, when we look at the concerns that we have for protecting water—water is life. If you want to just elaborate a little bit on the risk to our environment, that will be really helpful—again, given the fact that the environment ministry themselves have failed many of the tests as well. So can you just talk a little bit about why inspecting this industry and making sure that it's run in the most effective way is important to all of us?

**Ms. Sarah Harmer:** Sure. Thank you. Rural residents rely on our well water. It's our lifeblood. It's gold. When quarries go below the water table, often in source-water areas—because they're improperly sited, because the approvals process is too lenient—it puts people's well water, their quality and their quantity of well water, at grave risk. We've had E. coli contamination. We've had wells gone dry. Our home well went dry in the 1990s; we now are using our barn well. This isn't theoretical. This is something that you need and rely on every day, much like First Nations who are having issues with clean drinking water. It's a fundamental.

Also endangered species' habitats are targeted, even on Mount Nemo. It's a crown jewel of the Niagara Escarpment, which was a Conservative legacy—incredible. Bill Davis moved to create the Niagara Escarpment Plan, and yet even on Mount Nemo, endangered species' habitats are being targeted by large transnational companies to get in below the water table to mine the most biologically rich areas to create the most homogeneous gravel.

I just want to say one thing too: There is a glut of approved gravel in Ontario. From what we gather from the publicly available sources, there are 13 times the approved gravel resource that's already been approved—13 times more than what we use per year in Ontario. So there's a



glut of gravel, and it's impacting farmland, forests, well water, air quality etc.

**Ms. Sandy Shaw:** Thank you very much for that. I think it's important to note as we talk about this that this is an industry that needs to be inspected and needs to be regulated. Some of the stats you quoted from the Auditor General's report, and the Auditor General's report shows that it's an industry that is absolutely not inspected and not regulated. The stats stand for themselves. One of the stats that jumps out at me is that less than 1% of over 3,400 violations identified during this time were enforced. So this is really an issue where we need to understand that this an industry that, while it's important for economic growth, also needs to be operated in the most effective way and the safest manner.

**1030**

I've heard that stat also, that we have licences—13 times more than the current need we have for aggregate. If there is more current data, I don't know, and it also speaks to the fact that no one is really looking into this from the government side to see whether that stat still stands.

So, given the fact that these inspections have decreased by 64% during 2018 and 2022 and the fact that we are here to talk about budget priorities, do you think that the 2024 budget should fully fund inspectors in light of the fact that 95% of the mines in Ontario have not been inspected, which is a shocking statistic?

**Ms. Sarah Harmer:** It is shocking, and yes, they should be fully funded. The Aggregate Resources Act says that the industry program needs to be, through levies, through taxes per tonne of aggregate, for example—we have a shockingly low levy. Compared to the United Kingdom, it's a minuscule amount that we charge per tonne. So we need to increase, as the Auditor General said, the levies on aggregate. We need to fully fund inspectors.

And when you see all the recommendations in the Auditor General's report, the Ministry of Natural Resources agrees with so many of these recommendations for funding, for proper inspection, for actual enforcement. We need to galvanize and buttress this ministry so that it can do the job that the Aggregate Resources Act lays out. The industry will say, "Oh, we're very regulated. We have to oblige by the Aggregate Resources Act," but they're not held to the Aggregate Resources Act by the MNRF, and that needs to be funded properly.

**Ms. Sandy Shaw:** Absolutely. And then, in the time that we have left—how much time, Chair?

**The Chair (Mr. Ernie Hardeman):** It's 1.1 minutes.

**Ms. Sandy Shaw:** Okay.

The idea that the mines are not being rehabilitated: I've heard this issue that, as long as they take one tablespoon of gravel from a mine, it's still considered to be active.

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

**Ms. Sandy Shaw:** So the fact that they're not being rehabilitated, can you, in the one minute that I have left you, explain why that is such a huge issue?

**Ms. Sarah Harmer:** Well, the industry says that they're an interim use, so they're in temporary use of the landscape, and that's one of the ways that they receive approvals. Yet

there are thousands—I can't remember the stat in front of me, but for more than 10 years—sitting dormant. The footprint of Brampton, Ontario, that size of landscape, is currently sitting dormant in Ontario throughout quarries throughout the province without being rehabilitated as is the law. So, yes, there is a huge lack of oversight with that. We need to get those lands back into the uses that we need as a society, rather than just sitting dormant. It's a complete sham—

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your time.

We'll now go to the independents. MPP Hazell.

**MPP Andrea Hazell:** Good morning, everyone. Presenters, thank you for coming out here and presenting to us.

My first question is for Dina. I know how important it is for the public libraries to keep going. It's where the community can come together without actually paying for it. As a small business owner, believe it or not, when I started out my business—I usually bring my business colleagues in that library where we can use the resources and start our businesses at low cost. So thank you for keeping the libraries going. I'm a big fan of that as well.

There's a key question I want to ask you today. The cyber attack of the Toronto Public Library has severely impacted the system, the largest in Canada. What should the government be doing to protect our libraries from these attacks?

**Ms. Dina Stevens:** Unfortunately, these attacks are hugely impactful for the library users who rely on the library every single day. When these cyber attacks hit—and it was Toronto Public Library and more recently London Public Library, and I think the British public library system as well has been recently attacked—it attacks things like their internal systems, and users can't use the computers in the library, can't check out books, can't use the Internet at all, so they can't check their emails. If they're small business owners and they go to the library for those resources, they're completely incapacitated.

In terms of what the government can do to assist in these cyber attacks, I think that part of the issue is, of course, funding. Libraries are continuously reallocating their resources. If we were able to have a more robust funding profile, so that way we could allocate resources into things like cyber crime, cyber attacks, to build more robust IT departments—all of this technology is hugely expensive. It leaves our library systems very vulnerable. Of course, we're not able to afford the more sophisticated programs that you might find in the health care system that they have set up to protect their records and that kind of thing. I think it comes down to funding.

The good thing about the public library is that we're hugely resilient. Customers are still able to come in and use the library, even though London Public Library and Toronto Public Library are hugely impacted by the cyber attacks.

Something like the Ontario digital public library—because they're subscription-based, on third-party resources, those would not be at all affected by cyber attacks. So if we invested in something like the ODPL, we would not

need to worry that these resources would be affected by cyber attacks on the public library, because they're subscription-based, like Netflix, for example.

**MPP Andrea Hazell:** Can I get a time check?

**The Chair (Mr. Ernie Hardeman):** You have 1.2 minutes.

**MPP Andrea Hazell:** Thank you.

My next question is for Malcolm. Thank you for coming here.

What you're sharing with us is not new. It's painful. It's ugly. Our seniors in this country have worked and paid their taxes and raised their families, and now all they're asking for us to do is to make the proper decision and help them to live in dignity.

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

**MPP Andrea Hazell:** We all know the cost-of-living crisis greatly impacts our seniors, because they are on a fixed income.

What do you think the government should be doing to better support our seniors? Can you fine-tune that very quickly so that it can be on the record?

**Mr. Malcolm Buchanan:** One of the things that seniors need the most is security about affordability issues, as you pointed out. There have to be certain efforts to make sure that they are not falling behind, that they're not going into poverty and so on and so forth.

They have to have the ability to be able to stay in their homes and have adequate home care if they need it. Of course, we have to make sure we have adequate health care services that seniors can use, wherever they may live. Whether it's in rural Ontario, such as Minden, where they closed down the emergency department, or in a city, we need more—

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

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

**Ms. Donna Skelly:** Good morning, everyone. Happy new year. It's nice to have my colleagues from Hamilton here. We rarely get to talk about issues that are government-related in our own backyard, and it's really nice that we can do it to start 2024.

Malcolm, I've met you over the years, actually, through journalism and through politics. It's nice to see you again. My colleague is going to be speaking to you a little later on about the issues that you raised this morning, but I want to continue on with the issue that MPP Hazell just raised, and that is the affordability challenges facing seniors today.

The number one issue in my office—in fact, I met with two retirees yesterday, one from LIUNA—is the municipal taxes. Right now, the city of Hamilton is projecting a 16% hike in municipal taxes. I know they're afraid that they're going to lose their homes. We already know we have a housing crisis, an affordability crisis. And when the municipality is suggesting that people on fixed incomes—anybody—young families, people trying to save enough money for a mortgage, retirees who are trying to keep their homes. When they're facing a 16% tax increase, they can't sleep at night. I want you to speak to that and the challenges that would present to seniors.

**Mr. Malcolm Buchanan:** Thank you for the question.

This is not something new. This has been going on for some time. With increased taxes, it's just building upon all these other issues that have been there for years.

What seniors tell me—and we have a very active organization. Most of them have their own apartments or live in their apartments. So rental costs have gone up astronomically. As you know, a two-bedroom or two-room apartment in Hamilton now is over \$2,000 a month. They're on fixed incomes. So there is something that has to be—rent controls have to be re-imposed. I mean, they can't function properly.

**1040**

The other thing, of course, is the municipal taxes, like you're referring to. There has to be some type of provision that seniors are going to have to be protected from some of that. I know I don't believe in means testing, but in some circumstances, we may have to apply that when it comes for seniors, especially on fixed incomes.

There is an ongoing problem. It compounds one upon the other. As I said, going back to the health care issues, there is real concern about prescription drugs. I didn't get into the whole question about pharmacare programs, which is another accountability cost factor that builds upon all this. Some of them can't afford their medications on a regular basis. They can't afford it.

So there's a whole host of things. It's not just one thing. I just hope that you take that into consideration, especially about rent controls—maybe a good way to start at least addressing some of the concerns.

**Ms. Donna Skelly:** I'm not sure if you're familiar, but we do have rent control in for buildings that are—what was it?

**Ms. Catherine Fife:** Before 2018.

**Ms. Donna Skelly:** Before 2018.

But I want to go back to the municipal tax hike, because we all have a budget. As you mentioned, seniors have a fixed income. They have a budget that they have to live within, but what concerns me is for a municipality to present a 16% tax hike, and it's still climbing. We're still adding on as we get closer into budget deliberations. Here, within the city of Hamilton, there are still asks that are being added to the wish list that the taxpayer ultimately will have to pay.

Seniors have a budget that they must live within. What message would you send to all political representatives at all levels of government, federal, provincial and municipal, when it comes to expecting the taxpayer—because there is only one taxpayer. It all comes out of one wallet. What would you say to them in terms of the challenges that Ontarians, that retirees and all Ontarians face when it comes to trying to navigate these additional costs, whether it's housing, municipal taxes, food, gas—of course, we're still suffering from the carbon tax that has made life far more expensive. What would you say? What message would you like to share with politicians of all stripes, at all levels of government, in terms of living—what you're forced to do; you have to live within your means. What should we be doing?

**Mr. Malcolm Buchanan:** Stop downloading all of the costs that are coming from the provincial government and federal government onto the municipalities. Like you say, there is one taxpayer, and it's right down on the municipality. The municipalities are the ones that have to face the issue on a day-to-day basis. Look at the downloading that has taken place over the years. It has been horrendous, and that is part of the problem.

I'm just going to leave it at that. I think that's where we're going to—the transfer of payments from the federal government also is another fact you've got to look at.

**Ms. Donna Skelly:** Right. Now, has there been an effort to reach out to the federal government regarding transfer payments when it comes to health care? Because as you know, it was supposed to be 50% and it's far less than 50%. I think it's around 20-something?

**Mr. Will Bouma:** Twenty-two.

**Ms. Donna Skelly:** It's 22%. We're almost 30% less than what we should be receiving, and that clearly has an impact not only on—

**Mr. Malcolm Buchanan:** Yes, we agree, and we have made petitions to the federal government regarding more monies from the federal level, but remember the provinces are solely responsible—one major responsibility is health care. So they have to do their fair share too.

**Ms. Donna Skelly:** We've gone begging the feds—

**Mr. Malcolm Buchanan:** Well, we need to do more. We have to do more—

*Interjections.*

**The Chair (Mr. Ernie Hardeman):** Order.

**Ms. Donna Skelly:** All provincial leaders have certainly addressed—

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

**Ms. Donna Skelly:** One minute. One minute left. I'm going to ask Dina for, quickly—thank you, Malcolm. Quickly, in terms of the challenges that libraries face today—and they've changed, clearly, over the past decades—what would you say is the number one service that libraries provide today in terms of the evolution of the library over the past three or four decades? How has it shifted? What is the priority today?

**Ms. Dina Stevens:** Today, we're facing many of the same challenges as the province is facing. The library is largely reflective of what's happening in your communities. The library acts kind of like a little ecosystem. So our main priorities amidst this hugely evolving landscape are things like the unhoused population, safety and security in public libraries. We're starting to see a lot of challenges with—

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

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

**Ms. Catherine Fife:** Thanks to all presenters. Mr. Buchanan, I'll start with you.

On November 29, 2022, the Ontario Superior Court judge ruled that Bill 124 was unconstitutional, that it was against the law. That same day, the Ford government appealed the decision. It continues to fight an unconstitutional piece of legislation of their own making in the court system. In addition, within the Minister of Health's own briefing

notes, it was determined that Bill 124 is contributing to the staffing crisis—wages and working conditions—contributing to the retention issues and, obviously, also recruiting into the health care system. The Premier has said we can't keep “dishing it out.” That was his quote on that day.

What does it say to you, Mr. Buchanan, that this government continues to fight health care workers in court in the midst of a human resources health care crisis?

**Mr. Malcolm Buchanan:** In my comments, which I mentioned in my presentation, it's that many health care workers—we do have retired health care workers in our Congress of Union Retirees. The feeling is a sense of being devalued, especially when they called us “heroes,” the Premier and the Minister of Health. It's a slap in the face they're saying “heroes” and at the same time freezing their salaries. Okay, they gave them a one-shot payment at one point. Wasn't it \$5,000? It was just an insult.

**Ms. Catherine Fife:** Yes, well, the courts have actually had to step in.

**Mr. Malcolm Buchanan:** It felt like an insult.

It's not just for health care workers. It's the whole public sector. My background is in education—same problem in education. There's a lot of people quitting their jobs. They don't feel valued.

**Ms. Catherine Fife:** So you're not buying what they're selling on “hero?” No. Okay, I got that. Thank you very much. Your presentation is well researched, and I just want to say this will be quoted often in the Legislature.

I am going to move on to Ms. Harmer right now, though. Ms. Harmer, we have ongoing tension with the aggregate sector in the Cambridge and Wilmot areas surrounding Waterloo region. We are also dependent on an aquifer, and I take your comment that well water is gold for rural communities. This is very true.

In your presentation, you commented around the 64% of inspections down, the non-compliance, the only 0.4% of collected fees—what a missed opportunity around revenue generation. I do want to say we have seen a rush on aggregate applications at the Ministry of Natural Resources because, I believe, they feel like this is the Wild West and they can do whatever they want. Did you want to comment on that? Because you quite rightly pointed out we have enough aggregate applications in play already in Ontario. This rush for us seems like it's very similar to the greenbelt in many respects: They're getting in under that race line because they know that nobody's watching.

**Ms. Sarah Harmer:** That's right. Thank you very much. I think that the industry sees a government that's not paying attention to health and safety and environmental protection, and so across the province from, as you say, Wilmot township to Goderich up into the Burnt Lands near Ottawa; Lanark Highlands; Elginburg, Ontario; Mount Nemo; Caledon—it's rampant. We really see an escalation in applications being applied for when there is no need.

And that is one thing too: The industry does not have to show that there is need, which is a ridiculous way to manage a resource, especially a resource that right now currently as the natural infrastructure is protecting water, is protecting wetlands etc. It's such an important common resource that we need to do much better.

**Ms. Catherine Fife:** Just one final question before I pass it off to my colleague: We know that municipalities are very concerned about this direction as well. Some of them have asked for legal protection by the provincial government because they're so worried about another Walkerton and about more contamination of the water table.

Do you think that, given the Auditor General's report and how scathing it is, how concerning it should be for everyone in rural and northern Ontario, that we call a moratorium on any future aggregate applications so that the government can do their due diligence and their ethical responsibility to rural communities to hold the line on this?

**Ms. Sarah Harmer:** That's right. Many municipalities across Ontario have been calling on the province for a time out on new approvals of aggregate applications. They're saying—big aggregate producers as well as small municipalities. The evidence shows it's out of control. We need to put a pause on new approvals and get our act together and get this industry reined in, as the Aggregate Resources Act says that we must, legally. So, yes, it's across the province, and a moratorium is being asked for, like you say, by municipalities and citizens across the province.

**Ms. Catherine Fife:** Okay. Over to my colleague, please.

**Miss Monique Taylor:** Thank you. Chair, how much time?

**The Chair (Mr. Ernie Hardeman):** It's 1.4.

**Miss Monique Taylor:** Thank you to all presenters who have joined us today, and we welcome the committee to Hamilton. As you can see, we definitely have a lot to talk about in Hamilton.

I'm going to focus some of my questions to you, Malcolm. I would like to, first of all, thank you for all of your participation with the Congress of Union Retirees as well as with the Ontario Health Coalition. Your presentation is definitely in-depth and talks greatly about the concerns of so many seniors in our community. We've heard the cost of property taxes is going to be increased, and yet we have—

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

**Miss Monique Taylor:** Bill 23, which has downloaded \$54 million onto our Hamilton property tax for development charges. So it's really talking out of both sides of the government's mouth when it comes to "one taxpayer" in our province.

If you could just very quickly in the very short time that we have left maybe talk about how a property tax increase would affect our communities and so many retirees who are just barely holding on to their homes as it is.

**Mr. Malcolm Buchanan:** Very quickly: I live on a street; it's an area in Hamilton called Birdland. I would say that about 75% of everybody that lives in that community is retired and on a fixed income. I can tell you, by talking to them and walking around, when they go to the grocery store, it's hurting. This is the type of impact right away. I'm not talking about health-care-related issues, but that's another matter—

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

We'll now go to the independents. MPP Shamji.

**Mr. Adil Shamji:** Thank you to all of you for sharing your perspectives and your testimony today with us.

I wanted to begin just by very briefly reflecting on some of the commentary that we've heard, particularly in regard to municipal property taxes and federal health transfers. The first is to echo the comment that it feels a little bit disingenuous to proclaim that you're standing up for keeping municipal property taxes low in the wake of Bill 23, which very predictably caused property taxes to increase, and I again echo the comment that it was predicted before Bill 23 came in that it would cause at least \$54 million in increased costs to the city of Hamilton, and it went through anyway. Of course, we are now reaping the consequences of that flawed legislation.

**1050**

The second comment that I wanted to make was in regard to the advocacy around increasing federal health transfers. Of course, health care in Ontario is expensive. Health care in Ontario has been strangled under the present government. But I again find it rather disingenuous to call for increased federal health transfers when, in the last year, a new federal health transfer was negotiated, and literally in the very next financial accountability report, it was demonstrated that the government was underspending by over \$2 billion. And so, there's a leg to stand on to ask for more money, but there's a lot of money right now that's not getting spent and put in the places that it needs to be.

Mr. Buchanan, I was wondering if I could ask you to elaborate a little bit more on your comments surrounding health care. You described very eloquently some of the challenges that are being experienced by health care workers and in hospitals. I was wondering if you could share a little bit more about the local context in Burlington and Oakville about what the experience has been like for seniors, patients and, to your knowledge, health care workers at large.

**Mr. Malcolm Buchanan:** I think it's quite universal. It's not just limited to Halton, Hamilton, Burlington, Toronto; I think it's endemic right across the province. Across the province, it's the same: lack of staff, underpaid, overworked, stressed out—and that's the bottom line.

When I talk to our health care contacts, it's the same message: They can't do the job. They're going home. They're breaking down. They're crying, in many cases. That is why, at least, I know the government is making an effort to try to recruit other nurses from overseas, but at the same time, they're taking away health care workers that they may need to come to Canada. We have to do a better job in recruiting in this province and a better job on initiatives to be able to recruit these folks.

And then, talking about primary care, don't get me started on that one, about the lack of doctors and accessibility. We have many of our members whose doctors have now retired, and they are going to have to go to emergency care because they don't have a primary care person. It's just an incredible mess, just compounding one thing after the other.

I just want to say there's a human element that comes to all of these things, and I ask every one of you: How many of you have visited an emergency room in the last six months across the province? How many of you have

gone into a long-term-care home and seen the standard there?

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

**Mr. Malcolm Buchanan:** How many people have gone to talk about the lack of home care, talking to people about home care? How many politicians have done that?

**Mr. Adil Shamji:** Thank you. I sincerely appreciate you sharing that. I'll point out—and you may know this, either from your reading or from experience—that in the Auditor General report that came out on December 6, 2023, it identified the fact that the Oakville Trafalgar hospital has the sixth-longest wait times in the province.

My question for Ms. Stevens: I was wondering if you could elaborate; you spoke eloquently about the need for increased funding for Indigenous libraries. I was wondering if you could speak to what you anticipate could be the impact of a well-funded library in an Indigenous community on the education and prosperity for the people in that community.

**Ms. Dina Stevens:** I've had the fortune of meeting—

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

We'll now go to MPP Gallagher Murphy.

**Mme Dawn Gallagher Murphy:** It's wonderful to be here in Hamilton, and I'd like to start by saying I am the MPP for Newmarket—Aurora—I've lived there for a while now—but I was born in Hamilton. I went to elementary school and high school in Hamilton. My mother was in a long-term-care home here in Hamilton, so I visited the long-term-care and retirement home etc., and I have family who are still here. So it's wonderful to be back in Hamilton. When I was driving here, I felt like I was coming home again.

All of that said, my question would be to Mr. Buchanan. Thank you very much for your presentation this morning. I just want to talk a bit about health care and Ontario's plan to build Ontario, which includes \$48 million to build the infrastructure that we know that we desperately need in the health care sector, \$32 billion of which will go towards 50 capital projects of hospitals across this great province, which will add 3,000 more beds to the province, as well, for our hospitals.

I also want to talk about the health care expense sector. Currently, we are at \$81.2 billion in 2023-24, and we are projected to be at an expense of \$87.6 billion by 2025-26. The big growth area in that expense is for supporting health human resources initiatives. I'm really happy to say that we currently have approximately 30,000 students enrolled in nursing programs across this great province right now, and a lot of that has to do with the Learn and Stay programs that this government has put forth. It also includes enhancements in emergency health care services to help reduce wait times in our emergency departments.

Another area is in improving and expanding home care, to which we had announced—I believe it was April 2022—a billion dollars over the next three years to help enhance home care, to be able to have people stay in their homes longer, because people should be able to age at home if they are able to.

My question to you is, based on all that and understanding the needs of the members you represent, what do you feel are the most pressing issues for those members?

**Mr. Malcolm Buchanan:** Thank you for your question.

I'm always glad to hear that there are going to be more resources put into health care. I'll wait to see the results of that. I certainly hope it happens fast, because we desperately need them.

You asked a question about home care. Bill 135 was the latest iteration in trying to resolve the problem, and the blowback on that piece of legislation has not been very positive. There were a lot of concerns from the various organizations that it's really going to lead to more privatized home care as opposed to non-profit home care. This is because of the makeup of the new health committees. What do they call these? They're replacing the LHINs with these new health groups. What they're concerned about is that the big players on those local health committees are made up of the private organizations which will ease out any funding decisions for the non-profits to get involved in. So I would urge you, as a member of the government, to look at the concerns that some of the non-profit home care agencies feel about Bill 135, because what we need is more non-profit home care.

We've also found that the salaries and the working conditions currently in home care are not good, whether that be private or non-profit. We also are finding that in home care, appointments are not kept in many cases; the turnover of staff is endemic, and it's a big problem.

Seniors want to age in the sanctity of their home. Home care is a crucial thing that will make that possible. They don't want to go to a long-term-care home. With all due respect, some of them are fantastic, but some of them are not so good. There's a real problem here.

So, yes, home care for many, many seniors is a very, very high priority. And I think if there's a will, there's a way. I think that everybody around this table believes there should be improved home care that's easily accessible, with qualified, professional staff providing that care.

**Mme Dawn Gallagher Murphy:** Chair, how much time?

**The Chair (Mr. Ernie Hardeman):** You have two minutes.

**Mme Dawn Gallagher Murphy:** Wonderful.

Thank you very much, Mr. Buchanan. The Ontario health teams is what you were referring to—

**Mr. Malcolm Buchanan:** Yes. The terms keep changing all the time.

**Mme Dawn Gallagher Murphy:** So it's an Ontario health team, and, in fact, we have 58 of them right now, and the way they are set up is to have local community services that are part of this health team, so that the teams are more connected with the patient. So when a patient leaves, is about to leave the hospital, there is a plan already set in place for that patient. That's what these Ontario health teams are doing and working closely together, so that the additional \$569 million that's currently going out to home care—they are equipped to have the resources to be able to plan with that patient, in the hospital, the care

that they will have so it is seamless, and it is convenient and connected to them.

**1100**

So my next question to you, Mr. Buchanan, is, talking about some of the lesser-known issues maybe that you have not brought to our attention yet today. Perhaps, you could speak to some of that.

**Mr. Malcolm Buchanan:** Well, the issue about prostate testing, PSAs—I would hope that OHIP would start covering the cost of that. It's discriminatory where mammograms are covered by OHIP, but PSAs test for males are not—and as you know, it's a good checkup for pre-cancer checks. So I urge that that be addressed.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you very much, Mr. Buchanan—

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

So I want to thank all three presenters for taking the time to prepare and to deliver the message here this morning. Thank you very much.

REGISTERED NURSES' ASSOCIATION  
OF ONTARIO  
HAMILTON PUBLIC LIBRARY  
MOHAWK SPORTS PARK -  
SPORTS COUNCIL

**The Chair (Mr. Ernie Hardeman):** Our next panel is the Registered Nurses' Association of Ontario, Hamilton Public Library and the Mohawk Sports Park - Sports Council Inc. As they are approaching the table, I just want to again remind everybody that's making presentation that you have seven minutes to make your presentation. At six minutes, I will identify that there is one minute left. Don't stop talking, because at seven minutes, the clock stops.

I think we're all getting to the table. The first presenter will be the registered nurses' association—oh, I do want to add: Make sure that at the start of the presentation you state your name to make sure that we can attribute the comments to the right person in Hansard.

With that, the registered nurses' association.

**Ms. Ashley Fry-O'Rourke:** My name is Ashley Fry-O'Rourke.

Thank you, Mr. Chair and members of the committee for the opportunity to address you today on behalf of the RNAO. We stand here today at a critical point, one that forces us to confront the harsh realities that have been our health care system for decades, seen more clearly due to the pandemic.

Ontario, a province known for its resilience, has been facing compounding challenges that has been shaking the very foundation of our health care infrastructure. Throughout history, Ontario's health care system has been a beacon of hope. A cornerstone of our society, providing care and solace to those in need. It's with a heavy heart that I address the devastations that continue to progress, the cracks that were exposed and the toll it took on our health care pro-

fessionals, our communities and most importantly our people.

Without counting those who plan to leave the profession or the one in five registered nurses that are not practising, there are over 10,000 nursing vacancies in Ontario right now. We are expecting this shortage to increase to at least 25,000 in the next four years. This requires nurses to work short almost every shift, dangerously impacting our health care system. There have been safe nurse-to-patient ratios outlined in the literature depending on the level of acuity of the group of patients.

When a nurse is working short, they're required to care for more patients than has been deemed safe, resulting in unnecessary suffering and death. Not only are we losing lives of those who should still be with us, but we're exposing our nurses to traumatic situations where they need to compromise the quality of care that they're able to provide, because they're working short. This has resulted in the most recent statistics for Ontario nurses, highlighting that 75% are burnt-out; 69% are considering leaving their profession in the next five years; and 73% feel that they're consistently working over capacity.

I would like to take a moment to honour the brave and supportive armed forces who stepped into our long-term care homes in 2020. Their mission is not one of combat but one of compassion to support the most vulnerable among us, yet what they found was heart-wrenching, a landscape marred by neglect, insufficient staffing and an overall lack of humane care.

The reports that came back were devastating: seniors left in soiled linen for hours, residents malnourished and dehydrated, insufficient supplies, and a pervasive sense of despair amongst residents and staff. These were not just deficiencies; they were indignities suffered by Ontarians.

The ongoing traumas experienced by the staff in the long-term-care settings are familiar to all health care providers at this time, regardless of the setting they're working in. Whether it's a hospital or home care setting, health care providers and nurses are being forced to provide care that's not in line with their values, training or expectations because of consistent shortages and a lack of long-term investment in nursing retention.

The conditions unearthed by our military forces were not just a failure of one institution; they were a failure of our society. These are our siblings, parents, grandparents and mentors, individuals who deserve dignity, respect and quality care, especially in their most vulnerable moments. We're grateful for the support we received from our armed forces during this time and that they could echo the sentiments that we've been experiencing across all health care sectors for years.

We urge long-term investment in health care human resources to alleviate some of the burdens and bring our health care system back to what it used to be. This is a concern about how we've been managing our human resources of our most skilled professionals who save the lives of those we love. This is not only for my profession, which was once rewarding and safe, but also for my parents, my loved ones and those who you love in this room.

To aid with nursing retention, we urge the government to invest in mandated patient-nurse ratios. We know this has been effective in California since 1999 and many other states have since adopted this. BC agreed to adopt similar mandates, as it's clear how this assists with nursing retention. Not only will this make health care safer for Ontarians, but it will also support nurse retention across all sectors. In mandating safe working conditions, nurses are less likely to be stressed in the workplace and more likely to continue in the profession.

Not only are these ratios an important investment but we must also prioritize the demands of Ontario's growing population. In the years leading up to the pandemic, the lack of financial resources crippled the system. Insufficient funding meant compromised services, delayed or reduced care, and an inability to adapt to the escalating needs of our community.

The devastating repercussions are not merely administrative, they're deeply personal. Families continue to face agonizing decisions struggling to care for their loved ones in absence of essential care. The impact on our health care infrastructure is stark. Hospitals continue to overflow. ICU beds are a scarce commodity and the strain on our resources is leaving many vulnerable individuals without the care they desperately need. Delayed treatments, postponed surgeries and overwhelmed emergency rooms have become our haunting reality.

But it hasn't always been this way. Nurses used to be able to provide the care that they are trained to provide without being traumatized. Ontario used to provide safe care, resulting in nearly no registered nurse positions available within the province. With safe working conditions, adequate resources and fair compensation, it was an enjoyable and rewarding profession. Because health care funding has not continued to meet the rise of inflation, we find ourselves in this current situation and health care crisis.

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

**Ms. Ashley Fry-O'Rourke:** I'm urging you to provide our profession and public health care system with a long-term plan that will sustain Ontario nurses a long-term plan that will provide us health care if and when we need it, a long-term plan that will no longer allow for emergency room closures and Ontarians without access to health care.

As we look to the future, let us learn from these experiences. Let us acknowledge the vulnerabilities exposed within our health care system and commit to fortifying its foundation. Let us honour the sacrifices made by our health care workers by ensuring they have the resources, support and recognition they deserve. Let us build a health care system that is not just resilient but also adaptive and responsive to future challenges.

Today, we stand united acknowledging the devastation that befell our health care system as a result of underfunding for years leading up to the pandemic, but let us also stand resilient, committed to rebuilding, strengthening and ensuring that our health care system emerges from this crisis stronger than ever before. Thank you.

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

Our next presenter is the Hamilton Public Library.

**Mr. Paul Takala:** Good morning. My name is Paul Takala. I'm the chief librarian and CEO of the Hamilton Public Library. I'm honoured to be here today to talk about public libraries in the province, and I want to thank you for giving me the opportunity to speak this morning.

**1110**

The public library and broader library community have been working together on three main asks for the provincial government to increase their support for libraries. I'll talk about those three points, but before I do that, I do want to make two broader points about some of the challenges public libraries are facing today.

I myself work at the Hamilton Public Library, at Central Library. I started down here in 2001. Public libraries, when we are doing our job, welcome a broad array of the community into our spaces. And what we see in libraries—and mostly, public libraries are very positive things, because we experience a lot of positive things happening in our community. When times are challenging and we're doing our job, we also experience a lot of the challenges that people are facing. I can say that in the last number of years—it did predate the pandemic, but the last couple of years have been much more challenging in terms of the number of people that libraries are serving all across this province that are facing multiple struggles. And this is not something unique to large urban centres. I was on a call this summer with smaller libraries all across the province, and some of the social problems that we see in our larger cities that we have some experience with are now much more commonplace in smaller towns all around the province. So we in the public library community have really felt and seen the lack of investment in people just resulting in a large number of people facing multiple challenges.

When we look at what our role is in addressing that, there are certain things we can do as libraries to contribute to successful communities and healthy individuals. Our role is in contributing to helping that. But, ultimately, if people aren't housed, if people lack adequate income, if people lack adequate supports, we face, in a sense—that's not something that we can address. We continue to adapt and to do our best to welcome everyone into our spaces, but as we experience more and more people that are experiencing multiple challenges, it gets very difficult.

So I think that's the context we work in. I don't expect the public libraries to solve the housing crisis, and we're not really asking for a ton of investment. We know there are important priorities in other areas where there needs to be investment, but there are some ways the province can step up and provide at least some more support for libraries.

In terms of the public libraries in the province, there are really three things that we're asking for support on. One is the Ontario digital library. Just to give you an example—this is actually something that would save the province money. Here in Hamilton, last year—I checked—we spent \$473,000 on electronic databases, resources for the community. Because we're a large city and we have good support from our council, we're able to do that. Across the

province, there are a lot of smaller municipalities and especially First Nations where they simply don't have the resources to provide adequate access to the same kind of things we do in Hamilton. So the challenges are the same, but we need to provide people with better supports across the province.

Other jurisdictions have done this by having, basically, a digital library for the province that controls the licensing negotiating on behalf of everyone. It saves money. The projection is around \$20 million annually for this. It would actually save money and improve access all across the province. It would be a way of—either municipalities can individually invest in these resources and spend more for less and inconsistent access.

The second thing that we're advocating for is the struggles that our First Nation libraries have, and I know we work closely with Six Nations Public Library. You have people trying to support education, learning, archives, history on a shoestring and there just isn't enough staffing for them to maybe have the kind of impact that they should be having. So that's a big challenge.

And then the third one is something that—a lot of other jurisdictions provide more supports from the province. Here in Ontario—so, last year—I was just looking at our budget for this year. We're a \$35-million organization. We are getting \$949,000 from the province.

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

**Mr. Paul Takala:** That's the same as we got back in the 1990s, and yet we have more libraries, more people that we're serving, there's greater need, and so to get more support, I think for us, it's really important that northern, rural and Six Nations libraries get an increase, and that's really what we're advocating.

It would be great if larger municipalities also got more support. We're always trying to support education and people navigating government services. Any increase in support would just take some of that burden off of having to always rely on our council. Thank you.

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

Our third presenter would be the Mohawk Sports Park - Sports Council Inc.

**Mr. Kevin Gonci:** Thank you, Mr. Chairman, members of committee. My name is Kevin Gonci, chairman of the Mohawk Sports Park - Sports Council. We are an Ontario non-profit organization which advocates for the sustainability of our community's largest outdoor multi-sport park, which we feel serves as a catalyst for an improved quality of life for residents through a lens of health and wellness, equity and conservation.

The rationale for participating in today's consultation process is not to suggest that sport and recreation should be given a higher funding priority over other critical areas, such as health care, education and housing, but rather, to highlight the fact that each one of these areas is interconnected and can complement one another through joint synergies and cost efficiencies, resulting in greater, community-wide benefits.

The sport and recreation ecosystem plays a vital role in our Canadian and provincial economies. A previous Statistics Canada report indicated \$56.1 million in annual economic benefits and accounted for 3.3% of our gross domestic product—if you consider areas such as construction, employment, health care, professional sports, science, technology and innovation, marketing and advertising, as well as a 2019 sports tourism report which indicated \$7.4 billion in domestic and international spending from visitors, most of which occurred here in Ontario. If you have a family that attends a provincial campground for the weekend, that accounts for a part of the sport and recreation ecosystem. The family rents a campground for the weekend, they may purchase some ice for the cooler, some firewood for their fire, as well as renting a canoe—that all accounts to this part of the economy.

As early as 2007, the province of Ontario published a parks and recreation report that, at the time, identified a \$5-billion deficit in recreation infrastructure. The vast majority of facilities being built between 1956 to 1980, there is an obvious need for renewal and replacement of these facilities, but as well as new infrastructure as communities grow.

A 2019 Canadian infrastructure report card found one in three Canadian sport and recreation facilities to be in fair or substandard condition. From an Ontario snapshot, I would like to acknowledge that sport and recreation infrastructure encompasses both indoor and outdoor facilities, the obvious indoor facilities being hockey arenas, swimming pools and cultural centres. Outdoor facilities, however, also include parks, trails, playing fields and waterfronts.

There are 65 provincial sport organizations that help direct community-based sports activities. One in particular is Athletics Ontario, which is the provincial sport governing body for track and field in Ontario. Last year, they had over 155 registered clubs across the province, with a membership of just over 8,000 individuals. They provide a coaching development and training for 200 volunteers and officiating training and development for 239 volunteers, keeping in mind that these volunteers play a critical part not only on provincial and national team levels; they also go on to represent Canada at international events such as the Olympics.

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In 2021, the city of Hamilton published their annual recreation master plan. Just some highlighted points from that plan: It is estimated that the Hamilton population within the next 30 years will grow by an additional 236,000 residents—our population is getting older—and, therefore, our need for more flexible facility space for structured and unstructured activities, and that we needed to explore sustainable strategies involving development, maintenance and operation of facilities. These newer facilities would involve technology innovation, environmental designs and collaborative partnerships.

There is currently an 89.9% backlog in recreational facility repairs, and the city follows a strategy of underfunding and deferred maintenance in order to address other



more urgent or critical funding priorities. This approach, along with continued underfunding, will make it impossible to achieve our accessibility standards by 2025, as set out in the 2005 Ontarians with Disabilities Act.

Ontario was on the world stage by hosting the 2015 Pan Am and Parapan Am Games. There was a \$45.5-million provincial investment spent towards the track and field stadium that was built at the York University campus. At the time, it was known as the most modern track and field facility in Canada and was quoted as being a “lasting community legacy.” In 2017, it was the host venue for the North American Indigenous Games. In 2017, it also hosted the Invictus Games. However, in 2021, York University paid an additional \$8.2 million to remove the track and field facilities and replace it with the turf field to accommodate professional soccer and rugby programs as well as their varsity programs. Keep in mind, depending on the usage rates, the life cycle of such facilities would have been anywhere between 12 and 15 years.

Respectfully, I would suggest from a community benefit perspective the return on investment for this project was very minimal. I’d also suggest that all levels of government should scrutinize proposals being brought forward for such large-scale events to verify the numbers before committing any taxpayer dollars.

On a personal or a localized level, there was a recent McMaster University study that reported increasing rates of health care issues related to children of newcomer populations. I’m hearing more and more each week of provincial downloading which is placing a strain on municipal budgets and increasing park encampments as well as strains on our health care system.

The points I have raised here are that of a resident for the past 60 years and 40 years as a community volunteer in the sport and recreation sector, from which I’ve benefited. Ignoring this funding need will only exacerbate increasing health issues of vulnerable populations, place increased strains on municipal budgets and create increased barriers towards the collective goal and vision of creating a safe, inclusive and accessible public space, which contributes to healthier and more vibrant communities across Ontario. Thank you.

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

We now start the first round of questioning with the independent.

**MPP Andrea Hazell:** Thank you—

**The Chair (Mr. Ernie Hardeman):** MPP Hazell.

**MPP Andrea Hazell:** I’m ahead of the gun today.

Thank you all for coming in and thank you for your presentations.

I want to start off with Kevin. It’s very important that we look after our young people. It’s very important that we have physical activities for everyone. It’s very important. It goes to a healthy community, and it decreases the dollars that we will pay in our hospital bills as well—even mentally. So it all comes together. Thank you for your presentation.

I know you want to build the facility. Is it going to cost between \$9 million and \$16 million to build the facility?

**Mr. Kevin Gonci:** If you’re referring to a recent initiative that we’re involved in, yes, I’m part of a consortium of community groups that support a community hub facility. For those of you who don’t know me, I always go into any type of proposed development well prepared. Our first initiative is to undertake secure funding for a feasibility study to confirm the need and identify the projected costs. So with the projected costs as well, you’d need substantial contingency funds for any unexpected costs that may arise. At this point in time, to answer your question, I would earmark a facility anywhere from \$6 million to \$12 million. The less expensive would be a dome facility. The more expensive would be a bricks-and-mortar facility, which tends to cost a bit more for materials.

**MPP Andrea Hazell:** Yes, and that’s important to get on record.

I also notice on your website you mention an equity-derived concern for building this facility. Can you elaborate on that?

**Mr. Kevin Gonci:** Well, part of my undertaking this initiative here locally was to engage with various stakeholders through public information events, and I was amazed at the number of diverse groups that had indicated a need for a flexible facility space, not only for sport and recreation, but also for cultural events, inner city programs as well that lack facilities, as well as programs such as the YWC, the YMCA, employment supports, child care supports that can be incorporated. I’m a firm believer in the community hub model, and I think that can incorporate a number of facilities and provide greater synergies and cost-efficiencies for communities.

**MPP Andrea Hazell:** Thank you for that.

My next question will be to Ashley. The impact of inadequate staffing is felt across all health care settings, leading to compromised patient care and distress among health care providers. We hear this every day. This is not a new story, what you’re presenting to us. But can you elaborate on the immediate measures you believe should be taken to address the current crisis—I’m going to say it’s a crisis—and improve working conditions for health care professionals, especially in the long-term-care homes, just helping these people to live with dignity?

**Ms. Ashley Fry-O’Rourke:** A long-term investment in human resources.

**MPP Andrea Hazell:** Can you elaborate on that?

**Ms. Ashley Fry-O’Rourke:** I did mention that a way that we would be able to enhance our human resources is mandated safe patient ratios that have been defined in the literature. The investments that the RNAO are requesting are substantial, but that is to match the lack of investment that has been made since the 1990s, similarly to the public libraries, where it was not meeting the demands of inflation.

**MPP Andrea Hazell:** Are your members right now over 50,000 registered nurses and nurse practitioners?

**Ms. Ashley Fry-O’Rourke:** That is our current registration, but I’d like to highlight that one in five currently are not practising, and that’s not highlighting those who

choose to leave the profession in the next four to five years, about 70%.

**MPP Andrea Hazell:** That's good for the record. Thank you.

**Ms. Ashley Fry-O'Rourke:** And then I just would like to highlight also that there's going to be a shortage of at least 25,000, and that's only to make us up to par with other provinces in Canada for nurse-to-people ratio—

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

MPP Gallagher Murphy.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you, Ms. Fry-O'Rourke, for your presentation today. Thank you for coming. I'd like to address some of the health items in a question to you.

Firstly, I wanted to just talk about and reiterate the government's investments in health care, which is obviously the largest portfolio for the government. We will be increasing from our current \$81.2 billion in 2023-24 to \$87.6 billion in 2025-26. I want to talk specifically about the growth area, because that is a significant growth, with over \$6 billion over the next couple of years.

One of those areas is to support health human resources initiatives. There have been a variety of initiatives, and I wanted to talk to a bit of those, recognizing that we've had a record number of nurses registered specifically in the schooling program. In the nursing program, this year alone we have approximately 30,000 nurses. I'm really happy to hear about that number and understand the number you just quoted of a shortage of 25,000, because it's so critical that we fuel our pipeline, and that is what this government is doing, is fuelling the pipeline.

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Another item I wanted to talk about was the as-of-right rules that we implemented in early 2023. That's to allow Canadian health care workers to be able to come in. We've removed barriers, so that they can come in from across the jurisdictions in Canada to start practising. That includes nurses, as well.

One of the other things I wanted to note—in fact, a couple of items—was the investment that we've made as of August 2023, with an additional \$51 million in the Dedicated Offload Nurses Program, which is over the next three years. I know even in my community, where Southlake is my main hospital, that has proven to be a very good program.

The other item I wanted to note, about nurses specifically, is the expanded roles of nurses. Specifically, in November, we had announced that registered nurses would be able to prescribe medications for certain conditions, such as contraception, immunization, smoking cessation, and these would be in a variety of settings.

Another item I wanted to talk about was, again, training for nurses, because we know that's so important. We've added 121 training positions to the primary health care nurse practitioner program. I know the nurse practitioner program is a great one, as well.

With regard to the Extern Program that was created—I believe it was in 2021 it first came out. I know my con-

stituents have called me, advising that their daughters have gone into this program, and they rave about it. I've heard from nurses about it, because it's a two-way street: the mentoring, as well as the extern coming in and getting that experience that's well-needed.

So my question to you is, if you could talk a bit about the Extern Program, from the nurses, because I hear how positive it is from both the mentoring side and the student side. If you could speak to that, I'd greatly appreciate it.

**Ms. Ashley Fry-O'Rourke:** Thank you for your question and for your comments. I would just like to highlight that I would love to continue to hear the plans to invest in the actual human resource component to retain our registered nurses. And I would like to highlight that the statistics that I'm reading off that list of safe nurse-to-patient ratios are looking at the registered nurses—with their full complement maximizing their scope, as you were referring to—before I speak a little bit to the externship, because just because we add more bodies doesn't mean that it will create safer environments, if those bodies aren't trained adequately.

The externs are nursing students who definitely alleviate some of the burden within the health care environments by providing additional supports, but then, again, I'm just going to highlight that they're not able to practise within an RN role, and so it's not actually going to alleviate some of these compromised safety concerns that we've been running into in not having adequate nursing-to-patient ratios.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you.

Chair, how much time do I have left?

**The Chair (Mr. Ernie Hardeman):** Oh, I don't know, but not much.

**M<sup>me</sup> Dawn Gallagher Murphy:** Okay. Thank you, Chair—oh, sorry; go ahead.

**Ms. Ashley Fry-O'Rourke:** And so, if there are more plans around investment in human resources to retain the registered nurses, I'd love to have the opportunity to hear about that, as well.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you, Ms. Fry-O'Rourke. Further to that note on the nursing program, given the number of nurses who are currently registered, let's talk a bit about the Learn and Stay program, because I know that was really important, for the government to be able to pay for the tuition and the books that are needed for students going into nursing programs, thus the wonderful number that we currently have enrolled. That, as I said before, will fuel the pipeline, because we need that pipeline fuelled. I wonder if you can comment to that investment on the Learn and Stay program, and the record number of nurses that we have coming in.

**Ms. Ashley Fry-O'Rourke:** Thank you for the question. We definitely appreciate the investment in nursing education, and we welcome it as much as possible. I would just like to highlight that, when we're looking at enrolled nursing students, that's not accounting for those who choose to leave the province.

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

**Ms. Ashley Fry-O'Rourke:** It's also not accounting for those who choose to upgrade their education and were

not planning to practise on the front lines given what they're experiencing while they're in school.

**M<sup>me</sup> Dawn Gallagher Murphy:** Chair, I have just over—

**The Chair (Mr. Ernie Hardeman):** Forty-seven seconds.

**M<sup>me</sup> Dawn Gallagher Murphy:** Okay, just quickly then, I just wanted to comment again on the Extern Program. Why I want to go there is because I know that I've been hearing very positive things about the program and that it means a lot for a retention perspective, for nurses coming in and the nurses who are there, and their ability to share their knowledge and expertise with the new nurses. If you could perhaps talk to that, I'd greatly appreciate it.

**Ms. Ashley Fry-O'Rourke:** We appreciate all of the funding that's provided to enhancing the nursing education experience, and we appreciate all of the nursing seats that have been offered to us. I just need to highlight that it's not going to meet the demands of our—

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

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

**Miss Monique Taylor:** It's fantastic to see all of our delegates today. Ashley, thank you for your presentation; I'll start with you. Thank you for the work that you've been doing over the years in trying to highlight the needs of nurses in the province.

As you hear from the government side, they did a lot of their own delegation to you, telling you what is their perspective of what's happening in the nursing field, instead of actually listening to the concerns that you're bringing forward. They had a lot to say but really didn't address the true needs that we're seeing and that's retention of the current nurses that we have in our system.

One in five, I think, is currently not practising. Your numbers are huge. The leaving, the overcapacity of patients to each individual nurse, the mental health breakdowns that we're seeing and the crisis and the burnout that our nurses are facing each and every day on the job are obviously not being addressed by this government. With Bill 124, having to fight for the wages that you desperately deserve in this province is definitely not the story that we're hearing from the government.

I would like to ask you once again if you could please just reinforce and take that time to be able to tell the government what is actually needed to retain the nurses so they're not leaving the province, so they're not leaving our communities today, and what needs to happen today, not in 2025-26 but actually to get going today because we're already so far behind.

**Ms. Ashley Fry-O'Rourke:** There are a lot of recommendations that we have put forward that would help with nursing retention. The one that I chose to focus on today was mandating safe nurse-to-patient ratios according to the literature, because depending on the setting—we all know there's a variety of nursing settings, but there is clear literature that outlines what is deemed safe. If we could use that as a pivotal point, hold our public health care system accountable to the standards that it used to be, that would really help nurses feel safer and more comfortable within their jobs every day.

This is going into a shift—it's a 12-hour shift—and you come back the next day in less than 12 hours. So if it is a bad shift, you don't have very much time to rejuvenate and make yourself ready for that next 12-hour shift. I would just like to highlight that these working short experiences pile on.

The sooner that we can act to alleviate some of these shortages and attend to nursing retention—another piece that I'd just like to speak to is that we're not using all registered nurses to their full capacity or their full scope. We know that as our population ages, they have more physical limitations that don't allow them to boost patients in bed, like the typical front-line nurse might be doing. We need to actually find roles for those nurses within all health care sectors to mentor and to support our incoming nursing staff so that they feel supported to stay, and we're actually maximizing everybody to their full scope and capability. Thank you.

**Miss Monique Taylor:** Thank you, Ashley. I wish I had more time to be able to talk with you, but I do have to move over to Mohawk sports complex.

Kevin, it's nice to see you here today; thank you for your time. I have had conversations with John McGrane from the Mohawk sports council also, talking about this complex. From what I heard from you today, I'm kind of confused in where we're sitting on that and which property you're looking at. Is it at the Mohawk sports complex up on Upper Kenilworth and Mohawk?

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**Mr. Kevin Gonci:** That's correct.

**Miss Monique Taylor:** Okay, good. I just wanted to be sure, because I was like, okay—so, in my conversations, there is considerable amount of support for this complex as well as funding already available to provide the community with this amazing complex, from what I'm hearing. It's very exciting to me, and I know with the growing population and the growing want and need for more soccer and indoor sports complexes that this would be a heightened addition to our community and very well used.

Could you please possibly talk about what it is that you actually need from the provincial government? Because my understanding is there are already several pockets of funding that are available and very little money that is actually needed to complete the project. So what is it that you need from the provincial government to make this move forward?

**Mr. Kevin Gonci:** Right. I think it's a good time to clarify. When we approach projects like this, we're building on success from our previous work with the track and field group, which was managed, over the last five years, to invest over \$3 million into that facility, and then we're now building on that success. Our approach is quite simple: We approach funding sources from a variety of multi-sources, so we're not putting a burden on any one level of government. This includes the private sector or collaborative partnerships. The non-profit groups that we work with, the expectation is that they'll either contribute in kind or financial resources as well.

So, looking at three levels of government—municipal, provincial and federal—preferably or ideally, an equal

funding contribution, hypothetically, of \$2 million to \$3 million each, and then the non-profit model to sustain the facility and alleviate the municipal burden of having to maintain that facility.

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

**Mr. Kevin Gonci:** First and foremost, we're going to take a due-diligence approach by completing a feasibility study, working on a business plan and approaching that from a fiscally responsible position.

**Miss Monique Taylor:** Are you saying, then, that you still need the \$2.3 million each, or have you already been able through different providers to get commitments to fund the majority of the project already?

**Mr. Kevin Gonci:** So right now, we don't have any funding commitments. As part of our feasibility study process, we've identified a variety of funding sources. It could be tourism dollars or tourism investment from a sports tourism perspective; it could be cultural investment from a cultural centre perspective, being a community hub, as well as sport and recreation investment from an infrastructure perspective. As of right now, we've sourced approximately \$6 million, but each one has come back to us and said, "Until we see a detailed business plan and a feasibility study, then"—

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

We will now go to the independent. MPP Shamji.

**Mr. Adil Shamji:** Ms. Fry-O'Rourke, I was wondering if I could ask you to elaborate on some of your comments. You had shared with us some important statistics about the state of health care staffing in our health care system. It's oftentimes easy to forget that behind every one of those numbers, there's a face, whether it's the face of a nurse, a health care worker, a patient or their caregivers. I was wondering if you could share, especially from the perspective locally here in Hamilton, what the health care staffing challenge or crisis actually looks like here, whether it has compromised care, and how nurses in particular are feeling about it and reacting to it.

**Ms. Ashley Fry-O'Rourke:** On a local level, I will say that we have over 750 vacancies in one hospital alone, but on a provincial level, I will say that the sentiments that I'm echoing are heard across the entire province, whether it's a rural or urban community.

**Mr. Adil Shamji:** Perhaps to be a little bit more specific—I'm an emerg doc by background, and many of my friends, family members, colleagues and people who save my butt on every shift are nurses. I have observed and heard of the epidemic levels of burnout, moral injury and demoralization. Can you describe what people in your profession are experiencing right now?

**Ms. Ashley Fry-O'Rourke:** So we'll use the emergency room as an example, and we will refer back to those safe ratios that I was mentioning. Depending on the level of acuity of the individual that's walking into the emergency room, the literature has already outlined how many patients a nurse can safely care for if they're caring for that specific patient. That might be one to one, because they might be requiring a ventilator that requires continuous observation

because at any point in time, that patient could suddenly pass away.

So if that nurse is not able to practise with only one patient, if they're now looking at two patients with the ventilator and something occurs to that other patient that should be receiving one on one continuous care, there is a 50% chance to maybe even a 100% chance that that patient is not going to receive the care that they require because that nurse is actually working with somebody else.

So I would just like to highlight that it's not so much a matter of needing to complete double the reports in one day; it's a matter of life and death. So thank you for asking the question.

**Mr. Adil Shamji:** Absolutely, and if I may ask one final question to you, the proposal for mandated patient-staff ratios and patient-nurse ratios has been coming up more and more frequently. It's an idea that sounds like it has a lot of merit, but what I'm wondering is—establishing the legislation or to do so is one thing, but what are the steps from having legislation in place and actually being able to deliver on that? Because, for example, if you're going to legislatively mandate one-to-one ratios in the ICU and in the resuscitation room, we don't have the staffing for that. So where do we go from there?

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

**Ms. Ashley Fry-O'Rourke:** So as we're continuing to build the staffing, it's important to reflect within the legislation that there will be that grace period until we are filling the vacancies, but then afterwards, it should be recognized that the organization that fails to meet the safe ratios will be facing a financial charge, similar to how it operates in other areas.

What the key piece to this is that any of the privatized systems that are starting to come out are held accountable to meet the demands of the public system. So the private system needs to meet the demands of the public recipients if the public system is being completely dwindled by the private system.

**Mr. Adil Shamji:** So what I'm trying to understand is—for example, you gave the example of one hospital in the Hamilton area has 750 vacancies, even their most well-intentioned efforts would fail in being able to mandate—

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

MPP Skelly.

**Ms. Donna Skelly:** I wanted to welcome Ashley, Paul and Kevin, and Ashley, it's nice to see you in person. We've spoken, of course, virtually but I have never had an opportunity to meet you in person.

I want to spend my time actually talking to Kevin. MPP Taylor and I were at a function earlier this week, and she raised the issue that you brought forward today. I know she's advocating working with your organization, but I'm a little confused. So your association was founded this past year—in 2023, correct?

**Mr. Kevin Gonci:** Correct.

**Ms. Donna Skelly:** For this particular ask, I'm assuming—because we've met before, and I know you're quite involved in amateur sport in the city of Hamilton. So walk

me through what you're looking for, who you have spoken to currently. You also mentioned the \$6 million that you have so far in commitment, who has committed that funding?

**Mr. Kevin Gonci:** Right. So as a continuation on our success up at Mohawk Sports Park, we were approached by several of the other user groups up at the park to undertake projects of their own. The predominant theme was a lack of suitable indoor facilities. Right now, it's a seasonal park where at the end of the season, the park is mothballed during the winter months.

So through an initial community engagement, we received expressions of interest from over 30 groups. We formed a committee. The decision was made early last year that we would move forward as a park-wide committee. Therefore, we incorporated into a non-profit. Our number one goal and initiative is to undertake a proposed community hub development. The estimated cost would be finalized through the feasibility study process. However, our initial investigation would earmark a facility anywhere from \$6 million to \$12 million, depending on the building technologies, and that it would be fully sustainable through the user groups.

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Unofficially, we have sourced \$3 million through a private sector contribution. However, we haven't secured funding from any of the other levels of government at the moment because we don't have permission from the city of Hamilton to build on the land yet and we haven't completed our business plan. So we have identified provincial and funding programs that the project may be eligible for, but until the feasibility study is completed later this year, we're not in a position to apply for those funding programs.

So, unofficially, from a community perspective, getting back to the multi-contribution, we have identified a \$3-million commitment from the community at this point in time toward whatever the eventual cost will be for the facility.

**Ms. Donna Skelly:** And the cost of the feasibility study is covered?

**Mr. Kevin Gonci:** Yes. So, once again, the community is taking that on themselves. We're currently sourcing. I've spent most of the Christmas holidays applying to 12 different funding programs through various levels of government as well as foundation sources. Recently, we've also received an expression of interest from the Canadian Tire Jumpstart foundation, which is a large charitable foundation. They wish to partner with us. As well, we've received expressions of interest from both the YWCA and the YMCA toward a possible partnership, pending the results of the feasibility study.

**Ms. Donna Skelly:** How confident are you that the city of Hamilton is willing to work with this organization and allow any sort of a facility to be built on that site? Because it is city-owned.

**Mr. Kevin Gonci:** Correct. Looking back, prior to this initiative, I've been involved locally with the track and field groups up there for the last five years. Collectively, we've invested over \$3 million. We have excellent support from the ward councillor, Tom Jackson, who's very sup-

portive of the proposal. We feel strongly that, looking at the city's master plan, this facility development up there not only will expand the community benefits through extended program hours, but will also help alleviate some of the infrastructure repairs and updates that need to go on up there as well.

We're not looking at it as a single facility. Once we have a presence up at the park, we'll undertake other things such as installation of a splash pad, perhaps court space, playground space as well as annual renewal toward parking lots and sustainability of the existing structures up there. That's why we formed into a sports park committee.

Until we get the business plan—the first advice we received from city staff was, “Work on a feasibility study and business plan.” Once we have that, we'll sit down with them to look at what synergies might exist at the municipal level.

**Ms. Donna Skelly:** Is it unusual for an organization outside of the municipality to pursue such an ambitious project on city-owned land? I'm not familiar. Are there other cases in the city where this exists?

**Mr. Kevin Gonci:** I don't know if there's any one specific model that exists, but I think the annual master planning document completed by the city of Hamilton places a strong emphasis on community partnerships as a way of reducing the cost. Realistically, the city's contribution of property that's—quite frankly, it's antiquated; it's outdated; it's in need of a repair. From talking with city staff, it's just not a priority for them.

So our group investing into this facility there, which in essence is asking for a land contribution—the city would maintain ownership of the facility; however, our group would have the onus of sustaining the facility, which would be a tremendous benefit to the taxpayers as well, in addition to offering programs and services for everyone from youth to seniors.

**Ms. Donna Skelly:** Initially, when I spoke with MPP Taylor, we were talking about a \$1.5-million contribution. That seems to be not the case. You're looking at an \$8-million project, potentially—

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

**Ms. Donna Skelly:** A \$6-million-to-\$8-million project overall, the cost of the project that you're proposing?

**Mr. Kevin Gonci:** Depending on the building system. So the feasibility study will define that, and then we'll confirm our funding commitment. From a provincial level, I think it has always been our desire to secure anywhere from \$2 million to \$3 million from each level of government. If we exceed our expectations by bringing in people such as the Jumpstart foundation, then we can go to a brick and mortar or a more sturdy design, rather than a dome. The dome installation is what we're currently looking at. There's probably a \$6-million-to-\$9-million investment for the dome structure.

**Ms. Donna Skelly:** With just a few seconds left, I just wanted to remind you that—and you may not be aware of this—but most of the programs available to fund such projects are—I think it's 40, 32, 28—it's usually three levels of government and there's a specific formula that they

follow when it comes to contributing to these types of projects and they're always being—

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

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

**Ms. Catherine Fife:** Thanks to Ashley, Paul and Kevin for taking the time to come in and sharing your perspective. We're very appreciative of that.

Ashley, I'm going to start with you. You highlight the 10,000 nursing vacancies in the province of Ontario—and thank you for raising the issue of working short and how that impacts the work experience in our health care system.

I'm not sure if you saw the recent polling on how front-line health care workers are feeling today in our system, but 26% are considering leaving, 41% dread going to work—they cite physical and mental health issues—72% of respondents don't think that the provincial government will improve the health care system, so that's sort of the culture and tenor of how things are feeling right now.

You've made a very compelling case around establishing some standards, or re-establishing some standards, I would say, around nurse-to-patient ratios. BC has actually moved in this direction, and they've found that it improved quality of care, retention, and now it's increasing recruitment, so nurses from Ontario are going to BC because they want to be able to do their work to the full scope of their ability, which means not being overloaded with patients.

Can you comment on the impact within this context of having agency nurses who are privately employed, working alongside nurses in the hospitals and how that impacts morale?

**Ms. Ashley Fry-O'Rourke:** Absolutely. So I'll just start by saying that the first few statistics that you were referencing were from CUPE and that's encompassing those working in the hospital, but not necessarily all health care providers, whereas the statistics that I had referenced earlier are from the RNAO, so that's reflecting our registered nurse population directly.

So what I will say about agency nursing, one piece of information that isn't always clear is that not all agency nurses are required to receive a T4 and so they're not actually required to tax their full salary—so I'll just put that out there. And then, the other piece is that, as I mentioned, these are tax—I didn't mention this yet, but that's taxpayer dollars that are actually being used disproportionately. So if we actually invested that funding into retention efforts, then perhaps we wouldn't be needing to use agency nursing at this time.

**Ms. Catherine Fife:** Yes, it's a very good point. I think that that's the missing piece of creating a parallel system of nursing, a parallel privatized system which is actively competing with our public health care system. On two folds, you're actually insulting the people that are in that health care system.

1200

And also, I've made this point to the finance minister—thanks for bringing up the taxation piece though; I'll follow up with you on that—that Ontario can't afford to pay three times the cost of one nurse versus one in a hospital. So

we've seen this trend, actually, hospitals become more and more reliant on agency nurses which is really creating more pressure on their budgets, but why do you think hospitals are not hiring full-time nurses? The postings have dropped down, these casual and part-time nurses on the rise in our hospital system. What are your members saying about the lack of full-time positions in health care?

**Ms. Ashley Fry-O'Rourke:** We continue to require a new flexibility. We need a different approach to how we've been staffing hospitals and the health care system. I will say that some members choose to work at a part-time or a casual capacity because that's all that they can endure, but of course we do require full-time positions in order to access health care benefits. On the note of health care benefits, I would have to say that that is most likely contributing to the lack of investment in full-time permanent nurses, because the hospitals aren't ready to commit to long-term financial commitments without having that from the government.

**Ms. Catherine Fife:** And that goes full circle back to the way that health care is funded. You heard the government members talking about how much money they are going to be throwing at the system; we're tracking where that money is going and what's going towards profit versus what's going into the actual system. When this is becoming so evident right now in Ontario, how does that make people feel who are currently in the system, currently in nursing or any health care position, really?

**Ms. Ashley Fry-O'Rourke:** Thanks for highlighting that piece, because that is why I am emphasizing the investment in the human resources, as opposed to the infrastructure.

**Ms. Catherine Fife:** Yes. I mean, we say this to the government all the time, that you can't open a bed if there are no nurses there, right?

We do know from our hospitals that our operating rooms, for instance, are closing at 4 o'clock on any given day in Ottawa, then they're contracted out to for-profit health care operators. So there is absolutely no doubt that privatization is impacting the quality and level of care that Ontarians are getting, and waiting 12 hours in an emergency room should never be normalized. But without valuing the people within the system, I don't see how that's going to change.

Thank you very much for bringing forward the nurse-to-patient ratio solution. I'm following the research arm of your organization, because we do think that research and evidence should inform public policy, and I want to thank you for being here today.

I'm just going to move on to Paul and Hamilton Public Library. Listen, the libraries have been vocal through this process, thank goodness. Downloading, you mentioned in your presentation, is an important piece: \$4.9 billion over 10 years in downloading is what we heard from AMO yesterday. Very quickly, what do you need to meet the need in your community?

**Mr. Paul Takala:** Thank you for the question. More support from the province around the Public Library Operating Grant would definitely help our sector. As well, that in-

vestment in the Ontario digital library is basically a win-win situation in terms of the broader taxpayer, as well as improving access in the province. So I think we're looking for some forward thinking and, really, some long-term commitments from the province, so that—the kind of work we do takes a long time to have its impacts—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for that question. That concludes the time for this panel, and we thank all the presenters for taking the time to prepare for this and to be with us this morning.

With that, the committee stands recessed until 1 o'clock.  
*The committee recessed from 1207 to 1302.*

**The Chair (Mr. Ernie Hardeman):** Thank you very much and welcome back. We'll now resume consideration of public hearings on pre-budget consultations 2024.

As a reminder, each presenter will have seven minutes for their presentation, and after we've heard from all 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 members and two rounds of four and a half minutes for the independent members as a group.

With that, we'll have the first panel coming forward.

BURLINGTON PUBLIC LIBRARY  
HAMILTON FAMILY HEALTH TEAM  
SHELTER HEALTH NETWORK

**The Chair (Mr. Ernie Hardeman):** The first panel is Burlington Public Library, Hamilton Family Health Team and Shelter Health Network, if they will come to the table. As you're coming, as I said, there will be seven minutes for your presentation. At the sixth minute of the presentation, I will say, "One minute." Don't stop. You have one minute left. At seven minutes, I will stop you regardless of what you're saying.

We just ask that when you start your presentation, you start it with introducing yourself so Hansard can record the comments you're going to make to the proper identification.

With that, we will start with the Burlington Public Library. The floor is yours.

**Ms. Lita Barrie:** Does the microphone automatically pick up or do I need to turn that on? It's on? Perfect.

**The Chair (Mr. Ernie Hardeman):** Go ahead.

**Ms. Lita Barrie:** Thank you very much. Good afternoon, everyone. My name is Lita Barrie and I am the CEO of Burlington Public Library. I appreciate that you've heard from my colleagues, both Paul and Dina, earlier this morning, so thank you very much for the opportunity to speak with you.

I'm here today representing Burlington Public Library as well as the Federation of Ontario Public Libraries and the Ontario Library Association. We're so grateful for this opportunity.

As you know, millions of Ontarians rely on their local public libraries to connect with their communities, to work and to learn; to find and train for a job; and to connect to government services. In 2023, in Burlington, a neighbouring community of approximately 190,000, we had over a million in-person visits to our library branches and over 2.6 million online visits to our services. Last year, over 1.2 million items were borrowed from Burlington Public Library.

I just want to highlight the story of one particular family. We had a Burlington family of eager readers save over \$27,000 last year by the items that they borrowed from Burlington Public Library. We have a mechanism within our check-out system that, every time a person borrows something from the public library, they get a cumulative total of their savings for the year. It really speaks to the opportunity and the volume of use that we see in our branches day to day.

Ontario public libraries are vital public resources, and I'm here today to speak to our three key priorities our organizations are bringing forward, as I'm sure you've already heard a little bit about this morning: the Ontario digital library; funding for First Nations public libraries; and we are requesting an increase to the Ontario public library grant.

Firstly, to touch on the Ontario digital library: Thanks to the provincial government's support just two short years ago, to the order of \$4.8 million, your grant to provide high-speed Internet to over a hundred rural communities has enabled rural public libraries across the province to provide high-speed Internet access to many Ontarians.

Our proposal of the Ontario digital library seeks to build on that foundation. It's an opportunity to empower Ontarians with access to the online resources they need to succeed, no matter where they live in our province. Alberta and Saskatchewan already both have similar models to what we are proposing here in Ontario with the Ontario digital public library.

What we are seeking to do is to provide equitable access to a common set of online resources. These would include in-depth job and career skills training platforms, language learning, live tutoring and homework help, as well as health information to support all communities and their most vulnerable members.

We know that these resources work tremendously well and are in demand because many large libraries, including my own, were already able to make them available. In Burlington, we provide access to LinkedIn Learning; Brainfuse, which is curriculum-based student tutoring and job search support platform; language learning; as well as Road to IELTS, which helps newcomers prepare to work and study in Canada. These resources cost Burlington Public Library about \$96,000 a year. However, smaller rural libraries aren't able to provide these types of resources because it's cost-prohibitive for them. Right now, here in Ontario, people don't have access to the same information simply based on where they live.

By leveraging volume purchasing through an annual provincial investment, as well as existing public library infrastructure, the Ontario digital public library could provide

a core set of high-impact digital resources through every public library. This would mean that every library in Ontario would benefit. Larger libraries, such as my own, could reinvest the money that we are currently spending into other high-need areas, and smaller libraries would be able to deliver access that they currently aren't able to.

This is a proven model, and we're requesting a funding level of \$15 million, which would provide all Ontarians access to curriculum-based content, live tutoring, résumé and job coaching, health and small business resources and so much more.

Our second priority is focused on our First Nations public libraries, and we are requesting a First Nations salary supplement. Of the 133 First Nations communities here in our province, only 39 have public libraries. Public libraries are destinations within these communities, sometimes the last gathering place where the nation's languages, stories, culture, artifacts are stored.

As you know, public libraries rely on municipal grant funding to fund their operations, and this is not available to our First Nations public library partners. Often, they must rely on one-time grants to fund their operations. Of course, this is not sustainable. We are requesting an annual \$2-million investment so that we can ensure that our First Nations communities across Ontario can continue to collect their stories, culture and have that vital community gathering place.

Our third priority is requesting an increase to the provincial funding for public libraries. Public libraries are grateful for the province's continued support through the Public Library Operating Grant. This program has been in place for over 25 years.

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

**Ms. Lita Barrie:** However, unfortunately, over those 25 years, there has been no increase to the province's funding level. The Burlington Public Library receives the exact same grant amount from the province that we did in 1998. Of course, our community has grown exponentially since that time, not factoring in for inflation and other rising costs.

As the *Overdue: The Case for Canada's Public Libraries* report released by the Canadian Urban Institute this year outlines, public libraries are key community gathering places that support job creation, education and our most vulnerable communities. With so many competing priorities, libraries are asking for an increase to the Public Library Operating Grant so that we can continue to support all Ontarians.

Thank you very much for your time.

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

We will now hear from the Hamilton Family Health Team.

**Ms. Gloria Jordan:** Good afternoon, members of the committee. My name is Gloria Jordan, CEO of the largest family health team in Ontario, serving half of the population here in Hamilton. Our 260 interdisciplinary professionals are working across the city within 90 different primary care practices in partnership with 168 physicians. Having a trusted, community-based primary health care

team who know you and your loved ones over the course of a lifetime is invaluable, both scientifically in terms of health outcomes and also in terms of the experience.

The primary care sector provides 70% of health services to the public, yet it is given only 5% of the provincial health care budget. Thank you for your impactful investments in primary health care teams over the past 20 years.

I'm here to request two investments in this year's provincial budget. The first is to invest in primary care team wages so we can sustain the teams that we've built together and not lose the staff to hospitals and other areas of the health system that pay more. The second is to increase funding to expand team-based care for Ontarians—if I could have my slides up as well, this is the second slide we're on. Thank you.

Despite the rising cost of living and a competitive job market, primary health care teams and other community services have a 0% to 1.5% wage increase in 2023. That is a stark contrast to the 11% increase awarded to hospital nurses and 8% increase for emergency medical services. Our ability to attract and retain these professional staff are at stake.

Ten Ontario provincial membership community organizations came together to create one community market survey to compare community wages with peers in hospitals and the emergency services. This report spotlights inequities within compensation and the need for wage equity in order to sustain our community sector that we've built.

On the third slide: Our teams consist of nurses, nurse practitioners, registered dietitians, respiratory educators, community support and outreach services, physiotherapists, occupational therapists, psychiatrists, mental health counsellors and nurses and pharmacists all working with the primary care physician to provide care in our community. These professionals are an extension of the primary care physician and provide comprehensive care. The impact of this team is extraordinary.

Take Ed, for example. Ed was an insulin-dependent individual who, due to complications from diabetes, became legally blind. Ed started to have recurrent and increasing visits to the emergency department and eventually to ICU. Imagine the impact to Ed and his family and also the thousands of dollars of his experience within the health system. It turns out that when his primary health care team was included, they discovered he was misdosing his insulin because he was legally blind, because of his diabetes. This was learned because of the relationship that Ed had in his recovery with his primary care team. That primary care team rallied around Ed and helped him with his health.

**1310**

We need relation-based, lifelong primary care teams in our community. They not only deliver essential care to the people, but also at a population health level to bump the cost curve away from hospitals back to the community, which is where people want to receive their care.

People who have a continuous relationship with family physician and team-based care in fact have a 30% reduction in hospital admissions. From well-baby visits to



accompanying people at the end of life, youth mental health, virtual and in-person supports, after-hours supports, pharmacy provision, dietary supports, our teams are often the first place people go when there are long waits in the health system, and it's a relationship they can count on. Our teams know people and their families from birth to death and often through multiple generations.

On the next slide, our ask is of two asks. The first one is to invest and sustain what we've built. We are losing people to other sectors, such as hospitals, who pay more. Today, we appeal to you for fair compensation for community primary care teams. The community and primary care sector is more than \$2 billion behind on wages compared to peers doing similar work in hospitals. To align our sector's compensation rates with industry standards, our calculation shows that Ontario needs to invest over \$500 million annually over the next five years, with an increase of 2.9% per year for inflation.

Without wage increase for our workers, we are struggling to recruit and retain skilled health professionals, which puts primary care in an untenable position, especially when combined with family doctor shortages and large numbers of family doctors retiring and leaving the practice as well as growing community needs, especially for priority populations.

Here in Hamilton, we have an increasing number of those who face homelessness—we're hearing from Shelter Health Network, our partner, here today—and an increasing refugee population. These numbers combined with the rise in the lack of shelter space, affordable housing—poverty and marginalization is skyrocketing in their community, and there is a 21-year life expectancy difference between wards in this community. We do not want to crumble what we've built or have to reduce vital services to compensate for our staff and fair wages.

On our last slide, the second request we have is to expand team-based primary care to all Ontarians.

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

**Ms. Gloria Jordan:** You have committed to \$30 million this year to expand team-based care—thank you. We are requesting that, in 2024, that be extended to \$60 million so that all Ontarians have access to a form of primary health care team.

Ontario invests 5% of its health system budget on primary care. The most effective health nations in the world invest 11% to 13% and have the best health outcomes. We need to protect team-based primary care in Ontario. Primary health care is the foundation of our health system. Thank you.

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

We will now hear from the Shelter Health Network.

**Dr. Kerry Beal:** I realized that I need to change over to my computer, because I printed this out so small, I can't see it.

I'm Kerry Beal. I'm the lead physician for the Shelter Health Network, which is a group of 34 physicians who are responsible for caring for the homeless and marginally housed in Hamilton—sorry, do I need to get closer to the

microphone? Okay, yes. It's the mask, you know. I still believe in COVID.

So here is what I want the government to invest in: lots of low-barrier and supportive housing, adequate social assistance, a universal basic income, adequately resourced shelters here in Hamilton, low-barrier trauma-informed counselling and addiction support. I want to see some continued funding for the Good Shepherd and the native services mobile medical van—although I don't know if the native services are federal, so maybe not—continued funding for our Shelter Health and HamSMaRT social navigators; and invest in keeping people housed, because it's a heck of a lot cheaper to keep people housed than it is to get people housed, so some way of preventing rent eviction.

I was going to tell you three stories, but it doesn't work out to be seven minutes if I do that. So, like admitting that you have a favourite child, you're not supposed to admit that you have a favourite patient, but over the years I have had quite a number of favourite patients in shelter health.

I'm not going to tell you about John because that was back 15 years ago when it was really easy to get people housed so I'm going to talk about Martin. Now, Martin, going into his place of abode was an eye-opener for me. He had had his leg amputated because of a cancerous tumour and the VON refused to go into his house and do his dressing changes, so I was going into his house and doing his dressing changes.

He was living in a room that had been made out of chipboard, inside another room—no windows. He and his lovely little dog lived in there. Outside of the that room, there were two beds, three great big burly guys, a whole bunch of great big burly dogs and two of the biggest snakes that I have ever seen in anybody's house in my life. There was dog shit everywhere on the floor, there was pee everywhere on the floor, so you walked very carefully to get into Martin's room and do his dressing changes.

We couldn't get him a scooter because the ramp in the back was made out of chipboard and there was no way that they would approve him for that. So, instead, he's in a second-hand wheelchair, wheeling himself down this crappy little ramp to get out to the back so that he could get in and out of his house.

He was in another couple of equally delightful places before finally Indwell opened a facility over on Parkdale and I talked to them and I said, "You got to take him." So we went and we had a little tour and they fortunately took him. So I'd be vaccinating over there and Martin would say, "Oh, Dr. Beal, how you doing?", and we'd have a little chinwag, and unfortunately, just before Christmas, I think probably due to lack of VON support visits, he developed an infection in one of his wounds related to sitting on his butt all day and ended up septic and died in the ICU just before Christmas—one of my favourites too.

So the first ones that I had to house were easy. Martin basically was not too bad, but I'm going to talk to you about Christopher and I'm going to tell you his real name because it was on the front page of the newspaper the day before Christmas—or the day before New Year's.

So I got called by the CMHA nurse who had been going around doing dressing changes about this fellow who had this wound, and she sent me a picture of this wound and it's like, I can't really tell what I'm looking at. I'm going to have to go out and have a look at this wound. So I went out and we decided what we were going to do in the way of dressings on this wound, and I started talking to this lovely fellow and I would go down and see him every couple of days and we'd talk about the dressing and everything, and I got to know him, and he's just absolutely the most delightful fellow that you'll ever meet in your life.

He was housed—he's employed. He works at Food Basics. He's off on sick leave right now because he had this wound infection. He was living in a place on Barton, and the landlord sold it somebody else. The new landlord decided, "Out you go," so he basically turned off his heat. They told him they have to put the heat back on. He turned off the hydro, they told him he had to turn it back on. He turned off the heat again.

And then the landlord came in and did some "repairs," basically leaving great big holes in his walls, and then he was in hospital when the landlord—when they were to go to court the last time, so of course, because he wasn't there, he gets evicted.

This is a guy who has paid his rent every month, has lived in this place for eight and half years, and now he's homeless. Like I said, every single one of us is probably one paycheque away from being homeless. I mean, he volunteers at Helping Hands. He works with the homeless. He says, "You know, I made some assumptions about guys that I realized aren't true." So he's learned a lot from this.

But he's lovely. He's kind, he's gentle. He's got a wicked sense of humour. So I set out to get him housed.

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

**Dr. Kerry Beal:** I usually get stuff done really quickly. It took me until the end of November from August to get this guy housed. We got so many people involved. We actually drove over to this lovely little apartment just off Victoria Park, filled out an application, got all the stuff we needed to do, gave them a cheque—absolutely no. They just said no within 24 hours, probably because there's a spreadsheet that basically tells them who has ever been seen by the landlord-tenant people. So that was it.

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So he's in a place now that's not quite as suitable, not nearly as nice as this place that we had looked at, but he is at least housed. He's got this idiot upstairs who bangs on his floor all the time, so we're going to have to get him out of there.

I went through so many different housing organizations until I finally got him housed. So here we are—

**The Chair (Mr. Ernie Hardeman):** Well, thank you very much. That concludes the time. Hopefully we can hear some more about it as we're going through the questions.

The questions will start with the government. MPP Gallagher Murphy.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you very much for all the presentations this afternoon. My question will be posed to Ms. Jordan of the family health team here in Hamilton. First off, I'd like to thank you and the family health team for all the work that you are doing, because it's important work, especially as a team. I know that your patients are getting the best service possible, so first off, thank you very much.

Now, a couple of comments and then I'll lead into my question. You are likely aware that in October of this past year, our government made the announcement of the 57 of the 58 Ontario health teams that have been approved. Obviously, you are aware of the purpose of those Ontario health teams, to make the transition easier for patients going from the hospital or primary care into home care settings etc. One of the important announcements there was an investment of \$128.2 million to go to the Ontario health teams. That equates to \$2.2 million over three years which will better equip them to coordinate people's care, and that includes, obviously, working with the family health teams.

One of the other items I wanted to speak to was palliative care because you mentioned palliative care in your presentation. You're likely aware that in June 2023, we did announce \$147.4 million over three years to expand palliative care services across this province, and it will support residential hospices.

So my question to you, Ms. Jordan: How do you see the investment in palliative care services obviously helping to work with the family health teams?

**Ms. Gloria Jordan:** Thank you very much for that information, and again, I want to say on behalf of our organization and our colleagues within our Ontario health team, thank you very much for those investments. We're one of the few that have been identified to accelerate, the Greater Hamilton Health Network, and I put that acceleration identification to many of our leaders within primary care, who have come together under a primary care network to pull together. The Shelter Health Network and the Hamilton Family Health Team and Dr. Brian McKenna who is joining in the audience as well are leaders in helping to look at ways to use existing resources to address needs.

From a palliative care point of view, our organization does have dedicated palliative care resources and recently submitted a proposal to the government to ensure that we are bringing together our palliative care teams, both in home and community care as well as our hospices, and our team in family health teams together to address needs. We also happen to be an organization that delivers medical assistance in dying in our community along with our primary care physicians and see this as a whole continuum. So I would say thank you very much.

We are working very closely at the Ontario health team level to ensure our investments are utilized, and those investments are important. We're speaking today about the compensation for our individuals who are doing this work. There's a stark difference between what a nurse is paid in primary care and what a nurse is paid in hospital,

and I would argue that during COVID, primary care held a significant bulk of the pressure within our system. We cannot afford to lose our good people, and we are.

**M<sup>me</sup> Dawn Gallagher Murphy:** Okay. Thank you very much.

Chair, do I still have enough time?

**The Chair (Mr. Ernie Hardeman):** You have 3.3.

**M<sup>me</sup> Dawn Gallagher Murphy:** Oh, good, good, good. Thank you.

To continue on that note—and thank you for those comments—I wanted to talk a little bit about Ontario Health atHome. As you know, our government recently passed at third reading the bill to incorporate Ontario Health atHome with the Ontario health teams. Basically the role that they will play is they will be coordinating all home care services, as you're likely aware, across the province. This will be through the Ontario health teams, and the care coordinators are going to play a critical part of this process because they will work alongside the care providers, family health teams all the health professionals in the hospital etc., along with the patients and the families, to ensure that we've got a continuum of care services with one record, and it's being transferred with that patient, with the care provider, with that Ontario health team.

When I talk about this, I see a one-stop shop with the Ontario health team which includes the FHTs, the family health teams. I'm wondering if you could comment possibly on what you see—how that process is going to look with your family health team.

**Ms. Gloria Jordan:** You're speaking to a sector that's near and dear to my heart. I was an executive lead for home care for many years, also part of the local health integration network and where home care came into the local health integration network. We're starting now to build our home care readiness plan as an Ontario health team that has been identified as the first to accelerate.

One of the areas that I'm most excited about is the ability to have our contracted service providers that are contracted out through home care be much more tightly aligned with family health teams and primary care. I'll give you an example: Bayshore, which provides palliative care or provides therapy—wouldn't it be great if they have a direct link in with the primary health care teams and the existing team-based care? In fact, if we were to remove the names of "home care" and "family health team" and just call it "expanded team-based care," which we are, that's what it is. It is community care.

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

**Ms. Gloria Jordan:** So I see a real opportunity for us to continue to bridge that closer, and we are locally within our Ontario health team.

**M<sup>me</sup> Dawn Gallagher Murphy:** That's great. Thank you very much for that.

One final comment and question to you: As you're aware, it was back in the summer when our government put through a request of interest for the Models of Care Innovation Fund. That was basically to encourage our health care partners to really think creatively, an innova-

tive-idea approach on health care and how we can best serve patients and Ontarians. I am guessing, as a family health team you may or may not have put a proposal together, but I'm curious: your thoughts on that kind of innovation and really having our health care providers be part of that.

**Ms. Gloria Jordan:** Thank you for that—

*Interjections.*

**The Chair (Mr. Ernie Hardeman):** Time's up. My apologies.

We'll go to the official opposition. MPP Taylor.

**Miss Monique Taylor:** Thank you for all of your presentations this afternoon. It's fantastic that you're here and that you've taken the time to come to the committee to let us know your concerns.

I definitely heard a lot of delegation from the government to yourself, particularly, Gloria, on what the government's doing in the health care system, but it didn't quite address the concerns that you have brought forward today in the lack of wages and the concerns that you're seeing within the family health teams as they currently are.

I definitely hear from constituents who have a harder time getting a hold of their doctor. They're leaving messages, or they're not able to leave messages and they're having to keep calling back. This is the lack of resources within those offices that the family health teams are currently seeing with making sure that we have the dietitians, that we have the mental health workers; it's the wrap-around supports that we need so that it does save us in the community care basis after. We don't need as much community care if we have those wraparound supports within the system.

**1330**

Maybe you could just take a moment or two to reinforce the needs of sustainability in our family health teams: of keeping the staff that we have there, not losing them to the private sector, which is sucking up a whole bunch of our health care dollars, and—yes, just on that line, thanks.

**Ms. Gloria Jordan:** Thank you so much for raising that. Our request here is twofold. One is for wage equity in our sector. As I had mentioned, with the market survey which we have copies of here and which you have referenced in your package, the 10 provincial community agencies that came together show that we're \$2 billion behind in wages compared to other sectors, and the investment to bring that to some equity is \$500 million over five years, with close to 2% for inflation.

I recognize that those are big numbers. I will tell you again—I'll just repeat—that while 70% of our health system is provided by primary health care, 5% of our provincial budget goes to that. Some of our best countries in the world that have the best health outcomes are closer to 11% to 12% investment—that's Denmark and places like that.

**Miss Monique Taylor:** Thank you very much. Yes, it's definitely not a system that is working, and we definitely are seeing the fallout of that. That's why Dr. Kerry Beal is here today. And so it's really great that you're actually here together, to be able to tell the true story, because when

our family health teams are not able to manage and to provide the services that we need, we see people who are then struggling with social detriments of health.

That brings Dr. Kerry Beal and the Shelter Health Network into the picture, where we're seeing so many people in need in our community, and it's just growing each and every day, with a housing crisis, with a cost-of-living crisis and people who are literally one paycheque away from being evicted from their homes. We see a social services system that is completely failing the people of this province, and a health care system that is not able to react quick enough to our most vulnerable residents.

So, thank you, Dr. Beal, for the work that you do, and going over and above and into those places. I'm not going where there are snakes—I know that—but you do, and you do it for the love of our community and for the love of people, and the need in our community. Could you please take some time to share with the government what is truly needed to ensure that we bring people out of poverty and that we provide people the necessities of life, of humanity here in our community?

**Dr. Kerry Beal:** I would say that the list that I came up with initially is probably the areas that I identified that are important. We need low-barrier supportive housing—like, huge—and wraparound care has to be provided with that housing. It's not sufficient to put somebody behind a door. They fail. There has to be support.

I don't know if any of you are familiar with the Dorothy Day centre that the Good Shepherd put together and opened this summer. I think there may have been some of you at the opening who I saw there. Basically, they took the residence for the Columbia International College. They made 73—you don't call them "bachelor apartments," because there are women in there—studio apartments. They have a coffee maker. They have a microwave. They have a fridge. They have a TV. They have a bed. They have their own bathroom with a shower. There is a bathtub in there, in one of the other rooms. Everyone can eat together down on the main floor. There's a community kitchen down in the basement, where if you want to bake cookies, you can bake cookies.

There are 72 units full right now, with some of the most difficult women and non-binary and trans individuals that Hamilton had, and it's working. It's not without its issues—there are always going to be issues—but this is the first time in years that some of these women have been stably housed, and they can stay there for the rest of their life if they choose to. The first year that they're there, it's on a month-to-month tenancy, just to make sure that there are no problems. If they survive the first year, then they're offered a lease. A couple of people have moved on, mostly because they've moved back to family in other places. There may have been one or two who were asked to leave because things just weren't working out, but in the majority of cases, these women are seeking health care for the first time in how long.

If you are living on the street, you are not taking care of your preventive medicine; you're not taking care of anything. You're sometimes treating your symptoms with

drugs. They get housed and they finally start to discover that they've got underlying cancers or other underlying health issues that you didn't know about, diabetes and things like that. But we now have the opportunity to try to make a difference.

**Miss Monique Taylor:** Thank you so much for all of your comments today. I hope that your delegation does as well in our community and that the government members hear the cries of our community and the needs of ensuring that we have good family health teams and that we don't need the network that you provide in the shelter health network. So thank you all and thank you to Burlington libraries. I'm sorry I didn't have time for your questions today, but your comments are definitely heard and—

**The Chair (Mr. Ernie Hardeman):** Thank you for that.

We now go to the independent—

**MPP Andrea Hazell:** Thank you—

**The Chair (Mr. Ernie Hardeman):**—MPP Hazell.

**MPP Andrea Hazell:** I'm going to wait for my light.

Thank you all for coming in today—great presentations. For me, looking at these three topics that you have presented on, it's not new to me. They're all very close and dear to my heart. I speak to seniors in my community who—some of them are right now one fixed-income paycheque from living in their cars. Shelter beds are filled; there are no more shelter beds. I could go on about the libraries. A lot of them need a facelift if we look at infrastructure. So all of these things that you've presented today do impact me and impact my riding.

But I want to talk about wage equity, fair compensation. This would be for—I want to make sure I get your name. This would be for—

*Interjection.*

**MPP Andrea Hazell:** Yes, yes, yes, Gloria. You've mentioned in your presentation, which is alarming—and I did hear this on the news as well, and this is not new to any one of us sitting here at the table. You said despite the rising cost of living and a competitive job market, primary health care teams and other community services—you only had about a 0% to 1.53% wage increase in 2023. I don't know how you're surviving. You also said there's a stark contrast to the 11% increase awarded to hospital nurses and 8% increase for emergency medical services.

For the record, I want you to state your sustainability. If you cannot get your fair wage compensation, how will this impact your teams moving forward?

**Ms. Gloria Jordan:** Thank you. As you know, with funding, our teams 20 years ago—these are all the professionals that surround that primary care doctor to give that comprehensive care. We're not talking just about fair equity and pay to hold these professionals, who absolutely love this work of working with people across the continuum, from well-baby visits to palliative and to death; we're also talking about a system that is losing family physicians due to retirement, due to inability to recruit family physicians into the sector. Why is that? It is hard work.

What we've seen over and over again is the amount of administration and the paperwork and the downloading from the acute system onto primary care. And this is not necessarily a fault of anyone. We have a high immigration rate in our country, in the province, and we haven't kept up.

Of what we've built, of the past 20 years—and I will tell you, there is joy in our teams when they go out and work together. When a psychiatrist can see a young individual and help them along their journey, to help them get to post-secondary school, that's a big outcome.

1340

So let's continue to keep what we have.

**MPP Andrea Hazell:** Thank you for that. I'm going to go to Lita Barrie.

We've heard many presentations, of course, on the funding need for the libraries. We hear it loud and clear. I know you presented about the digital library, which we've already heard, First Nations libraries—provincial funding for public libraries has not increased for over 25 years.

What's my minute? How many—what's my time?

**Ms. Sandy Shaw:** Less than a minute.

**MPP Andrea Hazell:** So what I want you to do for us, for the record—what do you want to leave us with? What's your highest priority for us to take away for you?

**Ms. Lita Barrie:** Thank you very much for the question—

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

We now go to the government. Would any on the government side like to take a crack at this? MPP Dowie.

**Mr. Andrew Dowie:** I guess I would like to start with the Burlington Public Library. I have fond memories of my 12 years on the public library board, and I can certainly attest to my own observation of the shift to digital resources and actually a shift away from bricks-and-mortar use. There is a role for bricks and mortar, but it's less for research, more for work environment—at least, that was my observation on the metrics we had.

I'm wondering if, understanding the ask to have, basically, a consolidation of the digital services—you know, we have the book-buying power of the digital service. Do you see the same shifts that I saw during my time, where the physical footprint of the library may end up shrinking or evolving, but the importance of the digital resources will continue to grow and grow?

**Ms. Lita Barrie:** Thank you very much for the question. I think all lived experience at this time, particularly coming through COVID, is that more is more. So while we've seen more people adopt and seek out the digital resources, we're actually equally seeing more people flock to our doors.

Earlier this week, at Burlington Public Library's Central library, we launched a discovery space, which is a STEM-based learning space for kids and families to come and access robotics and hands-on learning tools that they might not have access to at home.

I think, from your experience as a board member to what we're seeing today, it's just the evolution of what our

community is looking for at the public libraries. They are looking for a quiet study place. Speaking to my partners on the panel here today, people are looking for shelter. Increasingly, in the absence of shelter, we provide access to washrooms and a safe place to be for many members of our community who may have no housing or suboptimal housing day to day.

So we're seeing a lot of demands on our space and our community seeking a place where they can come together. I think that's been really one of our learnings through COVID: people of all ages wanting to get out into their community. In our community, in Burlington, like so many others, the public library is the one space—and I feel so fortunate to be here with health care partners. We are a public service that serves a similar lifespan, from birth right through to end of life, and that is really a core function that we serve in our community. So, in our libraries, we have seniors coming in to do sit-and-fit. We have kids upstairs doing storytime. We have hybrid workers coming and using our quiet pods—because of their housing situation, they can't do all of their work from home. So we've really seen an evolution of our spaces, and we're trying to keep up with that and keep up with that with the funding that we have available to us.

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

Chair, how much time do I have left?

**The Chair (Mr. Ernie Hardeman):** You have 4.1.

**Mr. Andrew Dowie:** Okay, excellent.

Just a supplementary: Thank you for mentioning that, the aspect about shelter. I know, even many years ago, when I first joined—2014, 2015—actually, I was there in 2006. Even back then, we noticed that in some of the branches, the more urban ones, we saw this issue with individuals coming and staying all day. It was a warm space, they had nowhere else to go, and also the demand from students, who need a quiet space. Just as you mentioned, it's quite unaffordable to live. Even years ago, you have roommates, you have distractions, and you need that study space in order to survive with your education. I certainly relied on it when I had midnight access at my library going to university. And some systems—I know your colleagues in Hamilton brought forward the expanded hours, which is, I believe, a key card system, where you can go and access a space, study, and have that quiet space.

Now, the knock I've heard against that is just that shelter situation where, if someone who may be homeless gets a card, how do they leave when the hours are ending? I didn't have a chance to ask the representative from the Hamilton Public Library earlier today, but I'm wondering if you might be able to elaborate on that kind of social circumstance and what do you see the future being for the bricks and mortar, making sure that we are addressing social issues in the branches while maintaining a viable and beloved service for the people of Ontario.

**Ms. Lita Barrie:** Thank you again for the question. Absolutely, it's a balancing act and it's an area of focus for us with our staff teams, many of whom are serving a

community that is changing much quicker than their own lived experience might recognize.

We are very mindful of the public investment made in public libraries and we look, just like our health care partners, for creative solutions. So we're increasingly working with many non-profit agencies who are coming in and supporting our staff and providing some of those more primary support functions around housing and homelessness right in our library branches. While we don't have the same model as Hamilton in terms of the extra hours, we have expanded ours across our system, just recognizing how much space is. So a lot of it is learning and treating people with their shared humanity.

We find so many people, despite their dire circumstances, are so grateful for our warm space and our Internet access. I think a huge component and a huge shift coming through the pandemic is many individuals need access to our WiFi and our computers so that they can access other government services. Many of us privileged in this room take, as an assumption, that we have data on our cellphones and we have wireless access at home. Increasingly, in our community, we have many fixed-income seniors. While they might be living in very valuable homes, their monthly income does not allow for them to access those types of services and yet they vitally need access to the Internet in order to access their health care and their supports.

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

**Ms. Lita Barrie:** So, absolutely, the complexity that you saw continues to evolve and we're looking for creative solutions, working with community partners and agencies, and training our teams at what they do best, which is helping people to be able to do that safely and respectfully in the communities that we serve.

**Mr. Andrew Dowie:** Thank you very much.

Chair, you had less than a minute, right?

**The Chair (Mr. Ernie Hardeman):** Thank you; 31 seconds.

**Mr. Andrew Dowie:** Thirty-one seconds? Okay, you know what? I'll leave it there. Thank you.

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

We'll go to the opposition. MPP Shaw.

**Ms. Sandy Shaw:** I'm going to carry on with Lita Barrie.

Lita, it's nice to see you. It's been a while. It's nice to see you doing well. What you were describing, what we've been hearing described by libraries that have come before us is, without putting a finer point on it, you are providing essentially a front-line social service. You're a point of refuge for people, for people who are struggling with homelessness and a lack of access to things that we take for granted, as you have described, which is a warm place, a quiet place, a safe place and Internet services. So I want to start by commending the library for the work that you do, not only in providing what is seen as your core service, which is providing innovative access to digital information, to print information, for building a community space, but for also adapting in order to provide front-line

emergency shelter services, essentially, and the absence of it being provided by any level of government to the degree to which we need it. So thank you for that work that you are doing. To understand the question about your physical footprint: If you did not have a building for people to seek shelter in, there would be a lot more people in our communities who would be on the streets and being cold day and night, so thank you.

**1350**

Having said that, though, I do have a question here. And that is we're here giving recommendations to the government for what they should be putting in their 2024 budget allocations. You talked about the First Nations' access to funding—First Nations library. And it seems to me that you said that the ask is \$2 million. Is that for the province? Because that seems like a very meagre ask to do something that is critically important and really is a shortcoming of us for not having done that to retain the important history of Indigenous folks in our community.

**Ms. Lita Barrie:** Yes, so recognizing the constraints that the government is facing with the \$2-million investment, that that would create a base funding to support the First Nations public libraries that exist across the province and provide the stability that would allow that sector to grow. I think you could take our priority number 2 and priority number 3 and combine them in the sense of optimally having a funding model that was inclusive of all of our First Nations public library partners, as well as urban and rural public libraries across the province—an operating grant model that would reflect the population served and some of the unique needs such as those of our First Nations library to provision basic service.

Thank you so much for your support and compliment on the service we're providing. I think another element of the service that we provide—speaking to the previous question—with this shift to digital, our physical buildings also provide a huge respite from loneliness. So we serve a very large population of seniors in Burlington, and there is so much that they access online and what they are seeking most is people.

So people come to our public libraries every day to be around people. Whether they are—you know, they might just be reading the newspaper, but they are thrilled to be able to see kids running, and the same with some of our marginally housed folks as well. Just to have access to that normalcy of what community truly means in a time where our society is very imperfect, I think is something that I feel so privileged to be able to witness, working in a public library.

**Ms. Sandy Shaw:** Thank you, and you should feel proud of that work, so thank you very much.

I'm going to turn now to Dr. Beal, and I'm going to start by saying that it needs to be said that the government has a \$5.4-billion contingency fund that they still retain. So when we're talking about asks here today, let's not lose sight of the fact that there is money available that the government is not spending when we're hearing nothing but stories about our fundamental, basic front-line services being in crisis.

So, Dr. Beal, with that context in mind, what would you say to the government in terms of where they should put there money? Now, I know you talk about low-barrier shelter. I think that if you want to really emphasize—if the government would loosen the purse strings on that \$5.4-billion contingency fund, what would be the best use of that money to provide relief and humanity to the people that you are seeing on the streets of Hamilton every single day?

**Dr. Kerry Beal:** I guess it would be housing with the wraparound services to go with it. It can't simply be housing. It does require the wraparound services or it's not going to succeed.

**Ms. Sandy Shaw:** Okay—and you know, what my colleague MPP Taylor was saying is the fact that you're here also from Hamilton Family Health Team and you're here from the Shelter Health Network, it's a continuum, right? In some ways, it's a downward spiral.

So my understanding—and I guess my question now is to Ms. Jordan—is that in the province of Ontario, over two million people do not have a family GP or family doctor. So right there, if you're looking at this as a system, where people entered these systems, the system is already short doctors, and then when doctors enter the system—you know, we have doctors in the system—we're seeing some of the failures of that. If we had more front-line primary health care available, we might be preventing some of those folks from falling through the cracks, if you will, that Dr. Beal has to seize in her work.

So can you talk to me a little bit about how you see your role as providing primary health care as preventative to keep people from falling down that continuum of health care and ending up dying of sepsis—

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

**Ms. Sandy Shaw:** —something that no one in the province of Ontario should be dying of if they had adequate care.

**Ms. Gloria Jordan:** We're fortunate that we work together, Shelter Health and the Hamilton Family Health Team. Some of our physicians also work at Shelter Health. But as I think about, wouldn't it be wonderful if we had more of our teams to continue to support the work, as we're talking about that wraparound service that you had said—the Shelter Health and the wraparound—because that's our mental health providers and others. But what I would say is, unless we pay our people well and until we continue to increase the cost of the salaries of nurses and others in hospitals, we will continue to lose people.

**Ms. Sandy Shaw:** Dr. Beal, I also would like to take this opportunity to thank you for your compassion, for your hard work, for doing what we need. Really, there are angels on earth, and I would suggest that we might be sitting in the presence of one. So thank you very much for what you do.

**Dr. Kerry Beal:** My husband would disagree.

*Laughter.*

**Ms. Sandy Shaw:** Yes, I can see that. But do you know what? Tell him I said so, and I'm an MPP, so—

**The Chair (Mr. Ernie Hardeman):** We now go to the independents. MPP Shamji.

**Mr. Adil Shamji:** Great. Thank you for all of your hard work and the important work that you've been doing, in particular to support our health care system. By way of background, I'm a family doctor and emergency doctor. I spent a lot of time working and training in family health teams.

Dr. Beal, I worked with Inner City Health Associates during the pandemic. I was the medical director of their hotel shelter program. I very much understand the challenges that you faced, the magnitude of the care that needs to be provided—although, I will say, while I have many stories, none are as colourful as having any patients who've got two large snakes. So I commend you for your—

**Dr. Kerry Beal:** Well, they weren't my patients.

**Mr. Adil Shamji:** Well, I commend you and your teams for the amazing courage that you guys have.

I wanted to start just on the family health team element. Just to clarify—honestly, for my own understanding—I do believe family health teams, the allied health care staff, were impacted by Bill 124. Is that correct?

**Ms. Gloria Jordan:** That's correct.

**Mr. Adil Shamji:** Okay. How much of an impact do you think that Bill 124 may have had on your staffing situation at the Hamilton Family Health Team?

**Dr. Kerry Beal:** You need to turn hers on. Mine's on.

**Ms. Gloria Jordan:** There we go. Thank you. Thanks for asking that. In fact, significantly: As a family health team, we have a humble budget, even though we're the largest family health team across the province—\$24 million, if you think of that—and we use those resources wisely to hire our staff.

We've tried every which way to create a great working environment for our people. They love what they do. They continue to stay. We continue to do what we can to offer wellness initiatives. But when they see their colleagues in hospitals receive an 11% increase, and they have not seen an increase because we have been unable to provide them with that increase due to our humble budget, it's really difficult for us to continue to create that working environment in a very difficult sector, right now, where the pressures are significant. So the impact has been great—thinking of creative solutions to continue to fuel the passion of the people who do this work. And as you can see here, many people do this work out of the goodness of their heart, because they know it's wonderful work. But that only takes people so far when they're finding it difficult to make ends meet as well.

**Mr. Adil Shamji:** Can I just ask you to repeat what your humble budget is?

**Ms. Gloria Jordan:** It's \$24 million.

**Mr. Adil Shamji:** So one family health team, Hamilton Family Health Team, in order to fully fund it—and one might argue it's not as fully funded as it could be—that budget is \$24 million. And against that backdrop, we have a government that's celebrating a \$30-million investment in growing family health teams across our province of 15 million people.

**Ms. Gloria Jordan:** We were fortunate. Our Ontario health team was the only Ontario health team that submitted one proposal for our primary care network for \$22 million of the \$30 million. We submitted a proposal of \$22 million of the \$30 million because the needs are so great, and we were told, “Submit what you need.” I will tell you, \$22 million was still a humble ask. The needs still extend well beyond \$22 million.

So for us to continue to keep what we’ve invested—and thank you for what you’ve invested over the past 20 years; we’re making a difference. We don’t want to lose what we’ve invested, which is why we’re saying, “Please, continue to ensure we have equitable wages for our people and not lose them to the acute system.” We need community to hold people through their lifetime. Thank you.

1400

**Mr. Adil Shamji:** Thank you.

Dr. Beal, very quickly: You and I and many people in the room will understand the moral imperative from a justice perspective—the need to treat people who are vulnerable and in marginalized elements of society. But if we get that care right, can you speak a little bit to the societal benefits of doing that? For example, in the emergency department when people can’t get access to a home, they end up occupying a bed all night as they wait for warmer weather in the morning.

**Dr. Kerry Beal:** I work emerg—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. There’s no time to answer that one. Now, that does conclude the time for this panel.

We thank the panel very much for taking the time to prepare for coming here and sharing your information with us.

HAMILTON EAST KIWANIS NON-PROFIT  
HOMES INC.

MR. CHRIS RITSMA

ENVIRONMENTAL DEFENCE

**The Chair (Mr. Ernie Hardeman):** Our next panel is Hamilton East Kiwanis Non-Profit Homes Inc., Christopher Ritsma and Environmental Defence. As they’re coming forward, the rules are the same. You’ll have seven minutes to make your presentation. At six minutes, we will warn you that your time is limited, and at seven minutes it will be cut off. We ask each one to start the presentation with your name to make sure we can record it right for Hansard.

With that, the first one is Hamilton East Kiwanis Non-Profit Homes Inc.

**Mr. Brian Sibley:** Thank you, Mr. Chair, and members of the committee. Thank you for the opportunity to make this presentation. My name is Brian Sibley. I’m the executive director of Hamilton East Kiwanis Non-Profit Homes. Kiwanis Homes is a registered charitable, not-for-profit organization. We currently own or manage approximately 1,100 units in the region. We have set a goal to increase our non-market housing portfolio in our commu-

nity by 1,000 units by 2028. We currently have 677 non-market rent units completed or under development in the community.

I’m here to discuss the issuing of housing supply and the impact of affordability on the housing crisis. Specifically, I’ll focus on two distinct issues: the creation of new, non-market housing supply and the preservation of existing non-market housing. The definition I’m using today for non-market housing is units with rents at approximately 30% of the gross annual income of the occupant.

Through Bill 23, the More Homes Built Faster Act, the provincial government has set a goal to create 1.5 million homes by 2031. The projected cost of this initiative is estimated at \$450 billion to \$600 billion. Viewed as a whole, this is one of the largest infrastructure projects ever undertaken in this province.

Any successful infrastructure program requires a clear vision, a strategy, planning and must ensure that all stakeholders are at the table, including all levels of government, private developers and builders, philanthropic organizations, financial institutions and the not-for-profit sector. We cannot expect a single sector or single level of government to foot the bill for an initiative of this magnitude.

A 2023 study completed by Deloitte for the Canadian Housing and Renewal Association suggests that there are 2.6 million Canadians in core housing need. Further, Deloitte suggests that our labour productivity growth lags behind our international peers and has continued to decline in the post-pandemic period. They identified a clear causal connection between community or non-market housing availability and productivity.

Their analysis shows that increasing the share of community housing units from its current level to the OECD average of 7% by 2030 will require adding 371,600 units of housing across the nation. This equates to about 150,000 units in the province of Ontario. The larger share of community housing stock will improve our productivity and boost GDP by \$110 billion to \$179 billion by 2030. Equally important, the investment in non-market housing creation is considered not inflationary as it creates market price stability.

I believe the not-for-profit sector represents a key resource and a partner for the province in meeting the housing supply goal through the creation of non-market rental housing. There are close to 1,500 community-based non-profit housing providers spanning 220 communities across this province. They house more than 400,000 people in 170,000 homes. The estimated value of their portfolio is \$42.5 billion. We collectively possess \$750 million to \$1 billion in cash reserves, and more importantly, most of our organizations possess properties that have limited outstanding mortgages or are mortgage-free.

The strength of the not-for-profit housing sector is the pool of equity that our properties represent. This is equity that, by and large, was paid for by the taxpayers of Ontario over the last 50 years. It represents a significant potential untapped resource. The challenge for the not-for-profit



sector is our ability to leverage these assets to effectively invest in new housing creation.

The COVID pandemic and the resultant period of higher interest rates and construction cost escalations have hampered our ability—and for private developers, as well—to plan new development projects with any level of confidence financially. I believe the province can take a more active role in assisting organizations to use these financial resources effectively.

I am here to advocate that the province establish or underwrite a repayable, fixed-interest loan fund for non-market housing developers. The fund will be secured by the assets of the not-for-profit sector, and this fund is intended to be repayable. I believe that it will not require a significant infusion of tax dollars. This will assist non-profit developers to manage the cash flow demands of new construction without being vulnerable to the vagaries of commercial interest rates and administrative fees. It will also provide cost certainty for our organizations to create new, non-market housing.

The second issue I want to discuss is the impact of the loss of non-market housing. We cannot afford to lose the existing units at a greater rate than we're creating new units. It's a losing game. A 2023 Hamilton Spectator article cites Steve Pomeroy of Carleton University, who estimates a loss of 29 units for every new unit created under the various affordable housing initiatives in Hamilton. For the province to meet its 2031 housing target, initiatives that preserve the current non-market housing are equally as important as the development activities.

The preservation of new non-market housing will require an investment of significant capital resources for acquisition.

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

**Mr. Brian Sibley:** The difficulty is that the revenue generated from the current rent is insufficient to fully fund the acquisition of these properties and long-term upkeep. I'm advocating that the province establish a repayable acquisition fund as long-term, patient capital to facilitate the acquisition and preservation of existing non-market units. The fund will initially require only payment of interest charges; payment on the principal can be deferred until the properties start to derive a greater level of rent. I further believe that the community housing sector needs to invest its existing cash reserves in this fund, which would negate the need for substantial taxpayer investment.

I believe that we can achieve the goal of 1.5 million homes in the province. I believe we need to take an all-hands-on-deck approach, and I believe that the not-for-profit sector is a key partner in this. My request is not simply to throw money at a problem, but rather to effectively utilize the resources we have.

Thank you for this opportunity.

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

We will now hear from Christopher Ritsma.

**Mr. Chris Ritsma:** Thank you. My name is Chris Ritsma, and I'm a downtown Hamilton resident. I'm not here speaking on behalf of any organization nor a specific

employer or anything like that; I just live and work in the community. I volunteer for groups, boards and committees in the city, and I'm an active resident. I'm here because I care about Hamilton and the residents around me.

The current Ontario government has the chance to make changes to the province that could be transformative in a positive way for generations. We are experiencing a housing crisis, a homelessness crisis, an economic downturn, environmental difficulties and public sector failures. The Ontario budget should reflect this by investing in our economy, specifically that of Hamilton and other smaller cities, in education, health care, housing and homelessness, and environmental and economic boosters like transit and cycling, which are my main areas of interest.

The Canadian economy is currently slowing through a recession, and that means people are worried about paying their bills, putting food on the table and saving for retirement, while young people are worried about the job market available to them, paying off student loans and buying or renting in a place with job opportunities.

**1410**

In Hamilton specifically, I'd like to see Ontario have a budget that lifts cities outside of Toronto because, while I love Toronto and it's the economic engine of the province, there are dozens of smaller, mid-sized cities like Hamilton with much to offer. I'd like to see Ontario include budget elements that will improve the province's smaller cities because when you look at healthy economies, you see adaptability and flexibility. As it stands, most of the good-paying jobs are in Toronto, and this means our economy isn't adaptable and isn't flexible.

It's expensive to maintain infrastructure, on top of that, that is underutilized. As an example, when I lived in Burlington and worked in Hamilton, I took the 403 driving into work, and I never saw traffic. I was able to go the full speed in the morning, while the other way, the way to Toronto, was backed up and clogged. We have infrastructure to bring people into our mid-sized cities. We have housing stock, transit and more that isn't being used because Hamilton's downtown office vacancy rate is in the double digits.

In the buildings next to this, there are floors and floors of empty offices that have been empty for decades. I'd like to see the province make a core tenet of their budget to work with mid-sized municipalities to invest in attracting employers to their city. Hamilton is growing. The cost of living is increasing, but the majority of friends and family I know work in Toronto or work for Toronto-based companies or employers which pay enough to survive.

Another focus I'd like to see the province of Ontario pay attention to in the upcoming budget is the current housing crisis. The province needs to do more to improve the situation as most of the power to change housing outcomes is at the provincial and municipal level. Housing reforms like those recommended by the housing task force would be great: increasing density, increasing density around transit, reduced parking minimums etc. These aren't so much budget items but things that the province has already spent money on with the report.

What the province can spend money on is supports for families about to lose their homes, especially those unable to pay rent, so they don't end up in the system of applying for housing or on the street. An ounce of prevention is worth a pound of cure. Social housing and geared-to-income housing and affordable housing options are all key elements in the city of Hamilton that we need additional help with. In 2023, the province spent money in Hamilton on homelessness but, to my knowledge, didn't really put much toward social housing or affordable housing options. The need at the moment is 6,000 families, last I read, and the need is growing faster than housing is being built.

Focusing on cycling, which is my main interest, cycling infrastructure is a great way to reduce the cost to maintain infrastructure as, much like sidewalks, it requires far less upkeep. The cost to install cycling infrastructure may seem high, but it's ultimately incredibly cheap and brings economic benefits, as it seems from studies such as those done in Toronto on the Danforth. Furthermore, while I do drive, I choose to cycle more often because it's cheaper than driving, and that way, I have options.

The median family income in Ontario is \$99,000 before taxes, and Ontarians are spending between 5% and 15% of their gross income on just owning their cars, which ties up money from being able to be spent at local businesses. The Ontario budget should reflect that and put funding towards cycling infrastructure and e-bike adoption, so residents who live in Hamilton have options to use their cars less, go from two to one car or use their bicycle and car share options.

Another interesting thing that I've been paying attention to is education. I don't have any children yet, but I plan to, and the education system worries me. I worry I might have to move to get my children into a better school. I worry I might need to get a second car just to drive them to school because the local schools keep closing and turning into mega-schools far away.

We need funding for teachers, education, schools and programs like bilingualism, which has been shown to offer students benefits. I'd like to see a budget that reflects that, while making smart investments like using large sites like the Sir John A. Macdonald site just to the west of this for housing, commercial space, community space and a new school, for example. A school building is low density, so providing housing above can offer families options to live above their school while reducing the cost to build new schools. Allowing schools to rent out their gyms, have their library be a public one and other opportunities will make schools better and cheaper to pay for.

Everything I've spoken about should also be done with a focus on improving the environment, from employers and industry that are at the forefront of the green revolution to put Ontario ahead of the curve, to transit and cycling investments that will see less pollution, which has global effects, but also local ones in a place with historic illness from bad air quality. You're breathing air right now that will likely shorten your life.

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

**Mr. Chris Ritsma:** Ontario stopped or fixed the mistakes of the greenbelt but needs to have a budget that reflects the actual needs of the Ontarians right now and in the near future based on facts and housing and transportation needs. Thank you.

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

The next presenter will be Environmental Defence.

**Mr. Phil Pothen:** Hi there. I'm Phil Pothen, and I'm the Ontario environment program manager with Environmental Defence. Anyone who has dealt with me at the federal level will know me as the land development and land use program manager at Environmental Defence.

Long before references to the very real shortage of homes in our existing neighbourhoods became part of this government's message track, our team was demanding an aggressive reform of land use laws and infrastructure investment patterns designed to house more homes faster by redirecting construction to the compact family-sized apartments in wood-frame mid-rise buildings on infill neighbourhood streets, where they could be built in a way that results in more homes faster. That is because our mandate is to tackle environmental racism and because we recognize that low population densities in our existing post-World War II neighbourhoods are at the root of not just Ontario's biggest fiscal problems but its biggest environmental problems.

My submission today will focus on two recommendations for the content of the next provincial budget. Firstly, we are asking that the next budget exclude any additional funding to either plan for, construct or otherwise implement the Highway 413 scheme, and use the saved monies—claw back any monies that have not already been spent on that project—to immediately reduce the tolls for commercial truckers on Highway 407 to levels that will create an incentive for truck traffic which currently goes on to the 401 to go on Highway 407. Secondly, we recommend that the government start maximizing housing return on new infrastructure investment and years of existing infrastructure investment by overhauling building code and zoning in existing neighbourhoods and by refraining from any further settlement boundary expansions so that we divert construction to the forms and location and typologies of housing that will allow more units to be created with the same amount of labour and construction equipment.

In support of that, we are asking, thirdly, that government redirect infrastructure money in particular going forward to existing neighbourhoods rather than greenfield development to support that densification and to ensure, to give residents the guarantee, that if demand does increase beyond the current capacity of their local community centres and schools, there will be a guarantee, an automatic process for creating expanded schools and expanded community centres, rather than the current model of having it dependent apparently on the whims of bureaucracy. If there is greater need, then there should be a standardized process for delivering whatever extra infrastructure is needed.

Regarding Highway 413: All of the stated objectives of Highway 413, we now know from a study by an independent transportation consultant called Eunomia, will be met more reliably and at a cost that is \$6 billion less over the same 30-year period than constructing Highway 413 by simply using a smaller amount of taxpayer dollars, \$6-billion less of taxpayer dollars over the same 30-year period, to subsidize truck traffic on Highway 407. This is now a Highway 407 consortium that is owned by our own public pensions, the CPP, so it's not money that's going to nowhere. The effect of this—let's have a look here: It would be to improve journey times for truckers by approximately 80 minutes, cutting it to half the equivalent trip on the 401 and shifting 12,000 to 21,000 trucks a day off Highway 401, reducing daily traffic for passenger-vehicle drivers right now.

The good thing is that this can happen right now if we use the 407-subsidy model. We don't need to wait until a new white-elephant highway is constructed, and we don't need to risk a stranded asset as transportation patterns shift away from private automobiles, as they need to over the next 30 years. It makes much more sense to have a flexible model of simply subsidizing access to infrastructure that's already been built so that it can be phased up and down as need demands.

1420

This brings us to our second budget recommendation. Ontario and the Golden Horseshoe in particular has a huge housing shortage, and it's caused by our squandering of construction capacity—part of which will be squandered by 413—which is now scarce globally, and our squandering of infrastructure investment on inefficient, low-density, car-dependent greenfield sprawl. That doesn't deliver more homes faster; it delivers fewer homes much more slowly than if we invested them in compact, wood frame construction in existing neighbourhoods.

If we were building different types of housing—the types of housing they build in jurisdictions that do keep up with demand—the construction labour and equipment that we have now would readily keep up with the demand that we have for housing units. In order to make that happen, though, the government must make supporting changes.

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

**Mr. Phil Pothén:** It must remove all of the barriers to adding new homes in existing neighbourhoods, and in particular, on streets that are currently reserved for single detached homes, so that the same—more simple, I guess you would say—construction trades that are currently deployed to greenfield housing can be deployed to stick-frame, mid-rise construction on lots that are currently single detached lots in existing neighbourhoods. And that means an overhaul of the building code and it means intervening directly to allow not just triplexes, which are a tiny drop in the bucket, but full-scale mid-rise buildings of up to six storeys and 30 units on pretty much any suburban, post-World War II residential lot that's currently limited to single detached homes. We need to embrace that change, and only by embracing that change are we ever going to have any prospect of solving our housing crisis.

There isn't an option of building as many homes as we need to build through greenfield development. It's just not possible.

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

We'll now go to the official opposition to start the questions.

**Ms. Sandy Shaw:** Thank you to all of you for deputing today—

*Interjection.*

**Ms. Sandy Shaw:** Oh, thanks. Yes.

Thanks, everyone, for deputing today. I appreciate your presentations. I am going to focus my questioning with Phil Pothén from Environmental Defence. You know, the purpose of these hearings is to talk to the government about what should be in the budget—or what should not be in the budget I suppose is another way of looking at it. The intention is that we listen to deputants who are experts in their field and who present good ideas that will save taxpayers money or make better use of taxpayer dollars, and I would say that what you've presented here does both of those things, so thank you for that.

I particularly want to focus on your comments around Highway 413 and Highway 407. We have said—and we are opposed absolutely to the building of Highway 413. It will be not only an environmental disaster, but a fiscal disaster for the province of Ontario, because the estimates are somewhere between \$10 billion and \$15 billion. It's hard to get good numbers, but that's what we're looking at. That's a lot of money to spend on one infrastructure asset that you're saying is not necessarily needed for the purpose that has been said that Highway 413 is intended to meet.

In conversations with people over Christmas, a lot of times, people say, "What—407? What is the deal there?" We paid for it. Taxpayer dollars paid for it. We sold it. People can't afford to use it, and if they do use it, it's essentially empty. It's underutilized. We know that the government forgave not once but twice a billion dollars for that entity because they weren't able to meet the use on that Highway 407. I'm going to ask you, but it's my understanding that it runs essentially parallel already to the route of the proposed 413.

So this notion of removing the tolls for truckers on 407—I think that's a fantastic idea that I would like to hear more about, because not only will it remove trucks—like, 12,000 to 21,000 trucks a day—from our highway, making travel times shorter for commerce, essentially, and I would argue, making it safer for us on some of these other highways—so can you just focus on this idea that we are underutilizing an asset that we have paid for, which is the 407?

**Mr. Phil Pothén:** Yes. So, you know, our analysis—this isn't opinion. What we're doing is reporting on the results of an analysis by Eunomia transportation consultants, which included systems analysis and modelling, but it also included surveys and careful focus-group interviews with transportation industry, in particular the trucking industry. What we found is that it wouldn't

require even removing the tolls entirely for trucks in order to get them to shift to the 407. It would just be a moderate subsidy to bring it down to levels that simply make it a more viable option to use the 407 than to use the 401. This is what makes it such a cost-effective means, using infrastructure that was already built. We already have this. It is a very strange proposition we have here that, just because we can ignore the existence of an entire highway and because we don't want to bother dealing with the 407 ETR consortium, we're just going to build a whole new one from scratch through the greenbelt and through an area of land, the Peel plain, that by rights ought never to be developed. It's not a sensible place to develop.

And it's going to unleash forms of development that will actually really be sapping our efforts elsewhere. We know from the CMHC and we know from global market analysis that this is a problem that other jurisdictions are having. We essentially have a zero-sum game here where construction that happens in one place is coming at the expense of construction in other places.

Before I came to Environmental Defence, I was private counsel who acted for small-scale housing developers and the opponents of development. I know that there are projects sitting everywhere, that months and months are being added to projects because they're competing for these infill projects with big player developers out in greenfield, and there just isn't enough construction to go around.

So if we add to this the Highway 413 scheme, with all of the labour that would drop, and then we unleash the lower-density, less-efficient forms of development that inevitably come with highway schemes, we're actually going to be kneecapping a lot of the results of infrastructure investment in existing neighbourhoods, and we'll actually be getting fewer homes overall.

**Ms. Sandy Shaw:** Thank you for that. That's very interesting. You ended with something that I want to touch on, which is the idea of lower-density sprawl-dominated land use.

I'm proud to say that Hamilton, I would say, is the birthplace of the Stop Sprawl movement that has spread across Ontario—and also thanks to the support of your fantastic organization. We understood, here in Hamilton, that a forced urban boundary expansion not only would not build the kind of housing that everyone can afford or wants, but also would be a huge cost to municipal taxpayers.

So it's my sense that this idea that this government continues to bulldoze forward with the Highway 413, despite the smackdown they got with their greenbelt grab or greenbelt scandal—it doesn't really seem to make any sense.

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

**Ms. Sandy Shaw:** But it seems to me, if I can only conjecture, that their absolute mania to build the 413 is because it supports the kind of sprawl that is favoured by the same insiders that receive preferential treatment from this government. Do you support that conjecture?

**Mr. Phil Pothén:** Yes, I think that's right, and I want to just underline that this low-density pattern that, unfortunately, we're headed towards reinforcing is the fiscal albatross around the necks of every suburban municipal government, pretty much, in the greater Golden Horseshoe.

There's a reason why property tax rates in the city of Toronto are half those in Durham, right next door. It's because we built Durham the way that the Ford government so far wants to build new housing and because we build the city of Toronto the way the Stop Sprawl movement is saying cities ought to be built. Neighbourhoods built before World War II, at densities over 100 people per hectare, and neighbourhoods that allow densification are cheaper to service. It means that it's cheaper to provide services to each individual, to each family. It's cheaper to pave the roads—

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

We'll go to the independents. MPP Hazell.

**MPP Andrea Hazell:** Thank you all for coming in and presenting today. I've surely learnt a lot—still learning a lot.

**1430**

I want to start off with Phil. Your organization, which I hear from your presentation, is very strongly opposed of Highway 413, but this government is moving forward and building Highway 413, despite their own civil servants detailing that it is a bad project that will hurt our environment while not saving commuters' time. We're trying to find a reason—I'm trying to find a reason here.

We know it is cheaper to subsidize freight traffic on the private toll Highway 407, which you've just detailed. But for the record, I want you to detail that for us because that is a big reason to really supporting the increased usage of Highway 407.

**Mr. Phil Pothén:** Right, so if we take the government at its word, the only purposes of Highway 413 are, firstly, to provide a commercially viable alternative for trucking that currently uses the 401, to improve journey times for truckers and to reduce congestion on the 401. The government denies that this is a subsidy scheme for sprawl development on the Peel plain, and so, what were left with are those three objectives. And so, we know that by paying the Canada Pension-Plan-owned 407 a marginal subsidy for each commercial truck trip, we can reduce the journey times for truckers, as I mention before, by 80 minutes, which is half the equivalent trip on the 401 and it would shift between 12,000 and 21,000 trucks a day off the 401.

So what this means though too is that we are not creating the induced demand that is the pretext for the 413 scheme. I don't know how many people have had the misfortune of attending the "information sessions" regarding Highway 413, but if you will learn and if you try to cross-examine the staff who are involved in making that presentation, it is a bit of tautological argument, because apart from these three considerations, every other premise of the 413 is premised on development that would not happen if the 413 were not built. It's premised on taking

housing away from the Heritage Heights plan, which is ready to go in Brampton, and diverting it to less efficient forms of development that generate more car trips.

So in other words, the 413, by killing Heritage Heights and similar development patterns elsewhere, is creating the sprawl that is the only plausible other reason—denied by the government—for building the highway. So it's really a flawed argument and frankly, I think we're going to have to see a repeat—and we encourage the government to make the same right choice that it did when it came to the greenbelt, when it came to reversing settlement boundary expansions that's to recognize that it was scammed by maybe some of its friends, and it really needs to reverse course here.

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

**Mr. Phil Pothén:** The good news is that this project is designated for an impact assessment. An updated, amended impact assessment act should allow this project to continue to be designated and so it is not, in fact, right now on route to getting built at all, and we hope that the government takes the opportunity and use this pause to take course.

**MPP Andrea Hazell:** Time check?

**The Chair (Mr. Ernie Hardeman):** You have 32 seconds.

**MPP Andrea Hazell:** Okay, I'm going to end there.

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

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

**Ms. Donna Skelly:** Good afternoon, gentlemen. My questions actually are going to be for Brian. First of all, I would love to have a copy of your presentation from today. I think you had a number of very interesting proposals, and I would like to explore them further. I think there are certainly some suggestions that you raised today that we should really take a look at.

I know you build a lot of community housing in the city of Hamilton, and we appreciate it and applaud it. I'm very interested in picking your brain about how we can do it better, how we can do it faster and how we can accommodate more people.

One of my concerns about the type of housing, actually, the housing that you just proposed, is that there seems to be an obsession with building everything in the downtown core, with people living on top of each other, and that is not the type of housing that accommodates a lot of the families who are looking for support. I know that you do build homes that are townhouse-style homes that accommodate a family of two or three or more children.

First of all, can you speak to what you perceive as the current need for community housing in Hamilton?

**Mr. Brian Sibley:** Thank you, MPP Skelly. I remember when you used to come to our complexes when you were a councillor in ward 7, so it's much appreciated.

Kiwanis Homes primarily operates units that house families, so almost all our units are two-, three- and four-bedroom units. We have a significant number of units in the south mountain area of Hamilton. We also have a significant number of units in the downtown core. I believe

that we're probably the largest property owner in ward 3. It's family-based housing.

To get into Kiwanis Homes, you have to qualify for subsidy; you have to be coming out of a situation of poverty. Some 98% of our units are designated as rent-geared-to-income units. That means you can't get into Kiwanis Homes unless you require a subsidy. And 30% of the people who live in Kiwanis Homes right now are paying market rent. That means that they no longer require subsidy but they're choosing to continue to stay in units that are designated as subsidized units. The reason for that is because our rents are \$1,000 a month for a three-bedroom townhouse, and for them to leave one of our units, they will have to pay \$2,200 a month or more to get to a market unit. There is a break in the system. That is not just for Kiwanis Homes. That's for every single social housing provider in Hamilton. The current waiting list in Hamilton is 6,000 units; effectively, that's probably 4,000 people on the list. We have 12,500 social housing units. If 30% of those units were allocated for rent-geared-to-income and we had a path for people to get into non-market units, we would clear that wait-list overnight.

**Ms. Donna Skelly:** What would you propose for that?

**Mr. Brian Sibley:** I'm proposing that we create non-market housing where rents are focused at income levels of 30% gross annual income. While our rents may be \$1,000 a month, creating new units with rents at \$1,200, \$1,300, \$1,400 a month that allow people to bridge that affordability will free up those deeply affordable units. So what we're doing in our builds is, we're not looking at building deeply affordable units; we're looking at building mixed-income communities where there's a combination of rents in those communities to allow people to move. Ultimately, you want people to move to full market rent.

**Ms. Donna Skelly:** When I was a councillor, I was actually surprised at how many city housing units sat vacant—I think there are about 400 or 500 right now in Hamilton. There is an attempt to fill those units over the next 12 months, of course. But part of the problem was the condition of the unit. You had a proposal about how we can maintain that—because, of course, they can be destroyed by some tenants and certainly can't be rented out until they are repaired. What was your proposal addressing that?

**Mr. Brian Sibley:** There are things that we can change and things that we can't change. One of the problems with social housing funding in the province now is that—at Kiwanis Homes, our properties are worth \$300 million. We have \$17 million in mortgages. We are legislatively not allowed to leverage that property. We're not allowed to encumber that property with any debt. We have \$5 million sitting in capital reserves that we can use to fix properties, but we can't borrow to fix those properties because we're legislatively prohibited from doing so.

What I'm suggesting is, let's make sure that we're not throwing up barriers that are preventing the effective use and the leveraging of those properties. If you have a house and you need a new roof, you leverage your house and you

pay for the new roof. That \$283 million of Kiwanis Homes sitting in the ground can be leveraged.

**Ms. Donna Skelly:** I'm going to cut you off there because I've only got a minute left.

Have you ever paid DCs as a charitable not-for-profit?

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**Mr. Brian Sibley:** The developmental charges are now being waived. There was some challenge prior to some recent legislation, but the city has always worked with us and has always waived our DCs.

**Ms. Donna Skelly:** It has always waived DCs? So it's not a new reduction to the city of Hamilton?

**Mr. Brian Sibley:** You have to have affordability. You need affordability goals to get those DC waivers. We just happen to be a charitable organization, a not-for-profit, so we qualify as affordable housing—

**Ms. Donna Skelly:** But they're critical.

**Mr. Brian Sibley:** There were one-off actions by the city. It wasn't a general waiver of DCs across—we would make individual applications per project.

**Ms. Donna Skelly:** I'm going to ask you one last question, and this is really not something that you have to deal with, but how would you deal with the encampments? Because everybody is dealing with this issue. We have encampments in cities across the province. Just from your experience, how would you tackle that whole issue?

**Mr. Brian Sibley:** Well, you know—

**Ms. Donna Skelly:** Thirty seconds.

**Mr. Brian Sibley:** There was a study done called At Home/Chez Soi that talked about Housing First, and what we've looked at with housing is often housing only. You can't deal with people who have multiple traumas and multiple addictions without funding supports to keep them housed. Putting a house over someone's head does nothing, you have to support them to stay in that home.

**Ms. Donna Skelly:** The Indwell model.

**Mr. Brian Sibley:** Absolutely, yes.

**Ms. Donna Skelly:** Okay. Thank you very much.

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

We'll now go to MPP Taylor.

**Miss Monique Taylor:** Good afternoon, gentlemen. Thank you so much for presenting and for bringing your comments to the government today, to ensure that your concerns are heard during the budget process and that the funds are available in 2024 for the needs of our communities.

Brian, I'm going to start with you. It's fantastic to see you here. Thank you not just for your presentation today, but for the work that you have done for years in our community, doing your best within the rules to ensure that there is affordable housing for so many folks in our community: projects on the way currently; projects in the mix that you are hopeful will get off the ground.

Maybe we'll start there. What are the challenges that you're facing to get those projects moving as quickly as possible while we're in the middle of a housing crisis? What are those fixes that you think you could ask for today?

**Mr. Brian Sibley:** Well, the world ended three years ago, right? With the pro formas that we developed for our new housing builds three years ago, we saw an increase of 40% in construction cost escalation over the last three years. Numbers that worked three years ago don't work anymore. Combined with that, we came out of a decade of historically low interest rates, and now we're paying—while they're not crazy interest rates, they're still a heck of a lot higher than they were two years ago.

And so, what we find is that we started our 1540 Upper Wentworth Street build in Hamilton Mountain and the 60 Caledon build in Hamilton Mountain in 2019; we're now in 2024. We continue to work on those projects, bleed financing fees, jump through all the hoops—zoning bylaw to site plan to building permit—and then we face the fact that the funding rules change every two weeks. So we're creating obstacles that cause delays, and really what it means is we're just wasting money. The money that we have wasted on debt servicing probably could have built 100 units in the last five years. So it has been a challenge jumping through those processes.

The other thing is, we will never solve the housing crisis doing one project at a time. You've got to do multiple concurrent projects. Our problem in the not-for-profit sector was, we don't have a ton of cash. We can raise the cash over time; we don't have a ton of cash. What we're asking for is to help us bridge that time, so that it gives us time to get that money together, so that we can get those concurrent projects going. It's not about giving money, it's about investing money so that we can create more units.

**Miss Monique Taylor:** And does that come into the leveraging your assets at the same time? Is that where the ask for leveraging the assets comes in?

**Mr. Brian Sibley:** Yes. I think that the gold standard for security is property, and one of the strengths that we have in the not-for-profit sector is we have a ton of property. We have a ton of property that's by and large paid off, mortgage-free, and that means that that property can be used to secure debt. The challenge we have is we have a challenge of servicing that debt over the long period of time, the cash flow. So what we're asking for is assistance with our government partners to get us the best interest rates, to limit the costs in terms of what we have to pay, that we're not paying administrative fees.

If I have \$5 million in capital reserves, why am I having to borrow lines of credit from commercial banks? It's because I'm not allowed to use those capital reserve funds. I can't loan them to myself. You have a lot of units across the province, a lot of small housing providers who are sitting on billions of dollars in cash, billions of dollars in assets, and are doing nothing with them. It's wasted opportunity, so I think that we need to take, like I said, an all-hands-on-deck approach. Let's use the assets that we have more effectively and we'll find it will solve a lot of these problems.

**Miss Monique Taylor:** Thanks for that. So, as a not-for-profit association, has the association or yourself been asking for this for some time, or is this something new that you're asking for, being able to leverage—the rule changes?

**Mr. Brian Sibley:** Yes, when you look at the not-for-profit housing sector in Ontario, 75% of the housing providers have less than 100 units. They have very little capacity, but there's always been a respect for small housing providers. I'm saying we can't afford that luxury anymore, that you build capacity by creating enough size, enough expertise to be able to effectively use those resources.

We're advocating with our associations to do that, but fundamentally in Ontario it's the provincial government, and it's been devolved to the municipalities, who control what we can do within the scope of the Housing Services Act. There are, I think, 47 different service managers in Ontario, and there are 47 different rules. So an organization like us that's in two or three service manager areas has to navigate two or three different sets of rules. It's just inefficient.

**Miss Monique Taylor:** Thank you. With your expertise and the years of service that you've put into this, I truly hope—and I welcome MPP Skelly's invitation to yourself to work together to change the rules, because you have definitely been hands-on for all of these years. You've seen the ins and outs, what could be done to make things easier and to move things along quickly, because we truly are in a crisis.

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

**Miss Monique Taylor:** Thank you for that, and I look forward to hearing the commitment and what happens after this, and I'd be willing to join in on that as collaboration throughout the city.

Quickly, I just want to say to Christopher, as a citizen of Hamilton and not belonging to any specific organization, I think it's refreshing that you're here today at the committee to bring forward so many needs as a citizen and how you see that work out in our community. Definitely one of the things that raised my ears was the mega-schools and how they work out in our community. You have a quick minute; could you tell me your feedback on what mega-schools are actually doing in our communities today?

**Mr. Chris Ritsma:** Yes. I live down the street—I walked over here actually—and I pass by Sir John A. Macdonald every day on my way to work. It's a high school, but even then I worry—

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

We now go to the independents: MPP Shamji.

**Mr. Adil Shamji:** Sir, do you want to very briefly finish your answer?

**Mr. Chris Ritsma:** Yes. I was just going to say the mega-schools make it so, if I have kids, I can't bring my kids to school walking them or cycling them easily. Where I live, if they were in high school, they'd have to go to Westdale or to Bernie Custis, both of which are easily a 20-minute or 25-minute bike ride, and walking is just not feasible. So I'd like to see more local schools that you can walk to. They're really key for community events. They're used by local organizations for their gyms and things like

that. I would just like to see some more local schools and supports with that.

**Mr. Adil Shamji:** Great. Thank you very much.

**Mr. Sibley, if I may:** One of the challenges I think that we face in the province right now is, we want to increase the amount of affordable housing, yet we have a definition of affordable housing that doesn't really meet the needs of people who are most desperate for that kind of housing, given that it's linked to market prices as opposed to household income. But assuming that we had a definition that did work for everyone, what do you see as the biggest barriers that are preventing you from building more non-profit and affordable housing?

1450

**Mr. Brian Sibley:** Well, cash. It's expensive to build housing, so that's a big challenge. Banks are risk-averse, and banks are not there to loan to people who don't have a lot of ability to pay or a lot of money in the bank. Unfortunately, the not-for-profit sector is not a group that carries a lot of cash reserves, so that can be a challenge.

I'm finding, though, that the biggest challenge that we have is, the time it takes from conception of a project to actually getting shovels in the ground is crazy. You can't sit on a property for three years and bleed that kind of debt, waiting to try to get the equity together. We've found that, over the last three years, the funding programs that were ostensibly set up to help us build have not done the job very well, and part of that is because you're taking a program that's fundamentally about building houses and you're running it through bankers. So that's a challenge. I'm not saying that we shouldn't be held accountable; I'm saying that we have more equity than any other developer out there, and yet the hoops we jump through are so limiting and so costly that we wind up wasting money, and it becomes disheartening.

The recent build that we'll be breaking ground on this spring, 1540 Upper Wentworth Street—the reason we're able to make that work is because we already own the land, because we don't have to carry all that debt and acquisition; everything is paid for and it's being serviced already. We're fortunate. Most other organizations aren't that fortunate. If you have the capacity to use those kinds of resources, that's great. But 90% of the not-for-profit developers don't have that kind of resource.

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

**Mr. Adil Shamji:** Phil, we often hear that people don't want to live downtown, that developers want to build outside—whatever. Can you speak a little bit to this perennial fear of building increased density?

**Mr. Phil Pothén:** I'm sorry if my friend the MPP misunderstood what I was saying. We're not saying to build things downtown. We're saying to let people build things in existing suburban, post-war neighbourhoods. You can build a family-sized two- or three- or four-bedroom apartment on a suburban, quiet, low-car-traffic street right next to the single-detached homes so they can use the same park as people who can afford a single-detached home, and build them at numbers so that you don't need to build

a separate parking unit for each individual. When I think of family—

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

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

**Mr. Andrew Dowie:** Thanks very much to all the presenters.

Christopher, I'll start with you. I was intrigued by some of your ideas. It reminded me of a debate that I had back in my constituency. My constituency of Windsor–Tecumseh is home to the new NextStar electric vehicle battery plant. Lately, I heard from an employee of the current Stellantis plant that is going through the retooling that his preference would be not to invest in the factories themselves, but rather in the rebates to the vehicles. The reason the government of Ontario hasn't done that is because we have no guarantee that the job creation for that investment would occur in the province of Ontario. If we don't have a pot available to compete with other jurisdictions, we're not going to land those jobs. So we'd have the subsidy without the production.

You mentioned the electric bikes, and I'm wondering if you have thoughts about the same kind of debate, domestic production of the bikes versus the user-side rebate. Any thoughts you may have on that?

**Mr. Chris Ritsma:** Yes. I mean, I just don't think it's the same scale of issue as cars, because cars are just really expensive. When you're talking about building them, let's say, in the US and giving a rebate to people buying them in Ontario, you're really benefiting the business more so than the people; whereas e-bikes are incredibly cheap in comparison, so while they may be built outside of Canada, it's a comparatively small rebate or incentive to get people to move onto those e-bikes, giving them flexibility, giving seniors the ability to bike more easily and providing people with mobility options that regular bikes may not offer them. So I don't think it's the same scale of issue, though I can understand why there would be concern. But I just don't think it meets the same level of issue.

**Mr. Andrew Dowie:** Thank you for that. I wanted to explore, too, your comments on social housing. I do believe I did see an announcement in the city of Hamilton where the province did invest in capital for social housing. It was both the federal and provincial governments who kicked in the dollars. I've had some in my community as well. There's certainly a steep hill to climb in order to satisfy the demand. Just like at every other facet of home building and home buying, there's a significant capital cost. I can certainly confirm that the government is investing in social housing stock. I'm grateful to have that kind of investment in my own riding, and I certainly have seen in the city of Hamilton.

I did want to explore, though, just maybe your thoughts on intensification. Yesterday, there was an article—I think the CBC put it out—and it interviewed an architect, as well as a land use planner working for a municipality. The architect did speak a lot to how we can convert our existing neighbourhoods to be more intensive. The government has authorized three units as of right. Without a rezoning pro-

cess, that helps you achieve that densification. The federal government, through the Housing Accelerator Fund, is saying, "Do four units as of right, or you don't qualify." It's a debate that's going on with the municipalities right now.

But where I'm getting with this is that the land use planner working for the municipality—particularly the municipality of Leamington—mentioned that their both the street infrastructure and the underground had not been built with the envisioning of a capacity that could handle more than single-family homes. You think of how much Internet bandwidth that you would think someone would need or the sanitary sewer capacity, the storm water capacity and even on-street parking for those communities that are more suburban Ontario where we just haven't built it to a place where there's a practicality to public transit.

I wanted to get your further thoughts on the way you envision a neighbourhood evolving in, say—I think you mentioned you live in downtown Hamilton, but I think, what about some of the suburbs of Hamilton? Would you have the same vision for those areas? And could you see the conversion being just as easily achieved in those suburban areas versus the downtowns?

**Mr. Chris Ritsma:** Yes. I mean, I think one of the key elements of the rezoning is that it needs to be city-wide, because that way, not everything will go all in at once. Communities continue to grow; utilities get upgraded over time. We just had our utilities upgraded in our neighbourhood, and they made them bigger. They expanded them, hopefully with the knowledge that these types of things will be happening. On top of the fact that when you have denser units—triplexes, quadplexes, things like that—people typically use less per unit than a single detached house would take.

So I don't necessarily know that there's the same concern from my side. I do expect to see quadplexes in suburban neighbourhoods, like they exist in my neighbourhood today. We have detached houses, quadplexes, even apartment buildings right next to each other. As these communities grow, you'll see a few quadplexes go up here and there, and I think that the utilities and things like that can keep up, on top of the fact that dense housing is just more efficient in its use of tax dollars. It produces more tax dollars per square foot, and so this type of dense housing development will allow municipalities to pay for these upgraded utilities as these things change slowly over time.

It's surely easier than dealing with a skyscraper in a suburban neighbourhood or something like that, where you're seeing hundreds of units added. I don't think six units added to one street is going to be a major hurdle.

**1500**

**Mr. Andrew Dowie:** Thank you for that. I was formerly a municipal councillor, and I think every single multi-residential development had been opposed through the neighbourhood, including the building height, the number of units, the scale, and I think every single one had an appeal to the Ontario Land Tribunal.

To ensure that this type of housing happens faster, would you see the removal of local input? Or do you just



take the time to [*inaudible*], whatever time it takes, and go through those appeal mechanisms to make sure that it actually happens? Or do you accept the buy-in of the neighbourhood if they object to it?

**Mr. Chris Ritsma:** Local opposition is difficult. I think one of the things that municipalities need to do is sell it to people and give the developers options. We need to be able to change those attitudes over time. People in my neighbourhood are less likely to push back against these things because we already have those types of housing. By making these things as-of-right, it doesn't take away community input; it just reduces it from each individual application to a broader zoning bylaw change that can happen at the start rather than happening and slowing down each individual process.

**The Chair (Mr. Ernie Hardeman):** That concludes the presentations, and that concludes this panel. I thank all three of you for taking the time to prepare to come here today and delivering in such a professional way. I'm sure it will be of great assistance as we move forward.

CLIFFORD BREWING CO.  
HAMILTON ROUNDTABLE FOR  
POVERTY REDUCTION  
ONTARIO FRUIT AND VEGETABLE  
GROWERS' ASSOCIATION

**The Chair (Mr. Ernie Hardeman):** Our next panel is the Clifford Brewing Co., the Ontario Fruit and Vegetable Growers' Association, and the Hamilton Roundtable for Poverty Reduction. I believe the Ontario Fruit and Vegetable Growers' Association is going to be virtual.

As we have done for the others, we would just quickly review: You will have seven minutes to make your presentation. At six minutes, I will say, "One minute." At seven minutes, I will end the presentation. We ask that you start by introducing yourself to make sure we have the record showing who made those wonderful statements.

With that, we'll start with the Clifford Brewing Co.

**Mr. Brad Clifford:** Good afternoon, committee members. My name is Brad Clifford. I am the owner, founder and brewer of Clifford Brewing Co. here in Hamilton, Ontario. I also sit on the board of directors of the Ontario craft brewers' association.

As you can hear, small craft brewers wear many hats. I have been in the craft brewing industry for 10 years, and I chose Hamilton to build my brewery after moving here in 2014. Like many small craft breweries, we're a family-owned small business, and we put a lot on the line to chase our dreams and passion for creating small-batch, locally crafted beer. We love our industry, and we love what we do, and our beers have become a significant part of the fabric of our communities and a driver for local tourism.

I know you heard from the OCB's president, Scott Simmons, yesterday, but I felt it was important that you hear directly from a local brewer why tax reform is so important and what reducing our taxes would mean for breweries like mine and others across the province. I have

watched as many breweries have been forced to close their doors in recent months, and I am concerned that, without change, many more are likely to this coming year.

So I come to you today with a simple message: It is critical that tax changes, which lower craft brewery taxes in Ontario, are included in the upcoming spring budget. Here's why we believe this is so important and why we believe our recommendations should become policy: Breweries such as mine have watched as things we buy every day—from grain, to hops, to aluminum cans—skyrocket in price, while the interest rates on our debts continue to soar. In addition, many bar and restaurant accounts we used to sell to have shuttered during the pandemic, never to reopen. While it is easy to think these challenges are simply caused by external global forces, the straw that is really breaking the camel's back in all of these cases is the fact that Ontario craft brewers pay the highest taxes in all of Canada. By example, they are eight times higher in Ontario than what one would pay in Alberta.

Small breweries are truly the lifeblood of many Ontario communities. They are often one of the biggest employers and the biggest tourist destinations in town. Our brewery buys its grain from suppliers in Guelph and Brampton, our hops from a Toronto supplier. All of our cans and the sleeved artwork that goes on them are now purchased in Hamilton. All of our equipment has been sourced and manufactured from a supplier in Burlington. In fact, practically, all of our suppliers are within 30 kilometres of the brewery. It is estimated that craft breweries directly employ 4,500 people in Ontario, and in turn, help employ thousands more in hospitality, agriculture and manufacturing in large and small towns. All told, craft beer generates close to \$700 million in annual economic activity.

Supporting Ontario craft beer is all about supporting the people and businesses here in Hamilton and in hundreds of other communities across Ontario. This is why we wholeheartedly support the OCB's call to immediately reduce craft beer taxes by eliminating the nine-cent beer can tax and stop triple indexing while we build a simple and progressive tax system like that in Alberta or BC—one which grows as we grow and incentivizes expansion, job creation and community investment.

So I want to conclude my remarks by explaining what these policy changes would mean to a brewery such as mine. Like many craft breweries in Ontario, Clifford Brewing is relatively new and demand for our beers have called for expansion. Over the past six years, any profits Clifford Brewing has made have been re-invested into our business and gone back into this local economy.

The taxes we pay truly make the difference between being able to invest and grow our business or not. When we are paying close to 8% of our gross monthly income in provincial beer tax, a monthly expenditure that is secondary only to our rent and payroll expense, that burden hinders our growth and ability to make investments back into the local economy. For example, we are currently hoping to make improvements to expand our canning line, which would allow us to increase production and keep pace with growing LCBO sales. We are talking to a newly

opened manufacturer in Stratford, Ontario, who can manufacture this equipment for us. From what I have seen, this equipment is just as good as any that would be purchased from outside the province. Any savings we were to gain from a beer tax reduction would go directly back into Ontario's economy and support this new small manufacturing business. For other breweries, the savings could mean being able to hire additional staff, create new jobs and give them the flexibility they need to grow their business.

I hope it's clear from these examples that any tax savings craft breweries will receive will immediately be re-invested back into our local economy. So here's the choice before you: continue with the status quo and Ontario's craft brewing industry could disappear, or make common-sense, measured and long overdue changes to Ontario's beer tax system which would make the industry bigger and stronger than ever, benefiting consumers, the industry and the province's bottom line. That would be a win-win-win.

It is critical this change happen now to have any impact. Eliminating the beer can tax and triple indexing now, in this budget, will help stabilize the industry while the new framework is developed. Ontario's craft brewers thank the government in its efforts and support over these past five years, and we look forward to working with you on these changes to deliver a bright future for Ontario.

Thank you for your time.

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

Our next presenter will be the Hamilton Roundtable for Poverty Reduction.

**Ms. Laura Cattari:** Good afternoon, my name is Laura Cattari, and I'm senior policy analyst with the round table.

I'm here to talk to you today about something you may not really want to go into, but it's about social assistance in the province and talking about rates. I can tell you, as someone that's been on the system myself, for the past 20 years, as an ODSP recipient—thank you for the \$1,000 forgiveness in earned income. That's great. Unfortunately, the past couple of years, I have been fighting cancer, and I'm really not sure how many more years I'll be working at all. When that happens, ODSP rates will make sure I lose my home—my condo. I don't want that to happen, not at that point in my life.

I sit on the social prescribing advisory committee where we look at the social determinants of health, and we know income is a primary function of that. We know it's more than a lot of bad habits in people's lives combined. When people are living on an income that's too low, it starts to impact diabetes, it impacts cardiovascular health and, honestly, it costs you in health care—something you could have prevented earlier with social assistance rates.

1510

But today I'd like to focus on Ontario Works, and I'd like to change the language and the narration to something that deals with employment and employability and the lessons we learned in the short-lived Basic Income Pilot. What we learned with BI is that security in people's lives

matters. In fact, that security allows people to relax and to start to plan and dream. It's that impetus, that seed that gets germinated, that inspires people to look ahead, to go back to school, to get the skills they need, whether it be as a plumber, an apprentice plumber, or to go out and become an accountant. But when you're living hand-to-mouth on \$733 a month, that dreaming doesn't happen. In fact, it wastes a lot of time and effort on just surviving.

And I mean that quite literally. I was doing a graphic image yesterday and realized, since 1995 when the rates were slashed, toilet paper, of all things, has increased by 700%—since 1995—and yet Ontario Works has been 11%. We have allowed a group that we want to become employed to actually languish, feeling hopeless, undignified, and we're not even providing enough service to prevent hunger.

I don't know about you, but I just had my 3 o'clock snack this afternoon because I was feeling a little low sugar. In households trying to survive on \$733, they don't have that luxury. In fact, by the end of the month they're lucky if there's a bag of white bread that they just sort of ration out for the last week before the next cheque.

I'm not trying to make it sound like this drama, but we know from basic income that, within one year—even though it was cut off early, within one year, not only did people keep working, they got better jobs. They started earning more income—earned income—than they did before the pilot began, because they felt secure and they could take a risk applying for a job that they weren't sure about.

The other thing we have at our disposal is material from Dr. Atif Kubursi. He is an economist who does economic modelling across the globe. He's worked for Harper. He's worked across the Middle East. He's from McMaster University. He did a paper for us showing us that, as long as you didn't give people enough to go on vacation in France, raising the rates was economic stimulus—

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

**Ms. Laura Cattari:** —and it showed the more spending you do in Hamilton, the more taxes go back to the province, and it begins to pay back what you're spending. So not only is this great for stability and dignity, but raising the rates now will do something that hasn't happened since Bill Davis. You will be the first Progressive Conservative government to raise the rates since Bill Davis. You can do this.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. We will now go to the fruit and vegetable growers, and I believe they're virtual—

**Mr. Mike Chromczak:** Actually, I'm here to present, Mr. Hardeman.

**The Chair (Mr. Ernie Hardeman):** Oh, okay.

**Mr. Mike Chromczak:** Yes, I can speak.

**Ms. Sandy Shaw:** You're not a hologram?

**Mr. Mike Chromczak:** Not quite a hologram.

**The Chair (Mr. Ernie Hardeman):** Sorry, Mike. Make your presentation.

**Mr. Mike Chromczak:** Excellent. Well, good afternoon, everyone. My name is Mike Chromczak, and I'm

the vice-chair of the Ontario Fruit and Vegetable Growers' Association. I am also the safety nets section committee chair, and I'm a farmer that grows asparagus and watermelon in Oxford county.

Joining me today virtually is Shawn Brenn, our chair of OFVGA, and Gordon Stock, our senior policy adviser with the organization. Just a bit of background on the OFVGA: We represent more than 3,500 fruit and vegetable growers in Ontario. Our sector generates more than \$2.7 billion in economic activity and employs approximately 100,000 people directly on farm and throughout the value chain.

The OFVGA believes strongly in the value of strengthening Ontario's fruit and vegetable production, ensuring a strong supply of food for Ontarians, and driving local and provincial economies. However, farmers are facing several headwinds in fulfilling this role.

The year 2023 saw ongoing discussions about the cost of food. There continues to be great debate about who or what is driving what consumers must pay for their groceries. What I can say with certainty is that inflated returns are not coming to my farm, nor those of my neighbours or the fruit and vegetable farms across the province. In fact, margins are declining when you consider that costs like nitrogen fertilizer have increased by 128%, diesel by 110% and natural gas by 85% between 2020 and 2023.

While growers prefer to have these costs offset by returns from the marketplace, instead, we face a market dictated by prices set by large retailers and international competition, especially during our peak growing season. For local production to be viable, there needs to be a balanced profitability along the supply chain, not one-sided profits to the detriment of farmers and consumers.

With the increased cost to produce fruits and vegetables, and little to no corresponding return from the market, a lot of growers are asking why they continue to take significant financial risks for insignificant returns, leaving the next generation to be less motivated to take over.

Our government has been challenging growers to be innovative, more productive and more efficient. The reality is that this is absolutely necessary for farmers to justify continuing. Growers want to look ahead and continue to grow high-quality produce that meets consumers' expectations, whether that be investing in new plantings of fruit trees or vineyards, adopting automated equipment, expanding packing capacity, improving environmental practices, or building improved on-farm housing for our farm workforce.

The challenge is, growers are facing many hurdles, from cumbersome planning and permitting processes to limiting access to sufficient energy resources and increasing regulatory burden and costs. On top, government policies, although mostly federal, like the carbon tax, aggressively phasing out plastic packaging and other policies not aligned with our major trading partners, limit growers' ability to take advantage of marketing opportunities and further drive up the cost of growing food locally. Everything I am describing pulls money out of farmers' pockets, impeding long-term investment on the farm.

As a sector, we see tremendous opportunity in the government's Grow Ontario Strategy, including its target of growing our local production and consumption by 30% and exports by 8% by 2032, but we need the support to make the investments necessary to achieve these ambitious goals: continued government investment in infrastructure that supports efficient access to resources, including energy, water and transport of production inputs, and connectivity through high-speed Internet. It also includes a robust and modernized Foodland Ontario marketing program. In addition, growers need strong risk management programming to manage through this instability. Strong, predictable and well-funded programs give growers the confidence to invest in their farms.

There is one specific investment that would significantly help Ontario farmers in this regard, and that is the Risk Management Program, which includes self-directed risk management, which is a program designed for fruit and vegetable growers. The program is proven with significant economic returns, supports employment, increases investment, supports young and new farmers and provides positive impacts on farmer mental health.

#### 1520

The program plays an important role for farmers in addressing many of the costs and challenges noted earlier. However, we also know that the program is underfunded at the current level of \$150 million per year. The non-supply-managed sector has been requesting another \$100 million to address the program's current shortfalls. To clarify, this additional investment in the program is not only for my sector, but it also supports the tens of thousands of grain, beef, pork, sheep and veal farmers across the province, as well. We therefore ask for your support, for the 2024 budget, to take steps to increase investment into the RMP/SDRM program's annual budget, to begin to alleviate the burdens farmers are experiencing.

Finally, I'd like to highlight that the OFVGA has developed a framework to work with the government to support farm employers of temporary foreign workers to improve and expand on-farm housing, creating the next generation of housing for these crucial and valued employees. This framework includes the development of a cost-share program to support employers with significant building costs and to address a number of regulatory hurdles for things like septic systems, building permit protocols and not applying development charges to these buildings. Although we are in early discussions on how to move this proposal ahead, I felt it important to raise it at this forum, to create awareness of this, as this is a priority for our sector for now and into the future.

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

**Mr. Mike Chromczak:** It's our hope that the Ontario government and the fruit and vegetable farmers can continue working together for the benefit of the people and economy of Ontario as we protect Ontario's food supply for the future. On behalf of our sector, I'd like to thank you for the opportunity to share our perspective, and I look forward to questions.

While I still have the floor, I'd ask every member of the committee to please check out our More than a Migrant Worker website online. Either google "more than a migrant worker" or visit [morethanamigrantworker.com](http://morethanamigrantworker.com). Thank you.

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

We'll now go to the questions, and we'll start this round off with the independent. MPP Hazell.

**MPP Andrea Hazell:** I just want to say thank you to everyone for your detailed presentations.

My question to Mike: I know you outlined a lot of financial challenges that the farmers are facing in Ontario, and so I want you to detail your top one or two highest priorities, because you did mention a few. If you had two that are the worst crunches financially that are impacting the farmers, what would they be?

**Mr. Mike Chromczak:** Our sector is particularly impacted by labour costs, and labour costs include, obviously, the hourly rates that we pay our employees, but because of the nature of a lot of our farm operations, the housing we provide to a lot of our workers, as well, is included in that aggregate cost. So, each year, when wages rise, as well as investments we make into housing, that is a significant increase in our cost to production.

When I say "input costs," as well, that includes everything from fertilizer to packaging to transportation. It's hard to pinpoint and name one silver bullet or one bogeyman in the whole cost to production. I think it's an unfortunate situation. Most businesses in Ontario have experienced that it's just a widespread inundation of inflated costs of production that we're experiencing. But it's multifaceted.

**MPP Andrea Hazell:** Thank you.

I just want to do a time check.

**The Chair (Mr. Ernie Hardeman):** You have 2.3.

**MPP Andrea Hazell:** I want to do a follow-up question, because the farm workers are also very important to a lot of us here in Ontario, and for us also from the Caribbean. We've got relatives there. Can you outline their conditions, as well? Because they are also affecting your costs.

**Mr. Mike Chromczak:** Well, certainly. I'll start with COVID-19. It was an extremely challenging environment to farm in and to produce food, but farmers and our workers stepped up and delivered, and we overcame some incredible challenges to get the job done and keep food on our tables.

But it was also an eye-opener or an opportunity to see our housing and our farms through a new lens. The investment and the commitment that so many of our farmers have made to our workers to take our living accommodations, our worker housing, to the next level is something that we're very proud of and something that we showcase on More Than a Migrant Worker and something that we demonstrate on a daily basis. Our workers are proud of the homes that are being built and being renovated.

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

**Mr. Mike Chromczak:** It's something that is a moral and a social investment that we're very proud of.

**MPP Andrea Hazell:** Thank you.

**The Chair (Mr. Ernie Hardeman):** MPP Jama.

**Ms. Sarah Jama:** My question is for Laura. Thank you so much for your great work with the Hamilton Roundtable for Poverty Reduction. Just very quickly, many disabled people are also on OW, waiting to get on ODSP. So my question to you is, yes, I agree raising the rates is super important and needs to be done; what other systemic changes do you think need to be made to our social assistance systems that you would like the chance to speak on today for the record?

**Ms. Laura Cattari:** Wow, okay. More than social assistance rates, we need to look at funding timely and adequate mental health supports. We need better diagnosis times so people aren't lingering on \$733 when they're ill.

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

We will now go to the government. MPP Crawford.

**Mr. Stephen Crawford:** Thank you to all three presenters for being here today. I'd like to start my questioning with Mr. Clifford from Clifford Brewing. I don't know if there are any samples here—

*Laughter.*

**Mr. Brad Clifford:** I was going to bring some, but I wasn't sure how that'd go over.

**Mr. Stephen Crawford:** Okay. Well, we'd be happy to try out.

**Mr. Brad Clifford:** Next time.

**Mr. Stephen Crawford:** A great brewery in Hamilton, so thank you for presenting.

**Mr. Brad Clifford:** Thank you so much. Appreciate that.

**Mr. Stephen Crawford:** The first question relates to—obviously, you've heard that the Ontario government has announced a modernization plan for the distribution of beer and wine, alcohol, which we expect will be in place by January 2026. It's probably one of the few laws that hasn't changed in literally a century, I think since prohibition 100 years ago. What are your thoughts in terms of where craft brewers—how do they perceive it? I'm speaking to you as one company, but in general, what are your thoughts and any input and suggestions in terms of how that's—

**Mr. Brad Clifford:** Yes. Well, the craft brewers absolutely welcome the coming changes. For many of them, they're not quite sure what it's going to look like, exactly, but definitely encourage more access to markets. That's fantastic.

But the smaller brewers right now, it's really the tax that they pay that's the larger burden. That's making it harder to just survive month to month right now. Access to additional markets is fantastic, but that's going to be another year, year and a half, two years out—I guess two years, actually. Really, right now, the tax relief that could be given to small brewers would have the largest impact, where they could use that money to reinvest in hiring new staff—

**Mr. Stephen Crawford:** Right. The provincial government has—I mean, there has been a freeze for a number of years. You're suggesting you would prefer an elimination of that particular tax entirely, or—

**Mr. Brad Clifford:** Well, in particular, basically a simpler tax system. The nine-cent beer can tax that we all pay on aluminium cans, when that tax was first created—the existing system is about 30 years old. Really, it's even before the craft brewers, who really came about in the last seven, eight years in Ontario. Paying that—that nine cents is charged to craft brewers, but it's not charged on soda pops or energy drinks, so it has essentially become, inadvertently, a tax on small brewers, who now—we put all of our beer in cans. And during COVID, we had no choice but to put our beer in cans, because we were no longer selling draft beer.

That is the largest one, but basically just a simpler, more fair tax system is what the Ontario craft brewers are asking for, that is advantageous—basically, more like the federal excise system, that the smaller—basically, a sliding scale, so the more beer that you're making, you're going to pay a little more tax. The smaller brewers, right now, are paying the same tax as a brewery that makes 20, 30 times as much beer as they do.

1530

**Mr. Stephen Crawford:** Could you paint a picture of the environment for craft brewers? I'm curious about what kind of benefits they have to the local economies, the local communities. And the products you're buying, the inputs for your product—is it primarily Ontario or Canadian-based products? Could you give us a little bit of a sense on that?

**Mr. Brad Clifford:** As I mentioned, we try to spend all our money in the local economy here. Whenever I can, I buy materials right here from Hamilton or from a very local supplier.

Craft breweries have seen their input costs go up dramatically with rising costs, so that's what has been really hurting the industry. Right now, a craft brewery is closing almost every week. There have probably been at least a few dozen that have closed in the past year. The tax relief is what would make a huge impact in just being able to make ends meet for the time being—but then reinvest more in the local economy. Essentially, it would be throwing a lifeline to the craft brewing industry.

**Mr. Stephen Crawford:** I'll pass it over to MPP Skelly.

**The Chair (Mr. Ernie Hardeman):** MPP Skelly.

**Ms. Donna Skelly:** I have another question for Mr. Clifford.

I love beer, so I'm really disappointed that you didn't bring any samples.

Who is your demographic? Who's drinking craft beer?

**Mr. Brad Clifford:** Everybody. In our taproom—that's where craft breweries make most of their money, selling it directly out of their retail store, in their taproom. Families come in all the time, young children with them. The age range could be from mid-twenties to mid-thirties. It is maybe a little bit more of a high-end—not high-end; sorry—

**Ms. Donna Skelly:** Trendy?

**Mr. Brad Clifford:** Well—

**Ms. Donna Skelly:** How do you market craft beer with the competition? There are so many different types.

**Mr. Brad Clifford:** There is a lot more competition now, and that's another thing that has been difficult. It has made it more difficult with the higher tax rate, because now there are a lot more people who are in on the game. The typical craft beer consumer has a little bit more expendable income.

**Ms. Donna Skelly:** How much of your sales would you say are consumed by women—50%?

**Ms. Sandy Shaw:** Which women, Donna?

**Ms. Donna Skelly:** Outside of Hamilton. Outside this room.

**Mr. Brad Clifford:** I've never done an exact study, but I'd say all age demographics, people from all walks of life.

**Ms. Donna Skelly:** Mr. Chair, how much time?

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

**Ms. Donna Skelly:** If my colleagues don't mind, I'm going to ask that I can speak in the next round. I have some questions for the fruit and vegetable growers.

I just want to pick your brain again: Why did you get into this business? It's so unusual.

**Mr. Brad Clifford:** Because I love beer. I started out as a home brewer. I was making beer on my stove and I thought, "Wouldn't it be great to start a craft brewing business?"

**Ms. Donna Skelly:** Did you say you were born here?

**Mr. Brad Clifford:** I'm actually from Ingersoll, Ontario.

**Ms. Donna Skelly:** Why Hamilton?

**Mr. Brad Clifford:** Basically, there was a lot of opportunity here. There weren't a lot of craft breweries here five or six years ago. Six or seven of us opened all around the same time, 2017-18, and this city has been enormously supportive of our venture here.

**Ms. Donna Skelly:** Well, it's great to have you here.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the official opposition. MPP Taylor.

**Miss Monique Taylor:** Good afternoon to our presenters. It's fantastic to see you all.

I did have the opportunity to drink his beer, as a good Hamilton girl would. It's a fantastic product that is coming out of your brewery.

I truly feel that there needs to be a look at the tax system. It's an old system that has been around for a long time that is charging the tax on cans unfairly, particularly when we're looking at energy drinks, sodas and all of those things that are not incurring those same costs. So I hope that your voice is heard today.

Just quickly, do you have any further final, comments that you wish to share and that you feel that you haven't had the opportunity to say yet?

**Mr. Brad Clifford:** I think, largely, you've covered most of it. Just, again, the economic impact that craft beer has: 4,500 direct jobs in Ontario, thousands more jobs indirectly and \$700 million in economic activity from craft beer alone.

The Ontario Craft Brewers' feeling is that—say, taxes were reduced somewhat and that we had extra money that we could then invest back into our local economies, I think that would just grow the industry that much larger and make it that much stronger. That \$700 million of economic activity could easily become \$800 million, \$900 million or a billion dollars, basically. So we want to take the money that we're saving, we want to reinvest it in our local economies, and we just want to make great beer for people in Ontario.

**Miss Monique Taylor:** Well, thank you, and we know that this government definitely has a liking for alcohol announcements. Hopefully, you'll be one of those fortunate ones in the upcoming budget.

I'm now going to move my time to the Hamilton Roundtable for Poverty Reduction. Laura, it is great to see you. I'm sorry to hear of your health concerns, but I do hope that you're doing well, because there is long-time love here for you, and of course, the amazing work that you have done as well as the rest of the Hamilton Roundtable for Poverty Reduction in our city.

The concerns that we have definitely heard from so many constituents and so many of our most vulnerable residents here, not only in Hamilton but across the province, with \$733 a month and being completely frozen out of any increase for people on Ontario Works—it's absolutely shameful. MPP Jama said it. The fact that so many people who are waiting to get on ODSP must be on Ontario Works first to be able to apply to get on ODSP—it's critical that the government knows and understands that portion of it.

The earned income allowance: Sure, it's great, but as you said, once you're not able to fully work anymore—so many people who are disabled are not able to work ever and are being discriminated against, quite frankly, for being disabled in the province of Ontario.

The AODA is coming up in 2025, and this is definitely one of those things that need to be addressed. People's earnings and income has to be a priority for so many people. So thank you for doing that work.

I do have a question. The basic income: We know that as soon as the Ford government came into power in 2018, they cancelled that valued pilot program that would have provided us information of what a difference it made in people's lives. We know, as the program was here in Hamilton, that people who were able to access the basic income were already doing well. I'm sure that so many of those folks who were on that basic income are still in touch with the Hamilton Roundtable for Poverty Reduction.

Could you possibly provide some thoughts or feedback that you've heard from those folks that were earning that basic income and then cut off from it and what that did to the change of direction of where they possibly could have gone to where they ended up because they lost hope not having that program?

**Ms. Laura Cattari:** Thank you for the question. I think I can say with absolute certainty that, across the board, depression was one of the first symptoms. Even for myself, all I got was the disability portion because I was

already earning. Hopes and dreams—it was almost more cruel to give it and take it away than people just left in the fog of being on Ontario Works.

**1540**

I can also say there were legitimate cost harms, and I'm not talking about going out and renting an apartment people would never be able to afford, but just being a tenant in a place that doesn't have black mould and bedbugs anymore and those people losing their homes because they signed a lease and then they would have to break their lease and now they have money owing to that landlord. Things like that definitely happened.

I think the third part of that, quickly, is people do better when they're allowed to actualize. We have 29 years of data that shows the stick in Ontario Works does not work.

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

**Ms. Laura Cattari:** It does not work. It doesn't matter what employment program you use, adequate income helps people dream and move forward.

**Miss Monique Taylor:** For sure. Thank you.

I'm curious: Do you have a number of an increase to local food banks for people in the last year? I know you have so many numbers in your head, Laura. You just live and breathe this stuff, so I thought I would ask. The cost of living has extremely risen in the last while, but yet people's incomes have not. Can you just provide a bit of feedback on that?

**Ms. Laura Cattari:** Shamefully—it used to be 75% across the board for Ontario Works. Now we see not only an increase in ODSP and seniors using it, but people who are employed—

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

We'll now go to the independent. MPP Shamji.

**Mr. Adil Shamji:** Thank you to all of you for sharing your perspectives.

Laura, I was wondering if I could start with you. If we listened very carefully to your earlier remarks, there was something that you mentioned that could easily have gone over people's heads, and it was your work around social prescribing. I was wondering if you could just, for the record, for the benefit of everyone here, describe what social prescribing is, because I think there's a really important lesson in that for all of us to take away.

**Ms. Laura Cattari:** Perfect. Social prescribing is when doctors, aware of their patient's living situation, are able to quite literally write a prescription to what they call a link worker, kind of like a social worker, and say, "This person needs help with simply attending a recreation centre. They are isolated." It works for seniors; it works for people on social assistance, people low income and working—finding out what is missing in their lives that reduces stress. Being low-income is one of the biggest stressors out there. Just being able to say, "Hey, we can refer you to swimming in the city," and the cost is covered just as much as OHIP would be for any other service. We're not there yet, but work at York University on the social determinants of health: We have decades of data in Ontario to back this up, and it works. It's been working in

the UK now for more than a decade, almost two decades now.

**Mr. Adil Shamji:** I thank you for pointing that out. Really, where we see the true benefit of social prescribing is being able to put on a prescription pad not just the medication but lifestyle interventions that are evidence-based for delivering superior health outcomes. We've seen this around the world, and I think I agree with you that we should be seeing this here in Ontario.

You also spoke to the need for increased social assistance and ODSP rates. Oftentimes all sorts of numbers are bandied about—5%, 20%, doubling. Not talking in relative terms but in terms of actual amounts of money that people in Hamilton and within your circle need to be able to subsist and have a dignified existence, do you have a sense of what that might be?

**Ms. Laura Cattari:** I'm going to follow the feds, just starting with market basket, with the caution that the shelter cost in the market basket projection is very low, and too low. We don't have enough subsidized housing for people to find the amount that CMHC calculates that portion at.

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

**Ms. Laura Cattari:** The other thing to be aware of: United Nations economic development—which is interesting; it's coming from economic development and not from disability rights—looks at disability severity, and for a country like the UK, looks at at least \$6,000 more a year for persons with disability just to manage their disability. That's not just drug costs; that's also knowing they're going to be on the system long-term. So it can cover a new chair when it's needed or cover new boots and winter clothing, because they're going to be on it long-term. It's not just basic needs. It's looking at relieving social isolation as well, so there's enough money so they can participate in the community and not be isolated long-term.

**Mr. Adil Shamji:** Thank you.

And for the OFVGA, just very quickly: When you spoke about the Risk Management Program, as it exists right now, is it satisfactory, or does it require—and are you asking for it to be—

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

MPP Skelly.

**Ms. Donna Skelly:** I'm going to be directing my questions to the Ontario Fruit and Vegetable Growers' Association, to Shawn, Mike and Gordon. I wanted to actually address this to Shawn, who is a fourth-generation farmer at Brenn-B Farms in my riding. It's how many potatoes last year. A million and a half? Is that what the farm produced last year?

**Mr. Shawn Brenn:** I think we were close to 40 million pounds last year.

**Interjection:** Wow.

**Ms. Donna Skelly:** Can you imagine? Wow. I know. It's incredible. Being Irish, I like beer and potatoes, so I've got my two favourite people in the round this session.

Let's talk about some of the challenges facing, really, Canadians. We spoke about the increased cost of just about everything, food being perhaps the most important. One of the reasons why that I hear over and over again is the carbon tax.

Shawn, we had spoken to this. Can you explain how the carbon tax impacts the cost of producing vegetables, fruit etc. in Ontario?

**Mr. Shawn Brenn:** Sure, certainly. Thanks for the question, Donna. It's just another tax that comes right off the bottom line. It primarily affects more of our greenhouse growers, because of the heating sources that they're using for their greenhouses. But pretty much, on any fuel, it's just another added cost to production on the bottom line, the impact of which has certainly been more significant on a greenhouse operation than what it would be on a—I'm not saying that it's not significant on a vegetable farm like mine or Mike's, but certainly the greenhouse growers feel it right away.

**Ms. Donna Skelly:** Mike, did you want to speak in general terms of the impact of the carbon tax on produce grown in Ontario?

**Mr. Mike Chromczak:** There's a compounding effect that comes through the entire supply chain and value chain, everything from heating and cooling our barns with our produce to heating and cooling our workforce houses on the farm, as well. Packaging has seen a specific line item added to it to account for carbon pricing, and then anything that's transported, which represents almost everything in the value chain, comes with a corresponding increased carbon tax cost. As it goes through each step of the value chain, it gets factored in and compounds to the next level.

**Ms. Donna Skelly:** Is there any way of putting any percentage or any sort of value on it?

**Mr. Mike Chromczak:** I don't have that specific number. It's difficult to really dig in. I'm sure the numbers are out there somewhere. Maybe Gordon has a better—if not, we'll gladly get something to the committee.

**Ms. Donna Skelly:** Can you speak to that, Gordon?

**Mr. Gordon Stock:** I can state with certainty that the greenhouse sector estimated its carbon tax to the Ontario industry is close to \$16 million in 2023, and that equals about \$4,100 per acre of greenhouse. That's the direct cost for heating those facilities.

1550

In terms of the extra costs in terms of the transportation and the additional cost of packaging and so on that Mike's referring to, that's a number that we have not seen yet, but it certainly, we believe, is substantial and something that needs to be investigated further.

**Ms. Donna Skelly:** And the bottom line is, it's always passed on to the consumer; that's just the reality.

The other issue—and, Shawn, maybe you can correct me if I'm wrong, but I understand it really impacts the greenhouse growers more than you, for example—but it's the new storm water tax. I'm not sure how many municipalities are introducing one, but I know in the city of Hamilton, there's going to be a storm water tax. Can any-

body jump in and talk about, again, how that's—first of all, I don't understand why it's being applied to the agricultural sector, the rural sector. But can you speak to that?

**Mr. Shawn Brenn:** Yes, I certainly can. In regard to greenhouse operations, the fee is set as basically a storage dwelling unit, which is based on a square metre area. So when you take a greenhouse operation in our area that's close to 26 acres, the storm water tax for that individual greenhouse operation is \$88,000 a year that would directly come off its bottom line. What doesn't make any sense is that rural properties are generally managing their storm water through the vast acres of green space that we have, and the storm water tax is meant for asphalt and roof areas—

**Ms. Donna Skelly:** Of malls, strip malls.

**Mr. Shawn Brenn:** Malls, retail outlets that have parking lots with asphalt that collect immense amounts of storm water. That's not what's happening on farms.

**Ms. Donna Skelly:** Again, these costs—they say they may be repealed, but even so, that's going to cost money, and there's no guarantee that all of it will be. But again, it's always passed on to the consumer, and this is not the time to be adding these artificial costs to the price of food when people are challenged enough.

The other thing I wanted to ask you about—three things: the effect that you think that this warm winter is going to have on your crops this season; planning issues—I know it was a big issue; one of the greenhouse growers in my riding had a terrible time trying to build housing for foreign workers. And it was additional housing, improved housing, but they couldn't get through the planning process. It was very cumbersome and very costly—and finally, better high-speed Internet access. If anybody wants to jump in—

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

**Ms. Donna Skelly:** You've got a minute, anybody who wants to jump in.

**Mr. Shawn Brenn:** You want to take that one, Mike?

**Mr. Mike Chromczak:** Yes, absolutely. To the first point on the warm winter, I can personally say we were dealing with local flooding issues this morning on my way here. It's not helpful having an overly wet and damp winter. Fortunately, we do see some cold weather on the horizon. But that's farming; we're used to dealing with those challenges.

With respect to housing, I think that there's a significant opportunity to enhance and facilitate on-farm house-building opportunities, not only to benefit the workers but the local community as well. A lot of farms have had to access homes off of the farm property in order to meet municipal guidelines, whether that be a home or house on another farm that the farm owns or renting another farmhouse or even purchasing—

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

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

**Ms. Sandy Shaw:** Thank you to all of you for your presentations this afternoon. I don't have a beer joke, so I'm sorry; I'm not in the club.

I wanted to focus—I guess, Mike, if you don't mind—on the Ontario Fruit and Vegetable Growers' Association. I know it's always an exciting day when you come to the

Legislature, I just have to say. It's the one time we'll have, probably, vegetables in that whole week, so thank you for that.

**Mr. Mike Chromczak:** It's our pleasure.

**Ms. Sandy Shaw:** You talked a lot about the idea of infrastructure—actually, before I start, I just want to make a comment, and that is that I support what MPP Skelly is—all the inputs, the costs to farming are important for us to consider. I would just like to identify that one of the things we put forward and was supported by the independent members was the idea of cutting the HST from heating bills, and that's something that this government has the ability to do. So I would again put that back to the government to say that is something that is within your purview that you could do that would reduce the increasing costs on our agricultural producers. So I wanted to mention that. Thank you to MPP Shamji for reminding me that that was an important consideration.

Okay, so my question is in two parts. We talk about infrastructure—there's the physical and then there's the social infrastructure that is really important to rural communities and to farmers in particular. I'm going to focus a little bit, if you don't mind, on the social infrastructure and the idea that it must be very difficult to make sure that the next generation of farmers want to stay there given the challenges.

I just want to talk a little bit about the rural communities' access to health care and to hospital health care. I know that we have had in the province something like over 200 unplanned emergency room closures and I'm sure many of those were in rural areas. We see rural emergency rooms closing permanently. Can you speak about how that impacts your ability to continue to work the land and to continue to encourage next generations to stay there?

**Mr. Mike Chromczak:** I could comment on the context of the number of workers that we host on our farm. My farm has 28 workers and, when the workers arrive, logistically arranging for updating health cards and visiting Service Canada for social insurance cards, etc.—yes, there is definitely a need for strong, robust local services and that certainly applies to our local hospital as well.

I live near Tillsonburg, Ontario, which is probably one of the fastest-growing rural communities in the province. We're very fortunate to have a great hospital there but, yes, as the local population grows, there is undeniably strain on those resources, and in our local agriculture community, with an influx of foreign guest workers in our season, it adds to the strain.

We're very fortunate that, in general, our local hospital has been able to stay open and service us well, and I have some amazing stories of the support and the care that some of my workers have received there. But I know that to the north of London, there are cases where some hospitals can't keep their emergency rooms open. I can't comment on that directly. I'm not totally familiar with that area. But it is something that I think everyone in this room is concerned about, making sure that we keep those services strong and keep the doors open, for sure.

**Ms. Sandy Shaw:** Thank you for that. I imagine that everybody in Ontario would be shocked or would expect



there to be an emergency room that they can access, and what I'm hearing now, even in urban, never mind rural and agricultural settings, is that people literally have to check to see if the emergency room is open before they drive there, and that's something that we certainly don't want to—it's horrifying. It's your basic nightmare if you had to drive with your child to emerg and find that it's closed. So, I imagine that especially given the distances that people have to travel in rural and agricultural communities, that would be a significant concern.

The other thing I wanted to focus on—I know that in the past, the OFA has talked about the idea of the development charges from Bill 23 that have been removed from development, and they said that they propose that those be restored so the developers continue to be charged fees for development because those fees are what go to support the physical infrastructure, the kinds of thing that you were saying that need to happen in your communities. So, for example, roads, culverts, bridges—those kinds of things are really in rough shape in some of those communities. So how do you propose that small municipalities where mostly a lot of the farms and greenhouses operate can support this kind of infrastructure development if they don't have the revenue from the development charges to do that?

**Mr. Mike Chromczak:** I can't comment on the OFA's position specifically, but from my position as a grower, we contribute a significant amount to the tax base through our land and through our farms, and that tax base has grown substantially over the past five to 10 years with MPAC classification and valuation. So that is something that we don't realize, as farmers—with the valuation going up and continuing to need and to use the farms.

1600

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

**Mr. Mike Chromczak:** For the lack of services or dependence on municipal services, specifically infrastructure—sewer, water etc.—that's where we would say that there could or should be an exception in place, for those on-farm development fees for worker housing.

**Ms. Sandy Shaw:** My last question is, why watermelon and asparagus?

**Mr. Mike Chromczak:** It's a unique combination. They are what worked on our farm and what works with our labour force. Asparagus is an early-harvested crop, and when we're finished in early July, we're able to roll into our watermelon crop and proceed from there. They're both fun and delicious crops that we're proud to grow, for sure.

**The Chair (Mr. Ernie Hardeman):** That concludes the time for this panel. We thank all the participants for being with us today and for the time you took to prepare to come and talk to us.

## HEART AND STROKE

### ONTARIO NURSES' ASSOCIATION

**The Chair (Mr. Ernie Hardeman):** Our next panel is Heart and Stroke and the Ontario Nurses' Association. The Ontario Nurses' Association will be virtual.

We have the same instructions as we had for the others. You will have seven minutes to make your presentation. At six minutes, as long as I'm paying attention, I will say, "One minute." When that one minute has expired, I will say, "Thank you for your presentation."

With that, the first presenter we're going to have is Heart and Stroke.

**Dr. Lesley James:** Thank you for having me today. My name is Dr. Lesley James. I'm here on behalf of the Heart and Stroke Foundation of Ontario.

Today, I'll be covering three recommendations to improve the health of Ontarians, reduce the burden on our health care system and save the government and taxpayers money. The first is ensuring equitable access to heart failure testing, the second involves adopting a cost-recovery fee on the tobacco industry, and the third is renewed funding for the FAST signs of stroke campaign.

To start, heart failure is a chronic condition caused by the heart not functioning as it should. This can lead to fatigue, swelling in the abdomen and legs, and shortness of breath. There are approximately 300,000 Ontarians living with heart failure and 44,000 new cases diagnosed in our province each year. This results in 33,000 emergency room visits and 28,000 in-patient hospitalizations. It's the third leading cause of hospitalizations after COVID and giving birth. To put that into perspective, COVID is in the rear-view mirror and giving birth is not going to change, so heart failure will become one of the leading causes of hospitalizations in our province unless we act now, and with the longest lengths of stay in hospital: about nine days.

Heart failure not only creates poor quality of life for patients, caregivers, families and communities, but it represents a massive burden on our health care system, costing \$373 million annually. Early diagnosis of heart failure is critical for enabling timely treatment, optimizing patient health outcomes and reducing the demand on our health care system.

Natriuretic peptide, or NP, blood tests enable that early detection. It's an important tool for clinicians when diagnosing heart failure among symptomatic individuals. These tests once cost upwards of \$200 in community labs, making them inaccessible for many people. Now the cost of NP tests is covered under a provincial pilot, but permanent funding is needed to ensure equitable access, improved and sustained management of heart failure in the community, and a lessened burden on our acute and emergency health care system. Coverage of NP testing could save \$30 million annually in the community health setting and \$10 million annually in the emergency setting. With an aging population and post-COVID, the rates of heart failure are expected to grow exponentially. Unless we better manage those conditions in primary care, our health care system will be too burdened.

NP test coverage in a community setting is a standard of practice in other provinces and supported by a variety of stakeholders here in Ontario.

Moving on to our second recommendation, around building capacity for compliance and enforcement of the Smoke-Free Ontario Strategy: Tobacco remains the

leading cause of premature death and disability in Ontario, imposing a significant burden financially of \$4.4 billion per year on our health care system. While rates of tobacco use are going down each year, the rates of youth vaping remain alarmingly high and are even increasing among some of the youngest people in our province. Many Ontario tobacco and vape retailers and manufacturers are not compliant with existing regulations, and this enables young people to access harmful nicotine and tobacco products. In order to increase capacity for enforcement and ensure better compliance within tobacco and vape-control policies, the Smoke-Free Ontario Strategy needs sustained funding.

Each year, the government spends approximately \$44 million to fund the Smoke-Free Ontario Strategy, aiming to combat tobacco and vape use through a comprehensive approach which includes prevention, cessation, compliance and enforcement programs, but the cost of the strategy is ultimately borne by the taxpayer. Meanwhile, the tobacco and vape industry continue to see growth and revenue. They grow revenue by increasing their net of tax wholesale prices each year, diversifying their portfolios to include a variety of nicotine products, such as vapes, inhalers, heated tobacco products and, most recently, oral nicotine pouches.

The cost-recovery-fee approach would hold the tobacco and vape industry accountable for their ongoing harm inflicted on society, reposition the cost of tobacco- and nicotine-related public health programs to the industry and remove the current burden from the Ontario government and taxpayers. The cost recovery fee would generate at least \$44 million per year to cover the cost of the strategy. We recommend this fee be based on each manufacturer's market share, holding the industry accountable for their magnitude of harm.

Our last recommendation is to increase public awareness of the signs of stroke by funding the awareness campaign with \$1 million per year over the next three years. Stroke is a medical emergency requiring immediate intervention to restore blood flow to the brain. Every 15 minutes, someone has a new stroke in Ontario, and stroke is a leading cause of death, severe disability, hospitalization and institutionalization. However, with timely access to care, stroke impairments, death and the burden on the health care system can be reduced.

Patients experiencing a stroke need to be treated within an opportune window at a designated stroke centre in Ontario, otherwise, 1.9 million braincells die each minute and recovery is less likely. That's why knowing the signs of stroke, face—is it drooping?—arms, speech—is it slurred?—and calling 911 right away, is imperative. Delays can result in cognitive impairment, paralysis, communication and vision problems, memory loss, longer stays in hospitals and greater need for rehabilitation.

Unfortunately, Ontario has the lowest levels of recognition when compared to the rest of the country. In Ontario, only 28% of people know two signs of stroke, but in provinces like BC and PEI, where the FAST signs of stroke campaign has been funded by government, rates exceed 50%.

Research has shown that the fast signs of stroke campaign is associated with better health care metrics and patient outcomes. An assessment of numerous stroke campaigns found that jurisdictions with long-standing campaigns had significant increases in signs of stroke awareness and increased odds of people calling 911 to seek emergency care. In Australia, a FAST campaign improved the rate of stroke patients arriving to hospital by ambulance and reduced the burden in an overwhelmed primary health care system. Similar results were found in Norway and New Zealand, where the FAST campaign improved utilization of EMS for transport to hospital and thereby increased uptake of thrombolysis, a time sensitive clot-busting drug, where we haven't achieved these great impacts in Ontario.

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

We will now hear from the Ontario Nurses' Association, virtually. And I see we're on the screen, so we'll turn it over to the Ontario nurses.

1610

**Ms. Erin Ariss:** Good afternoon, I want to thank Chair MPP Hardeman, Vice-Chair MPP Fife and members of the committee for the opportunity to speak to you today. My name is Erin Ariss. I'm a registered nurse and the president of the Ontario Nurses' Association. ONA is Canada's largest nurses' union, representing over 68,000 registered nurses and health care professionals, and 18,000 nursing student affiliates.

Ontario is in the midst of a health care staffing crisis as we speak. For years, we've had the worst RN-to-population ratio in Canada. Nurses are retiring early or leaving to find other types of jobs. With an aging population and population growth, the Financial Accountability Office of Ontario projects that there will be a province-wide shortage of 33,000 nurses and personal support workers by 2028.

When there aren't enough nurses in Ontario, it means longer wait times for patients. It means that our members are overworked and have higher risk of experiencing violence and harassment at work. It means that emergency rooms are closed. The Auditor General reported that there were 203 emergency department closures in the last year, largely due to shortage of nurses. This is unprecedented.

As we approach the 2024 budget, we ask the government to implement safe staffing ratios, where there is a minimum RN-to-patient ratio of 1 to 1 in critical care, 1 to 2 in mental health care, 1 to 3 in specialized care and 1 to 4 in general care, and ensure that in the four hours of care received by long-term-care residents, 20% of the four hours is direct care provided by an RN.

To address the staffing crisis and retain nurses, the government must pay nurses and health care professionals fairly. That means fair wages. Over the last 15 years, wages for police officers and firefighters have increased at rates double that of nurses. Instead of paying our members fairly, the government took an unprecedented step to suppress our wages by passing Bill 124 in 2019. Even when courts ruled Bill 124 unconstitutional, the government

chose to appeal the ruling rather than paying nurses what we deserve. That is shameful.

Bill 124 has directly led to nurses leaving for better-paying jobs with more certainty around wages. The government must treat nurses and health care workers with respect and drop the costly appeal of the Bill 124 decision, and the government must compensate our members for the wages that were unjustly withheld. This budget must address the inability to retain and recruit because of low wages and the precarity of work in primary care, home care and community care. Home and community care workers, for example, are predominately women and workers of colour, and they earn much less than those who work in hospitals or in long-term care.

ONA calls on this government to close the wage gap, to retain, recruit and pay those workers who work in home and community care the same as other health care workers. Our members are deeply concerned about the government's strategy to increase privatization of health care in Ontario.

Over the last year, the government has increased the role of for-profit companies in the delivery of home and long-term care and in surgeries. There is an increased reliance on for-profit recruitment agencies. These private agencies profit by charging higher fees and undermining the public system by drawing nurses away from hospitals and not-for-profit clinics. We want to be very clear: The increased reliance on for-profit agencies and clinics will further erode care in Ontario.

We know that publicly delivered health care is proven to be more cost-effective, reliable and equitable than for-profit care. We urge the government to end privatization, end for-profit clinics, end private agency nursing and ensure that care is delivered through a single public source.

We also must do more to support our nursing students and the graduates, because they face unique challenges. This includes the burden of unaffordable post-secondary education [*inaudible*] the future of our nursing workforce. This means converting unpaid clinical placements to fully paid clinical placements, expanding Learn and Stay programs and making nursing programs tuition-free, just like police programs are. We urge the government to invest in our own public health care system so that workers are retained and public funds go toward patient care.

To conclude my presentation, I want to reiterate ONA's recommendations for the 2024 budget. The government can stabilize the health care sector by (1) legislating safe staffing ratios so workloads are manageable; (2) dropping the appeal—

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

**Ms. Erin Ariss:** —of the court ruling on Bill 124 and paying health care workers the wages they deserve; (3) closing the wage gap for primary, home and community care workers; (4) ending for-profit clinics and agency nursing, which undermine public health care; and (5) making nursing programs tuition-free and replacing mandatory unpaid internships with paid clinical placements.

I hope the voices of nurses and health care workers will be reflected in the upcoming budget, and I thank you for listening to my presentation today.

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

We now will start with the questions, and we'll start the round with the government. MPP Gallagher.

**M<sup>me</sup> Dawn Gallagher Murphy:** Thank you to both presenters today.

Lovely seeing you, Dr. James. Thank you for being with us today in Hamilton. I'd like to first start off with a question to you. As you've noted, obviously smoking is one of the causes when it comes to heart conditions. To that point, we've recognized, along with others like the World Health Organization, and others, that, really, taxation helps that.

So in our 2023 fall economic statement, the government noted—you're probably aware of this—as the federal government had implemented a federal vaping tax, Ontario has responded in our fall economic statement. To that point, we have said that we are going to put an excise duty on vaping products that will be intended for sale in Ontario. My question to you would be: Can you speak to what you believe would be the positive impacts of putting in this new vape tax, as we recently introduced?

**Dr. Lesley James:** Thank you for the question. Heart and Stroke was a long-time advocate for a federal and provincial vape tax, and we're quite pleased with the announcement that came out of the fall economic statement. It's definitely a step in the right direction, and we applaud the government's leadership in this critical area of public health.

What I will say is that taxation is one of the most effective means to deter consumption, and we know young people are the most price-sensitive, so increasing the price of vape products will go a long way towards deterring consumption.

What we have heard, though, is that they're so accessible, and they're accessible online. Easily, young people can put in a legal age of purchase online and have vape products shipped to their door. That's why the Smoke-Free Ontario Strategy needs more funding and needs better compliance and enforcement: to prevent this type of distribution and access to young people. So that's the next step, that we need to be better funding the Smoke-Free Ontario Strategy, but we really applaud the vape tax to get there too.

**M<sup>me</sup> Dawn Gallagher Murphy:** Great. Thank you very much. Further to that, something I've spoken about earlier today is with regard to our health care expense. As you know, in Ontario, obviously health care—probably similar to every other province—is our biggest portfolio, our biggest budget. To that budget, currently we are at \$81.2 billion in 2023-24, and that will grow to \$87.6 billion by 2025-26. There's quite a growth, and there are various things that we are looking at investing in: health human resources etc.

1620

My question to you would be, coming from your unique perspective, what do you think is basically an area that doesn't get enough attention, whether from our society,

our government? Where do you think funds should be going when we talk about this growth in our health budget?

**Dr. Lesley James:** The FAST Signs of Stroke campaign hasn't been funded in three years and we're seeing poor stroke outcomes as a result. We don't have enough people arriving by EMS to hospitals for stroke, and that means they're driving themselves, arriving to the wrong hospital that can't treat them properly.

We're asking for \$1 million each year over the next three years to get this FAST campaign back into broadcast and get recognition back up where it needs to be and then allow people to get to the hospital quicker. There's a six-hour critical time frame that people need to get to the hospital within to receive EVT—so that's the coil that pulls the clot out of someone's brain—or to receive TPA, which is the life-saving clot-busting drug. If people delay access to care, they are not eligible for those interventions, and that ends up costing them and the health care system much more in the long term. So if we put \$3 million into FAST campaigns, we'll save millions in the long term.

**M<sup>me</sup> Dawn Gallagher Murphy:** That's great. Thank you very much.

Chair, do I have some time left? Because I would like to pose a question to Ms. Ariss.

**The Chair (Mr. Ernie Hardeman):** You have 2.29.

**M<sup>me</sup> Dawn Gallagher Murphy:** Okay, perfect. Thank you very much.

Thank you, Ms. Ariss, for your presentation today. Some of the things I'd like to speak to specifically are the programs related to nursing in our province. You're likely aware that the Learn and Stay program has been a very successful program. I mentioned earlier today that I'm very proud that we currently have approximately 30,000 students registered in Ontario colleges and universities taking the program. I think a lot of that has to do with grants being provided to take those programs and pay for their books etc. I think that is a big investment on behalf of the government. We need to fuel the pipelines. I hear what you were talking about with regard to staffing. Obviously, fuelling the pipeline, as we're doing, is critical.

I did want to address some of the programs that are available at the hospitals. I wonder if you could speak to some of those, because right now, we do have the Enhanced Extern Program. We also have various other programs where there's mentorship, with the nurses coming in. And the extern program is a paid program. So I just wanted to get your feedback on how some of your nurses have received those programs in Ontario. Thank you.

**Ms. Erin Ariss:** Well, certainly, the programs need to be expanded. That is the first step. And it won't solve the issue that nurses are graduating with the burden of unprecedented debt. Their programs should be tuition-free, and their placements should be paid for. That is the first point.

The existing programs are not vast enough. They don't stretch to all regions of Ontario. They are not solving the issue that we find. In addition, you need appropriate mentors, and when nurses are leaving at such an alarming rate like we can see the College of Nurses has told us—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. We'll have to catch the rest of it the next round.

With that, the official opposition. MPP Shaw.

**Ms. Sandy Shaw:** I'm going to direct my question to begin to Erin Ariss, following up from MPP Gallagher Murphy, following on that comment. It's my experience and it's the experience of the official opposition that what the government says and how they describe health care and the condition for nurses working in the field and what we hear from our constituents and we hear from organizations like yourself and we hear from our family members who are nurses—it's like we are in two completely bizarre worlds. What we are hearing from the government and what is existing don't seem to match at all.

I particularly want to say that we keep talking about—with all due respect, we keep saying we need to fuel the pipelines, but what we're talking about is people working in a very difficult sector right now. So I want to let you know that we hear you and see you, and we acknowledge what you're trying to say to this government. You've been saying it for some time. It's our job to sit here and listen, because you're the expert and you know what needs to be done in the field, not to tell you what the government thinks it should be.

I want to just go back to the thing that you talked about for stabilizing the sector: safe staffing ratios. We heard that a number of times today, that this is not sustainable; it's not safe; it's not safe for patients, and it's what's leading to burnout and people leaving the sector. Can you just talk a little bit more about that? Thank you very much.

**Ms. Erin Ariss:** I think we need only look at the statistics the College of Nurses provides to us. Since 2018, 35,000 nurses have left the profession. We're seeing that for every 10 new nurses hired, six are leaving. Nurses are few and far between, and the conditions, in hospitals in particular but in all sectors of health care, are worse than they ever have been. There's no nice way of putting this. The proof is in the pudding. There have been 302 emergency department closures, mostly because of nursing shortages.

You can't keep focusing on recruitment either; that is a band-aid solution. There needs to be retention, and one of the solutions for retention, the way you retain people, professionals who want to do the best for Ontarians, is legislating ratios so that the best and safest care can be provided to Ontarians by nurses in this province—publicly funded nurses. We've seen other provinces implement this or be in the stages of implementing that, and it is helping in those provinces with retention of nurses.

We also need to look at compensation. Why are nurses not compensated to the same level as police and fire-fighters? It's unacceptable. We have not seen parity. We have not seen increases in our wages to match other professionals.

And then, the reliance on agencies is another issue. You can't have two workforces at the same place at once. You're paying one workforce twice or sometimes three times the amount for the same workforce doing the same

job in the same hospitals, in the same long-term-care facilities. It is unacceptable, and that will not do anything to retain nurses in this province.

**Ms. Sandy Shaw:** I couldn't agree more. It just continues the downward spiral of demoralizing health care workers when they see that inequity. We have been told stories of incidents where, for example, in Ottawa, their surgical department ran out of funding so there were no more surgeries being conducted. But then, who rolled in but private surgeries, happening in our publicly funded health care facilities because the government doesn't provide enough funding to deliver publicly funded surgeries. My conjecture is because then there's an opportunity for there to be more and more private procedures taking place, which is a profit motive that is another contributor to this downward spiral in health care.

If you wanted to talk a little bit more about the role—you talked about agency nurses, but if you just want to talk more about the detrimental effect of privatization in our health care system that has really already been under such tremendous pressure.

**Ms. Erin Ariss:** I certainly can. We need only look to our neighbours to the east in Quebec. Data has shown for-profit clinics cost two and a half times more for the same procedure than what is delivered publicly. We know that in British Columbia, private clinics charge 375% more for expedited knee surgeries than what it costs in the publicly funded system. Then you factor in upselling and expansion of our two-tier system. It is unsustainable. Agencies are just another example of this. Why would you not pay nurses who are in the public system what they deserve, rather than paying agencies these inflated rates?

1630

**Ms. Sandy Shaw:** The Auditor General has identified that even previous to this rush to privatize everything, there was no clear oversight.

For people who go to private clinics—particularly the examples of people who seek cataract surgery—they're upsold, just like you said. And if there are any complications in a private clinic, where do these patients end up?

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

**Ms. Erin Ariss:** They'll end up back in our emergency departments, if they aren't closed because of staffing shortages.

**Ms. Sandy Shaw:** Exactly.

I have a little bit of time left.

Bill 124: It's not only an economic travesty that mostly women are not paid what they deserve; the fact that the government is using their tax dollars to fight them in court—I can't think of anything more egregious than that.

Do you want to have one last quick comment on the impacts of not only the money out of people's pockets, but the moral injury that Bill 124 is causing in this province?

**Ms. Erin Ariss:** I worked at the bedside during Bill 124, and I felt it personally. The appeal of something that was ruled unconstitutional by the courts is another slap in the face for nurses and health care professionals.

**Ms. Sandy Shaw:** I want to end by thanking you for everything that you have done and everyone in your field has done. You continue to be heroes in our eyes and—

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

We'll now go to the independent. MPP Hazell.

**MPP Andrea Hazell:** Thank you for the presentations.

Thank you to the Heart and Stroke foundation for everything that you do for all of us in Ontario. I love your organization. I remember stepping off the plane—I'm always a community person, trying to find somewhere to volunteer—and someone said, "You've got to go to the Heart and Stroke Foundation." So I know you've been around for a very long time.

I love and I want to support your NP program, because I lost one of my best friends from a heart attack about three weeks ago—she didn't make it—and my very close friend lost her son, 30 years old. He died instantly, on the train, going to work; he didn't make it. This heart disease problem has no age limit these days. I know it is a pilot program. I'm hoping it gets expanded and the fees get waived.

Here's my question: For the record, can you elaborate on the effectiveness of this program to ensure equitable care to all residents of this province?

**Dr. Lesley James:** Most definitely. Thank you for your support and for the question.

Right now, NP tests are available free of charge in hospitals. When they were given a requisition for someone in the community from primary care, there was a cost, prior to this pilot program; it was about \$200. That is very unaffordable for a lot of people, especially seniors, where heart failure is more common. Decreasing the cost or making it free of charge makes this more accessible.

We've heard from a lot of physicians saying, "I might write a script or a requisition for the NP test, but it never gets filled because people can't afford that \$200 cost." So we really need to make sure that this essential part of health care is covered under OHIP, as it is in other provinces and around the world.

**MPP Andrea Hazell:** Thank you for the detailed information.

**The Chair (Mr. Ernie Hardeman):** MPP Jama.

**Ms. Sarah Jama:** My question is for the Ontario Nurses' Association. Earlier last year, when I met with a group from your organization, we talked a lot about how provincial underfunding has led to some workers experiencing homelessness and having to live in their cars and then go to work.

Can you talk a little bit about how wage increases and compensation at work would help to alleviate the pressures that nurses who are experiencing homelessness are going through?

**Ms. Erin Ariss:** I can. In fact, just recently, I received an email from one of my members who provides home care in northern Ontario and relies on a food bank to feed her children, who doesn't know where their next meal will come from, is precariously housed—and it's shameful that a registered nurse in the wealthiest province in Canada

lives under these conditions, that this is even something that we need to talk about.

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

**Ms. Erin Ariss:** These workers in particular, as I spoke about, are predominately female and workers of colour. It's happening across Ontario, not necessarily only in home care. We have seen our members in the hospital sector, for example, and other sectors who do not have any paid sick days, who contracted COVID through their line of work because of lack of PPE and other factors, and who lost their homes due to the fact that they do not have any paid sick days. So that's another example of where Ontario needs to do better for our nurses and health care professionals.

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

We'll now go to the government. MPP Gallagher Murphy.

**M<sup>me</sup> Dawn Gallagher Murphy:** My question goes back to Ms. Ariss. Once again, thank you. I wanted to just further talk about some of the programs and then ask you a couple of questions with regard to the current programs that are available, for example, the Clinical Scholar Program, which pairs experienced front-line nurses as a mentor with a newly graduated nurse. That also includes internationally educated nurses as well, which is a paid program. I also wanted to talk to the Supervised Practice Experience Partnership program that has actually funded 2,800 internationally educated nurses since its launch in January 2022. Again, those are funded nursing programs.

The Enhanced Extern Program, which we launched back in 2021—there have been 6,800 externs funded by the province with that program, and I know from my own riding's perspective how big the program is at my local hospital at Southlake—some great comments I have received out of my own community there.

In addition, the Nursing Graduate Guarantee program—that one basically provides new graduate nurses in Ontario with temporary, full-time employment. That program has hired more than 3,300 nurses since 2020.

Another program I wanted to speak about was the Community Commitment Program for Nurses, which offers a \$25,000 incentive for nurses who commit to work in an underserved area for two years. That program has hired more than 2,600 nurses since 2020.

I just wanted to name those programs that have been out there and the number of nurses who are participating where the funding is helping. So my question to you, Ms. Ariss: Do you feel that those programs are working for nurses based on the numbers that we're seeing?

**Ms. Erin Ariss:** I think they're a step in the right direction, but all of Ontario, I think it's safe to say now, is underserved by nurses—the entire province. Where would we be if we increased our commitment to nurses and health care professionals? What we see now is, even with the existence of these programs, in the hospital sector alone, there are over 9,000 nursing vacancies. So is it a step in the right direction? Yes. Is it enough? Not nearly.

1640

We need to see wages improve and ratios be implemented. You have the ability to legislate this. Make the work environment safe. Close the wage gap between sectors of health care and you will see an improvement that's tangible at that point. I will guarantee you that in the future we will have a sustained workforce, a safer Ontario, a healthier Ontario if you implement the strategies that I outlined for you, in addition to what we have right now, which is a step in the right direction only.

**M<sup>me</sup> Dawn Gallagher Murphy:** I'd like to pass it over to my colleague MPP Dowie for the time remaining.

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

**Mr. Andrew Dowie:** How much time is remaining?

**The Chair (Mr. Ernie Hardeman):** You have 3.2.

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

I would like to continue with you, Ms. Ariss. In my community of Windsor–Tecumseh, there's a facility called the Windsor Surgical Centre, which is operated by Dr. Barry Emara and Dr. Fouad Tayfour, who both have—a whole building is named after Dr. Tayfour, at Hôtel-Dieu Grace Healthcare, and Dr. Emara has a wing named after him. They're the owners of Windsor Surgical Centre. According to the CEO of Windsor Regional Hospital, who was here at this committee this time last year, if not for that centre handling 6,000 eye surgeries a year, the waitlist in our community for cataracts would be close to 20,000 people. The only thing that's changed in terms of the service received by the people is that they don't have to pay for parking; otherwise, it's OHIP-covered. They are more efficient than the current set-up at Windsor Regional Hospital, and it's the exact same physicians who are doing that work. So I'd like to explore your opposition to this concept and try to understand why you feel this doesn't work.

**Ms. Erin Ariss:** [*Inaudible*] was providing care in the facility? Is it the best care? What are the clinical outcomes? Are there visits post-operatively to the publicly funded emergency departments? I think that you haven't provided a complete picture for me. I'm just finding out about this now, but as a registered nurse, if you wanted to write to me, I could actually respond with a professional opinion on that. But for this time, we do know that wait times exist regardless of privatization—eye surgeries in particular—and we do not have evidence to support, that I'm aware of, that there has been an improvement in outcomes.

**Mr. Andrew Dowie:** How much time?

**The Chair (Mr. Ernie Hardeman):** You have 1.3.

**Mr. Andrew Dowie:** Thank you, Chair.

I'd put the transcript of our meeting of last year with CEO Musy as evidence of success, given that he has said so. He's the CEO of the hospital. Who's better equipped to understand the big-picture dynamics of this? I would say that it's a model for others to follow for the province. I'm happy to circulate all the news articles and all the background information to you for this facility.

**The Chair (Mr. Ernie Hardeman):** We'll now go to the official opposition. MPP Taylor.

**Miss Monique Taylor:** Just as a follow-up to MPP Dowie's comments: CEOs of hospitals typically don't bite the hand that feeds them. We have definitely seen historically that regardless of the concerns that we see from front-line workers—and nurses are definitely on the front line—the stories are sometimes different. It's unfortunate that a CEO has to feel that way and not bite the hand that feeds them, but that is the system that they are fed into.

We know the private clinics don't take the difficult cases; they don't take the follow-up. If something is to go wrong, the person ends up back in our public health care system with our hard-working nurses, who are demoralized, quite frankly, by the system that is being created in a very for-profit system and for-profit, illogical government that we have in today's day and age.

So thank you, Erin, for your comments today. They are definitely welcomed, and people of the province are definitely with the nurses on this. They know that Bill 124 is degrading, it is out of line with what police and fire have seen in their increases, and it shows a very heavily—you know, Bill 124 affected health care, education, social services, very highly women-led industries which are the ones feeling the effect of Bill 124. As we've heard, and what is very well known—speak to anyone in the community and they will also say that nurses are our heroes. They're the ones who are facing the tough fight each and every day, not just during COVID but the after-effects now, after COVID, in the lack of resourced hospitals, the wait times that people are facing, the mental health issues that are walking through our emergency doors and into our hospitals. It's our nurses who are facing that front line with the lack of resources and availability to them to be able to do that. There are folks in this room who get it, Erin.

I'm going to shift over to Dr. Lesley James, from Heart and Stroke, and say thank you for your presentation today, and thank you for your support of MPP Gélinas's bill, Vaping is not for Kids. That's one of plenty, I'm sure, that MPP Gélinas has put forward, because I believe there's a flavour one in there somewhere too. You can walk into any area, and especially if there's a lot of young people in the area, you're smelling the flavours of vapes, right? And the lack of legislation that is before them, that is there to protect our children and our young people—I know these bills have been happening for years that have been put forward, so the government definitely has the resources available to them. They have plans and bills and legislation written already for them, on their plate.

Could you speak to the reasons of possibly why—and especially within your meetings from that time forward of what the government has said—they have not moved forward with passing these legislations and making sure that our youth don't end up with these very unhealthy lungs from vaping?

**Dr. Lesley James:** Thank you for the question. As I mentioned, youth vaping remains a major public health crisis in Ontario, one of the only provinces where rates of vaping have increased among the youngest people in our province. Other provinces have seen declines, whereas

Ontario has seen increases in grades 7 to 9—quite troubling.

We know that taxation is one of the most effective measures, so we're quite pleased to see that happen, but we know 90% of young people start vaping because of the flavours. The flavours that are available are everything from cotton candy to cherry blast, unicorn puke. That's not meant for harm reduction and for an adult looking to quit. So we do strongly support the banning and restricting of flavours in Ontario. We have a partial ban where some flavours are not available in convenience stores; we could definitely go further.

But right now, one of the biggest avenues to address is that online sales component We're hearing from MPPs and from police officers, teachers, principals that young people buy in bulk. They go online, they buy a plethora of vapes and they resell at schools. So they're little entrepreneurs, and I admire that, but they're fuelling nicotine addiction and health harms. We need to address that, and better funding for the Smoke-Free Ontario Strategy is a way that we can address this and figure out how to ban online sales.

**Miss Monique Taylor:** You're absolutely correct. It's horrifying to know that young people can go online and just buy as many vapes as they want, and as long as they click a box, there are no checks or balances to ensure that they're not able to access that. And like I said, you walk by a group of youth on the street and you know you're smelling one of them—minimum one of them is vaping in that group. I mean, we've seen a ban on flavoured tobacco, but yet these vapes, which are easier to access, are much more palatable to young people—

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

1650

**Miss Monique Taylor:** Grades 7 to 9, you know? To see that increase in vaping is terrifying, the health effects that young people are facing—and that they have no idea because of the lack of education and the lack of knowledge that's out there about vapes is scary. So I hope that you are definitely a voice that has rung true in their ears today and that we will see some legislation pass to vaping.

Thank you to the Ontario Nurses' Association also for being here and for presenting to us and making sure that the voices of nurses are heard. RNAO was here this morning also with pretty much the exact line and talking about the crisis that our nurses are facing, about how we need to do better and—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. I do want to thank both the presenters for your presentations and for taking the time to prepare—

*Interjections.*

**The Chair (Mr. Ernie Hardeman):** Oh, the independents. We have one more here. I'm sorry; my apologies. The independents: Dr. Shamji.

**Mr. Adil Shamji:** Thank you. I just wanted to begin my comments just by cautioning the government on its enthusiasm about out-of-hospital cataract clinics. In exchange for all the newspaper articles about the one in

Windsor, I'll exchange the 2021 Auditor General report on outpatient surgeries, which actually specifically highlighted the challenge of outpatient cataract centres and identified rampant upselling and upcharging.

In my conversations with many hospital executives, I've also learned about the negotiation pressure from some of these clinics to secure higher fees for these outpatient cataract surgeries than would be paid in the hospital, which is inexplicable considering they typically take the easiest cases on the easiest patients during the easiest hours and, as the Auditor General suggested in 2021, don't actually deliver value for money. But that's not what we're here to talk about.

To the Heart and Stroke Foundation: I just wanted to share that I've used the natriuretic peptide test myself in the emergency department. I wasn't aware that there is currently a pilot ongoing. I was curious: Do we have any outcomes from that or any suggestions about how it has been able to help and improve health outcomes?

**Dr. Lesley James:** We don't right now. The government has not released any details about that. But we have seen that there has been an uptake in its use in primary care, but not to the point that it would be outrageous. So it has been a steady increase and an increase that the system can handle. We are seeing that people are most likely better managed in primary care when physicians can order the test, interpret it and start the management pathway.

Heart and Stroke is working with the Canadian Cardiovascular Society and Ontario Health to make sure that, as primary care has better access to this test, they're able to manage it in the community setting, which will in turn save a lot of money for the acute and emergency setting going forward.

**Mr. Adil Shamji:** Do you anticipate that there will be any guidelines that will come out to advise on how the NP test should be used?

**Dr. Lesley James:** Most definitely. I know that Ontario Health and CorHealth are really supportive of this and are working to make that happen so that when it becomes sustained and permanently funded, there are guidelines for practitioners to know how to order, when to order and how to interpret. So the system is set up. We just need to make sure that it's sustained and permanent.

We know that primary care physicians have a lot on their plates, and they don't often take things as seriously until things become permanent, so once it is made permanent, they'll be looking into these guidelines, become more versed, and we're really hoping this keeps people out of hospital in the long term.

**Mr. Adil Shamji:** Perfect. Because, certainly, one of the things that I worry about—and I say this as both an emergency doctor and also a family doctor. You have this requisition full of check boxes and there is sometimes a temptation to just go and check every single box down. We just need to be judicious in how we use that. The one thing that I would hate to see is that an NP test automatically gets ordered at the same time as the echocardiogram gets ordered, in which case we may not be delivering value for money.

But on the topic of value for money, I have to say, as an emerg doc, one of my frustrations has been the incredibly small number of patients who arrive with stroke—

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

**Mr. Adil Shamji:**—who come within the window to be eligible for a code stroke. I'm aware that the FAST campaign originated in the UK. It has taken off, and there have subsequently been seen improved rates in thrombolysis and that kind of thing.

One question: Is there any interest or any work being done towards having a French-language version of the FAST campaign for our francophone communities in Ontario?

**Dr. Lesley James:** Oui. It already exists. It has been translated into numerous languages. We have Indigenous languages. We have Mandarin. We have Punjabi—a variety of languages it would have been translated to. So the collateral exists, and it's ready to be launched across Ontario.

**Mr. Adil Shamji:** Amazing. Great. I'm sure I barely have any time—

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

This brings us to the point where I can say thank you for your presentations and the time you took to get ready to come and talk to us and the great job of presenting it.

HAMILTON ALLIANCE FOR  
TINY SHELTERS  
ONTARIO UNDERGRADUATE  
STUDENT ALLIANCE

NATIONAL FARMERS UNION LOCAL 351

**The Chair (Mr. Ernie Hardeman):** With that, we will go to the next panel. The next panel is the National Farmers Union Local 351, Hamilton, Halton and Brantford; Ontario Undergraduate Student Alliance; and the Hamilton Alliance for Tiny Shelters. We will start—

*Interjection.*

**The Chair (Mr. Ernie Hardeman):** Okay. We will start, then, I'm told, with the Hamilton Alliance for Tiny Shelters. I believe we have them at the table. I think we also have someone on virtually for that presentation.

**Mr. Tom Cooper:** That's correct, Chair.

**The Chair (Mr. Ernie Hardeman):** As I've said to the other panels, if they weren't here for the others, you have seven minutes to make your presentation. At six minutes, I will say, "One minute." And at seven minutes, I will end the conversation.

With that, we do ask that you start the presentation. Anyone, if they're online wanting to speak, before they speak, we would ask that they introduce themselves for the Hansard to be on the record.

With that, the Hamilton Alliance for Tiny Shelters.

**Mr. Tom Cooper:** Thank you, Chair. My name is Tom Cooper. I am one of the co-founders of the Hamilton Alliance for Tiny Shelters, which is a community-driven initiative aimed at helping to assist those facing homeless-



ness in our community. Our volunteer-run organization focuses on the construction and deployment of tiny homes, which are small portable housing units designed to provide temporary housing for individuals experiencing homelessness.

The core mission of the Hamilton Alliance for Tiny Shelters—we call it HATS—is to offer a dignified and safe living environment for those in need while working toward long-term solutions for homelessness. These tiny homes serve as a bridge, really, between the streets and more permanent housing options. We don't see these tiny homes as the endgame. They are really a transition point to keep people safe, to keep people warm and stable while more affordable supportive housing options come online. It is our hope that we will be able to identify a spot to create a village of tiny cabins.

My colleague Dan Bednis, who will be joining us in a moment online, will be talking in a little bit more detail about the specifics of our project. We believe, though, that the provincial government has a crucial role to play in enhancing supports for the more than 1,600 people who are experiencing homelessness in Hamilton.

As in many other communities, we are facing a beyond-crisis situation. There are many reasons for the crisis that we've seen on our streets. Certainly, the commodification of housing has led to skyrocketing rents that are far beyond prices that many people on low or fixed incomes can afford. We have seen renovations happening in astronomical numbers and economic evictions that are leaving people simply without choices. People who have never imagined becoming homeless in the past are on the street for the very first time. They are terrified; they are facing a dangerous situation, and it is certainly costing our society far too much money.

1700

The provincial government needs to step up. As you already heard from my friend Laura Cattari from the Hamilton Roundtable for Poverty Reduction a couple of hours ago, social assistance rates need to reflect what it actually costs to live in this community—\$733 a month for Ontario Works is nowhere near what somebody needs to be able to afford even the most modest rental accommodation in this city.

Additionally, we've seen cuts in supports for addiction programs, for mental health supports, and those must be re-enhanced to provide the tools that people need to get out of situations of homelessness. We need massive new investments in supportive housing. But while those housing starts are coming, as I mentioned off the top, we need solutions now. We need solutions in the short and medium term to bridge the gap so that people who are facing homelessness are able to not only stay healthy but stay alive.

That's where the idea around the Hamilton Alliance for Tiny Shelters comes in, and I will turn it over to Dan now to go into some details.

**Mr. Dan Bednis:** Good afternoon. It's Dan Bednis here; I'm the chair of the Hamilton Alliance for Tiny Shelters. Thanks, Tom, for that introduction. I wanted to do a share screen if I may and go through a few slides and get right

to the point and share with you what our solution set is all about.

We have been around for about two and a half years and formulating what we believe is a solution that will assist the homeless and unhoused on our streets in Hamilton. We have a 2024 program that I want to go through with you, and I'm assuming you can see my screen.

**Mr. Tom Cooper:** Looks good, Dan.

**Mr. Dan Bednis:** As you can see here on the left, we're dealing with the unhoused, those on our streets that are in survival mode. What our solution set is all about is bridging the gap, bringing in a temporary housing solution, giving some stability and dignity to the unhoused, to the homeless. But most importantly, we have wraparound support services, support services that include the housing, food, mental health professional services, addiction services, even general counselling. That will all come to, as Tom referred to it, our village. What this is all intending to do is to help to develop life skills to help close the gap, moving our village members to a permanently housed supportive housing scenario. We're dealing with the front end of the process and, in this particular case, we're talking about 1,900 homeless individuals. We're heavily focused on trying to bring a solution set to the 400 or so that are currently unhoused.

There's approximately 1,900 homeless in Hamilton. Many of them are using shelters—

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

**Mr. Dan Bednis:** —and the shelter system, as you know, is overburdened in all of the various communities. We're working closely with community groups such as Indwell, but as everyone is aware, there's well over 8,000 waiting to have supportive and affordable housing in the Hamilton area.

How can we achieve that solution? We have to have sound governance. We've got a board of directors setting the strategic direction. We've got the leadership team doing all the planning and development. And once the village is established, we use front-line decision-makers who are very familiar with dealing with the homeless in Hamilton. We have great depth in partnering with city council, city staff, medical professionals, faith-based support groups, many donors, advocates, collaborators—

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time we have for the presentation. Hopefully the whole presentation will be turned over so that it can be read.

Our next presenter will be the undergraduate student alliance. I believe we have them present. You were not maybe here when I gave the instructions. You have seven minutes to make a presentation. I will say, "One minute" at the end of six minutes, and I will cut it off at seven minutes. As you start, I hope that you will give your name to make sure we have it correct in Hansard. The floor is now yours.

**Ms. Malika Dhanani:** Great, thank you. I actually have my co-presenter, who is joining us online, who is going to start us off.

**Ms. Vivian Chiem:** Good evening. I want to thank the committee for your time and consideration of OUSA's pre-budget submission. My name is Vivian and I'm the president of the Ontario Undergraduate Student Alliance, or OUSA for short. Joining me in person is our executive director, Malika.

OUSA is a policy advocacy group that represents the interests of over a 160,000 undergraduate, professional, full-time and part-time students in the province. We have nine institutions that are part of our organization. Through our student association, our mission is to strive for a post-secondary education system in Ontario that is affordable, accessible, high quality and accountable for students.

Our recommendations for the committee stem from a few contributing factors. In the mid-2000s, provincial operating grants began to dwindle and have remained stagnant ever since. In 2019, domestic tuition was cut by 10% and was frozen in the following years. The combination of the two factors has severely limited institutional revenue, which undermines our ability to deliver high-quality supports and services to students. This impacts the student experience through various facets for things other than education, like mental health, accessibility, housing, academic programming and infrastructure.

In 2019, OSAP also underwent modifications that changed the distribution of funding for students and made financial aid less effective. Last year, the blue-ribbon panel put together by the Ministry of Colleges and Universities released a report with final recommendations on improving the financial sustainability of the sector. We're pleased with some of the panel's recommendations and concerned about others. The focus of the presentation today will build off the panel's work while primarily offering student-driven recommendations for the provincial budget.

**Ms. Malika Dhanani:** So our first recommendation is that the provincial government should increase operating grants until students are contributing no more than a third towards institutional operating revenue.

As we previously mentioned, provincial grants have been stalled for several years, making universities reliant on student dollars. This means students are disproportionately contributing to operating revenue, and the gap has only worsened as the years have gone by.

When tuition was cut and frozen, universities turned to international tuition, which (a) displaces the burden of financing institutions onto international students, and (b) sets up an unsustainable funding model. The results of this underfunding have presented universities with serious financial challenges. Many are reporting budget deficits and the tough decisions they will have to make, which include hiring freezes, program cuts and the use of internal resources for other important projects. OUSA is also concerned about how this underfunding is impacting students and their education experience due to the restraints it places on mental health and accessibility services.

In the graph, student tuition and fees significantly outweigh the contributions from the province for institutional

operating revenue. Students contribute about 67%, whereas government grants contribute about 31%.

The blue-ribbon panel found that Ontario's per-student funding is only 57% of the national average. If we want students to study, retain and succeed in Ontario's post-secondary system and even beyond, the budget must consider the fact that our sector needs to be better funded by the province and less so by students.

Our second recommendation is that the province should regulate international tuition for international students where incoming students would see a maximum of a 5% increase, and in-cohort would see a 3% increase. International tuition remains unregulated in this province, leaving institutions to set fees based on their own internal policies. This means that international tuition can fluctuate greatly from year to year, and international students are left with no predictability or transparency for the rate their fees are going to be set up. Unregulated tuition has resulted in thousands of dollars more that international students have to pay for their education. What's noteworthy is that, in the same year, domestic tuition was cut by 10%, international tuition increased by 8%.

Our province is a top destination for international students. In fact, the number of approved study permits is the highest in Ontario among the entire country. International students bring immense value to our student bodies, communities and economy. As a province, we want to make sure that we attract and retain the talent, skills and diversity that they bring to our province.

OUSA would like to see the budget be crafted in a way that would provide the Ministry of Colleges and Universities the opportunity to enact this policy change. In particular, we believe this will be accomplished by our previous recommendation of increasing operating grants so that institutions can rest assured that they have a sustainable income, while international students get a sense of predictability for their fees.

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**Ms. Vivian Chiem:** Our third recommendation is for the provincial government to provide financial aid in the form of grants for low- and middle-income students and a mix of grants and loans for high-income students. OSAP is a means to improving educational access, but changes to the program have made this challenging. In 2017, when tuition was covered entirely by grants for low-income students, there were 81,000 more OSAP recipients, implying that under-represented groups had better access to post-secondary education. Challenges to OSAP in 2019 have seen the number of recipients steadily decrease. In 2020, OUSA's survey found that 38% of students received less OSAP funding than in the previous year, which is a troubling indication of reduced access and affordability for students. OUSA is urging the provincial government to develop a budget that considers more funding for student financial assistance through grants so that low- and middle-income students can enter and thrive in post-secondary education.

Our fourth recommendation is that the provincial government should remove interest on all student loans. OUSA's

survey found that 38.2% of students anticipated their debt to be very burdensome. At the end of a student's education, the interest that accumulates can equate to thousands of dollars, and the Ministry of Colleges and Universities estimates that loans can take 9.5 years to repay. This is money that students can be spending elsewhere to build and stimulate the economy. Last year, the federal government announced the removal of interest on their portion of student loans, and the province has an opportunity to follow suit to provide direct debt relief for students and facilitate their transition out of post-secondary and into the workforce. We're asking that Ontario's plan for the budget be considerate of this in order to directly support student finances.

Our final recommendation to the committee is that the provincial government should extend the OSAP repayment grace period from six months to two years. The current six-month repayment period is not enough time for students to acquire stable and secure employment that would help pay off their loans. Government survey data itself indicates that graduates have a higher employment rate and income two years after graduation, rather than six months. This places them in a better financial position to repay loans and increasingly sets them up to be successful in alleviating their debt—

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

I believe our third presenter has not yet arrived, so we will now switch to the questions. We're starting with the official opposition. MPP Taylor.

**Miss Monique Taylor:** Vivian, did you want to finish your comment on your fifth recommendation?

**Ms. Vivian Chiem:** Thank you so much for allowing me to finish that. I'm sorry about the tech difficulties there.

I just want to say that, yes, overall, we're urging the province to think meaningfully about student affordability and accessibility, as it is critical for supporting our communities' future leaders.

Thank you so much for the opportunity for me to wrap up. We are looking forward to your questions.

*Interjections.*

**Ms. Sandy Shaw:** Thank you very much for your presentation.

I did meet with OUSA in my office and heard much of this. The reliance on students, families and international students is not sustainable. I agree with you on that. I know that we will have further questions.

I want to focus my time right now to address Tom Cooper. It's nice to see you again, Tom. We've known each other for many, many years, doing great work in this community. I want to commend your organization for trying to come up with a solution. I appreciate that you acknowledge that this isn't the solution; it's just a piece of the puzzle.

I note that it's getting cold. The fact that people are sleeping on the streets in this kind of weather, the kind of relief that your organization would provide—it's the kind of leadership that we need to see in this province.

We're here to talk to the government and provide recommendations for the 2024 budget to address some of these concerns. I would like to note that the Auditor General, in a report based on—essentially, it was a value-for-money audit. The conclusion was, "The ministry does not have an overarching strategy that effectively coordinates actions for the reduction of homelessness with other provincial ministries, municipalities, and other third-party service providers"—so the idea that they don't coordinate actions, which I think is what your organization is trying to put forward.

"Further, the ministry has not taken a lead in coordinating policy, guidance and implementation of programs to help people leaving provincial institutions, including correctional institutions, health care facilities, and the child welfare system, to avoid entering homelessness, despite acknowledging that many people will be homeless when they leave these institutions."

Those two points—I want to make clear that I'm reading those because the government has a role to play; in my opinion and my experience at Queen's Park, they seem to be abdicating that role. Can you just talk a little bit about—you've talked about your organization, but how do you see the government's role, how they could help you and also how they could help the issue of homelessness in general, including preventing people from falling into homelessness like those exiting the systems that I identified? I know it's a big question, but I know you've got a big answer, Tom, so let's hear it.

**Mr. Tom Cooper:** Thank you, MPP Shaw. Absolutely, you're correct: We know it is far more cost-effective to keep somebody in their home than to deal with homelessness once it becomes a reality. For part of this question, I think I'll turn it back over to Dan Bednis because he wasn't quite able to finish the presentation. We did have some specific asks of the provincial government.

But, again, as you've indicated, we've identified a number of people in this community, close to 2,000 people experiencing homelessness. Some of them are at traditional shelters, but we know many of them are not. They're living in tent encampments. They're living in alleyways. They're living in alcoves. And particularly over the last few days, we've seen the inclement weather and the cold. We know that's going to have a huge societal cost, not only on those individuals but also to our health care system as well. We know people who are living in extreme poverty are far more likely to utilize emergency rooms, for example, and the costs that go along with that are huge.

Our project, the Hamilton Alliance for Tiny Shelters, really does see an interim solution to keeping people stable, to helping them stay warm, stay safe and be able to regain some of the opportunities that may have been lost so that they can once again get into housing, dream about the future and begin to transition into work if that's possible for them.

If Dan is still on, maybe, Dan, you could just go through the last couple of slides you were going to identify, because I think it really does respond to MPP Shaw's

question about what the provincial government might be able to do—unless Dan is gone. I guess he's gone.

We would, I think, respectfully request that the provincial government consider funding this type of solution to a certain degree as well. The Hamilton Alliance for Tiny Shelters has really gathered a number of incredible community members together. We have more than 100 volunteers, we've had donations come in for this type of idea, and we've raised privately \$400,000. We've told the city that we're going to try to do it without municipal funding because we know already the municipal government here in Hamilton is spending more than 50% towards housing and homelessness solutions of the entire budget of \$148 million that was spent in 2023. The capacity of local taxpayers to carry the burden I don't think is there, and so we'd like the provincial government to consider piloting a project like this, particularly around the wraparound services and support services, addictions treatments, mental health supports that would go along with that. We were thinking in the range of around \$300,000 for this project.

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

**Ms. Sandy Shaw:** I guess the follow-up to that is that I also note that municipalities are struggling. They have huge lost revenue because of Bill 23. AMO deputed just the other day and said that the downloading is making it impossible for municipalities to address this problem that is on their streets and on their doorstep. We're looking at increases in property taxes because of this kind of downloading, and AMO has very clearly said that they've issued a call to action to this provincial government to help municipalities across the province deal with this.

What do you have to say about AMO's role in pushing the government to get off the sidelines and help address this crisis?

**Mr. Tom Cooper:** Through you, Chair, to MPP Shaw: This requires—

**The Chair (Mr. Ernie Hardeman):** I was going to say, "Not much," because your time is up.

1720

**Mr. Tom Cooper:** Okay.

**The Chair (Mr. Ernie Hardeman):** With the committee, we have the representative for the National Farmers Union Local 351, Hamilton, Halton and Brantford, who has arrived virtually. I need unanimous consent to have him present before we carry on with the questioning. We have unanimous consent.

I'll give the instructions again. There will be seven minutes for the presentation. I will give notice at the six-minute mark, so you will have one minute to wrap it up.

With that, we ask you to give your name prior to your presentation and then from there, the floor is all yours, sir.

**Mr. Chris Krucker:** My name is Chris Krucker. Thank you to the Chair and to the committee for this chance to speak to the provincial budget. I am a farmer, and I would like to talk to you about investing in farmland. I'm also an executive of the National Farmers Union Local 351, representing Hamilton, Brantford and Halton. The National Farmers Union has over 3,000 members nationally.

I appreciate being able to talk about what we do daily on our farm. The things that our farm needs are the same things that our regional and provincial food systems need. We need places to put our harvest, we need distribution, we need education, and we need promotion. That is our farm business.

In order to invest in farmland, we need to invest in farmers. They go hand in hand. I'd like to take a few minutes to unpack this idea.

We have been through some rough years. We have had a global health crisis. We are seeing the impacts of climate change each year. Food prices and housing costs are increasing dramatically. Where does agricultural land fit into all of this?

The province's recent legislation in support of the greenbelt has been a great exercise in democracy. Citizens made it clear that farmland should not be used for housing and that Ontario needs to move towards urban densification and away from sprawl. This gives me hope in the democratic process. It tells us that we are in a unique time when consumers are looking for local food options. I would propose that local food should be invested in by the province, and by local food, I don't mean local food as a niche market, but I mean supporting our farmers to produce food for Ontarians.

Health care, employment, transportation, energy and the environment are all areas that we find increasingly challenging. How we grow food, how we ship food, how we price food, how we consume it and how we value it impacts all of these areas. Farmland is the common denominator in all of these societal changes.

I'd like to tell you a story about peaches in Ontario. The first peaches were grown in Ontario in the late 1700s. By 1995, Ontario produced 40,000 tons of peaches. Ontario had as many as 30 canneries for fruit. Now we have none. Our peach production has steadily declined. In 2022, we produced 15,000 tons of peaches. That's a big drop, and it's not because the peaches aren't good.

I read a research paper that considered the question, "Where are the best peaches grown in the world?" What they discovered was that the best peaches are grown where you live, be it Asia, the state of Georgia or Ontario. And this is the same for all food. The closer we are to our food source, the healthier we will be from a nutritional perspective. It also addresses the major societal issues Ontario is facing. By doing one good thing—investing in a province-wide local food system—we will be doing many good things simultaneously.

Just to bring this story a little closer to home, I met a peach farmer at an agricultural industry meeting to discuss how the city of Hamilton and Niagara region could work together to develop a food terminal that would focus on local food. It had representatives from the government and from national grocery chains, farmers, distributors—all the significant stakeholders. Nothing came of those meetings. This would have been around the time the last cannery in Ontario was closed. The peach farmer I met brought out some pictures of his harvest for that year. He had scraped all his peaches in a pile. He said there was no

point in bringing them any closer to market because the price was too low. This story is similar in many foods, such as tomato and pork. At one time, Ontario produced a lot more of these foods, as it did peaches.

We know that our population is going to increase, we know that food costs are going up dramatically and we know that our food production and agricultural lands are diminishing. So this is where I would ask the province to invest in land, to invest in farmers, to invest in local food, specifically infrastructure in regional cold chain systems, as well as promotion and marketing of Ontario-grown foods for Ontarians. Ontario is unique in its soil quality, its climate and its population, and it can produce its own food.

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

We now will carry on with our questions, the first round, and we'll start with the independent. MPP Hazell.

**MPP Andrea Hazell:** Thank you for your presentation. We're at the end of the day, and so thank you for being here. We still have our energy.

My question is for the Ontario Undergraduate Student Alliance. Thank you for having this on your number one recommendation, and I'm urging you to press as hard and as fast as possible, because this situation is going to very soon become a crisis. In my riding, there are students—and we know how much in fees the international students are paying. They've got to look for jobs to compensate, to pay for the high rent and costs that they are paying. They do not have enough funds to buy food, and they're now ending up in the food bank.

To me it's not a good reputation for our universities, for our colleges, and we need to support those international students that are coming into this country better than the way we're supporting them right now. Are you aware of this? And if you are aware of this, how do you continue to push the government to support? I think you're looking for an increase in your operating grants. Where are you with that?

**Ms. Malika Dhanani:** It's a great question. I think I'll speak first, and then, Vivian, if you want to jump in, please do.

I think a lot of that comes from the blue-ribbon panel and what the recommendations were on increasing operating funding. Their recommendation in particular was to increase it by 10% in the immediate year, and then by 2% in every year after that. For us, we can appreciate that that would increase operating funding, but it's not to a degree that we would see as feasible to meet the demand for what—or at least to lower the disproportionate amount that international student tuition is contributing to operating funding. So I think one of the first things is that we want to see that blue-ribbon panel recommendation be extended even further and to see even more from the province contributing to that so that international students are alleviated in how much they have to contribute to operating funding.

Vivian, do you have anything else to add?

**Ms. Vivian Chiem:** Yes. I mean, talking about food insecurity, it is one of our advocacy priorities this year. It's something that we've been talking about as we see our domestic students struggling, but of course international students are more impacted by this, as they are lining up for food banks but being turned away right now. We are definitely urging the government to focus on providing those students supports so they don't have to turn to the food banks. That's the last option that you want anybody to go to, because that's an emergency resource.

**MPP Andrea Hazell:** I just want to say to you, you've done an outstanding job with your report. I love the graphs and love the detail, and I will be reviewing it.

**Ms. Malika Dhanani:** Thank you so much for those comments.

**The Chair (Mr. Ernie Hardeman):** MPP Jama.

**Ms. Sarah Jama:** My question is for Tom Cooper from the tiny homes alliance. First of all, thank you for everything that you've done to push this project along. I know it hasn't been easy dealing with the municipality here locally, and so my question is, what are some of the ways you think provincial support could help bolster some of the issues that were pointed out? Municipally, I'm thinking about the Sir John A. Macdonald site. What are some of the possibilities that funding provincially opens up for this project?

**Mr. Tom Cooper:** Through you, Chair: Thanks for the question, MPP Jama. It's true, Sir John A. was certainly on our radar.

**The Chair (Mr. Ernie Hardeman):** One minute.  
1730

**Mr. Tom Cooper:** The former high school, which is in the downtown core, was early on identified as a potential site—at least the field around it—for the tiny home village. Unfortunately, due to a number of both political and technical issues, we weren't able to move to that site, and due to some of the infrastructure issues with the building—I understand there was a flood in the building. However, it remains a large site in the area that could potentially be used for a project of this sort, or maybe redeveloped to ensure that inside spaces are available for those without a home as well. We know there's already changerooms there, there's showers there, there are certainly washroom facilities, and as you know—

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

We'll now move to the government. MPP Skelly.

**Ms. Donna Skelly:** It's nice to see you, Tom. I just wanted to make sure that I'm sharing some accurate information. I know that it feels, with all the challenges with fentanyl and the opioid crisis, that we have had an increased number of people who require mental health services, but our government has actually committed to a historic \$3.8 billion specifically for mental health services. We've increased base funding for staff in the mental health sector by 5%. We have, since 2020, opened 22 youth wellness hubs that serve youth aged 12 to 25. They offer counselling and peer support, and you can either drop in or make an appointment, and they can access the services

virtually. And we are the first government to dedicate an entire ministry to mental health and addictions. The challenges, however, grow day by day, and, clearly, the drug crisis that we see on the streets in Hamilton and elsewhere across Canada is contributing to that. So I just wanted to put that on the record.

Of course, all of us have been following the story of the tiny homes or the tiny shelters very closely, and one of the biggest issues, of course, was finding a location. There was tremendous pushback at the meeting, I think it was in ward 2—was it Strachan, the original location? How can you work with local communities so that they will accept this type of project that many people say is NIMBY—they don't want it in their backyard. How do you convince them that this is the right thing in their backyard?

**Mr. Tom Cooper:** Through you, Chair: Thank you, MPP Skelly, for that question. It is a great question. For those in the room who may not be aware, the city of Hamilton provided, or offered at least, a city-owned area for us to set up an initial village of 20 tiny homes in an area of Hamilton, but as you indicated, there was a significant amount of pushback from local neighbours who were concerned about individuals who might be residing at that tiny village. I think it's breaking down some of the stereotypes that exist, certainly, around people who are currently experiencing homelessness.

And we know, as I've mentioned, there are people, certainly, who may have mental health challenges, who may have addictions, but there are a lot of other people experiencing homelessness who have been economically evicted. They can no longer afford the rents in Hamilton, and they have nowhere else to go. They're afraid of using traditional institutional shelters because of safety concerns, and for couples as well, they aren't able to stay together if they end up in a situation of homelessness.

So we really think that this solution can work for a number of people, and the important thing about our project is that it really is holistic. We're bringing in wrap-around services to support individuals. There would be security, there would be 24-hour staffing on the site and, importantly, washroom facilities. Although the city of Hamilton has moved forward with opening a couple of public washrooms in Hamilton, it comes nowhere near to meeting the needs of those who are facing homelessness, and as a result, the loss of dignity, the challenges to health for people who don't have washroom facilities is extreme.

**Ms. Donna Skelly:** Tom, I just want to—and this is where the challenge comes in. We just had one of the washrooms burn down, and I think it's this narrative. I mean, when we see what's happening in this city, you've got encampments and you've got a high level of violence in the encampments. We've had murders—we've had a lot of violence within the encampments. And recently we just had the washroom that was burned at a cost of about \$500,000. So it's this that I think is frightening a lot of people. How are we going to sell that to people and say, "Yes, we'll embrace it, and we would welcome this in our community"?

**Mr. Tom Cooper:** Through you, Chair: I think, certainly, educating neighbourhoods about what our project looks like and the supports that are existing. We also have to recognize that maybe, to get this project off the ground, we have to look at a location that is acceptable to the entire community. That might be an area a little bit farther afield. It might be in a more industrial setting. We're looking at some of those possibilities, but we really do think that if we're going to solve this crisis, we all have to make sacrifices as a community, as a society.

We've seen the implications of extreme homelessness in our community. You're right; there is drug use. That comes from a lack of hope, I think. It comes from a lack of people being able to see themselves with a future in this society.

**Ms. Donna Skelly:** Another question I wanted to ask—and I can never seem to get an answer. I met recently with Mayor Horwath and Michelle Baird and a number of representatives from social services at Queen's Park. Do you track who is living on the street right now? When I was on city council—these numbers have escalated from 150 to now we're saying it's 1,700. Are these people from Hamilton, or is it one of "if you build it, they will come"? Do we know where these people are actually from? Are they Hamilton residents or are they coming in here—and we've heard the stories that they're getting a bus ticket and they're on their way to Hamilton. Are we, as a city, taking on the responsibilities of other municipalities?

**Mr. Tom Cooper:** I don't think more than any other community—

**Ms. Donna Skelly:** Do we know that for a fact?

**Mr. Tom Cooper:** Certainly, this has been an issue that has been talked about in various circles for the last 20 years—

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

**Mr. Tom Cooper:**—where individuals, perhaps on social assistance, perhaps experiencing homelessness, would be given a bus ticket. It's just as likely that some people from Hamilton will be moving into other communities as well.

Again, looking at the cost of living in this community, Hamilton is one of the five most expensive cities to live in, if you're renting in North America. We've seen rents skyrocket, and that's partially a result of landlord and tenant legislation—

**Ms. Donna Skelly:** Tom, I hate cutting you off, but it's just that we're limited in time.

We don't have that number, and I don't understand why we can't figure that out. Where are these people from? Do we know if they are locals or if they are coming in from other communities?

**Mr. Tom Cooper:** We do have a point-in-time count that is done semi-annually in Hamilton. But, again, people are people, and I think they are all deserving of dignity—

**Ms. Donna Skelly:** I agree 100%. I'm just trying to figure out what the number is and why it went from 150 to 1,700.

**The Chair (Mr. Ernie Hardeman):** We'll have to finish that in the next round because the time in this one is over.

We'll go to the official opposition. MPP Taylor.

**Miss Monique Taylor:** I am more than happy to be able to delve into this conversation. Regardless of where the people are coming from in this province, we have a humanity crisis happening across our province.

We have many other municipalities, like Kitchener, that have done tiny homes successfully. I think that it's a matter of leadership. I think that it's a matter of education to our communities and explaining the wraparound supports that are available.

Would they not rather have people in supported communities instead of people who are unsupported in communities? Because that's when the danger occurs. That's when we're seeing the fires, the fights, all of this stuff. That's the lack of supports, the lack of bathrooms, the lack of respect, the lack of dignity that's going there.

You talked about people not wanting to enter shelters. You're absolutely right. Couples, people with pets, people with social anxiety issues don't want to be in shelters.

I think that we can do better as a community. I truly hope that we are able to get tiny homes into our city to fill the gap.

It's not just people with mental health and addictions. There are people who are living in their cars and going to work every day in this province, in this city, who are not able to retain housing. They've been evicted for numerous reasons.

And we see our housing become a for-profit entity right across this country, which is absolutely shameful.

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So I just want to say thank you, Tom, for the years of work and Ben, I think it was, who have worked so hard on this project. My heart sinks a little bit every time that I hear it hasn't gotten through again, but I think with hope and optimism and a lot of love, we will continue to fight and ensure that this project gets off the ground to house these folks in our community.

That's all I have to say. I'm going to change it over to MPP Shaw.

**The Chair (Mr. Ernie Hardeman):** MPP Shaw.

**Ms. Sandy Shaw:** Thank you very much, Monique. I appreciate that. My question is for Chris Krucker from the National Farmers Union. We remarkably saw huge success pushing back against the greenbelt grab and protecting not only wetlands but protecting farmland that was on the greenbelt. My question to you is, we need to continue to protect farmland and green land. Even though we've seen some of those reversals, I think it's important that we understand we need to keep farmland for farmers and for farming.

Do you want to talk a little bit about what we could do even further to make sure that this government has policy that would restrict speculation on farms, that would make sure that we have public farmland available, as you said, for the next generation, but also for issues of food security and important public initiatives like local economic development centred around food? It's a big question, but I'm going to give you the last minute or so just to talk

about why farmland is important to continue to protect, and not just farmland on the greenbelt.

**Mr. Chris Krucker:** Thank you, Sandy. Through you, Chair, yes, it's a big, broad issue. I was hoping that my presentation would show that farmland is central to a whole series of issues. Do we think about agricultural land as employment lands? We import so many people to work, and yet we have unemployment here.

Another thing that's significant about farmland is that it's the only way that we can secure our food source. It's becoming increasingly a national security issue. As food prices go up, if we can't feed our population affordably, then we put ourselves at risk. So it's not just the idea of a novelty or about the convenience. It's more about, how do we prepare our society? How do we do things like reduce our carbon footprint? How do we create employment? How do we think about housing differently, not just sprawling it? These things are all part of the agricultural question.

Although the greenbelt is a great thing and I think we should do more of it, we need to go beyond it. We need to think about farmland significance for producing food. How do we protect farmers? How do we increase their capacity to produce food for Ontario, whether it be education, whether it be access to land, whether it be taking a hard, close look at how we allow land to be bought and traded, how we allow housing to be bought and traded. I think that those are essential issues that we need to unpack. I'll leave it at that.

**Ms. Sandy Shaw:** Thank you for that. You talked about how we need to support farmers. We've heard from people that are agricultural folks here today. They talked about the need for not only physical infrastructure but social infrastructure, the kinds of supports that farmers increasingly need to be able to continue to do that work. Can you talk about what you mean specifically by supports for farmers and farm communities?

**Mr. Chris Krucker:** I think I spoke briefly about how infrastructure is critical. On my farm, when I harvest, I need a place to put my food. That's the beginning of the cold chain. And then I need to find out how my food gets to the marketplace. Right now, I have very few choices. I can't tap into the global food system, and there really is not a regional provincial food system. I can go to the farmers' market, I can sell it at the farm gate, and I can sell it online, but I don't have the kind of access that I need as a medium- or small-sized farm. The idea of "go big or go home"—that's problematic. It would force me to make my farm very large and reduce my pricing to meet the international marketplace.

What we need to be doing is thinking about food as health and food as an investment in our communities. Infrastructure, education: I need to know the best cultivars; I need support on how to run a small business or how to run a farm business. I'm speaking about myself, but this is what farmers need, especially farmers entering into farming.

**Ms. Sandy Shaw:** Thank you very much and thank you for all your work and for being here today.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. We will now go to the independents. MPP Shamji.

**Mr. Adil Shamji:** Tom, I was wondering if I could ask you—earlier we were talking about some of the challenges of bringing little homes into neighbourhoods and communities where there may be some opposition. I must admit, reflecting on some of my own experience helping set up shelters that have been inaugurated in communities that were vehemently opposed to their initiation—protests and counter-protests, daily news broadcasts. But very curiously, a few months later, those communities were actually ardent supporters of those shelters, because there were wraparound supports. There's one that comes to mind where the community was hosting frequent sock drives and food drives for those individuals. To me, the take-away and the lesson is that with the right wraparound supports and the right kind of leadership, there really shouldn't be any barriers.

I guess my question is, do you think that there is a role for the provincial government to ensure that some of those wraparound supports are in place and perhaps even to help with zoning standards to relieve some of that pressure from municipalities and make this actually possible and successful?

**Mr. Tom Cooper:** Through you, Chair: Absolutely. I think that is an admirable and, I think, excellent suggestion around the way the provincial government might be able to get involved in a project such as this. And to your point, I've seen similar studies. We've been following a number of tiny-home communities across the country where there was initial opposition to setting up, particularly in neighbourhoods. And the local residents found that it actually improved the situation. That's something we think this project could do as well.

There have been concerns about, certainly, washroom facilities and theft, but we truly believe, with the right provisions in place, with the right services in place, we can make this work. We can ensure the dignity of those who would be residing in the tiny-cabin village and the confidence of the neighbourhood that this is one solution in the transition to getting back into housing.

**Mr. Adil Shamji:** Great. Thank you very much.

Malika, I was wondering if I could turn to you next. I was wondering if, on behalf of OUSA, you might be able to elaborate a little bit on your analysis of the blue-ribbon panel report and what a successful implementation could look like for post-secondary students in our province.

**Ms. Malika Dhanani:** Yes, absolutely. Thank you for that question, MPP Shamji.

I would say the three areas of the blue-ribbon panel's final recommendations that we particularly were looking out for were things around operating grants, tuition and OSAP.

In response to the operating grants, OUSA believes—and I mentioned this before too—that it was a good step to have that recommendation of 10%, but we would want to see more. Again, students contribute 67% towards operating revenue, whereas provincial grants make up 31%. We don't believe that a 10% bump to provincial grants is enough to close that gap. Even as MPP Hazell mentioned before during their question, international students pay

almost \$46,000 in fees, whereas domestic students pay about \$8,000. We don't want to see a continuation of that trend that impacts international students in that way, which is why we want to see more operating grants from the government. That was our response to that part of the panel's report.

In terms of tuition, we are not in favour of lifting the tuition freeze that's currently in place. We believe that that is going to add financial burden to students and their affordability of their post-secondary education. A 5% increase, no matter what program you're in in Ontario, is a few hundred dollars per year, and that is going to add to the cost of a post-secondary education, something that we don't think is feasible for students right now with the cost-of-living crisis and all the other expenses that are a part of a post-secondary education. We weren't necessarily in favour of that recommendation from the panel.

And then, the last area was OSAP. The panel did recommend, I believe it was, more grants for low-income students, and we definitely are in favour of that. We want to see low-income students get access—

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

1750

We'll go to the government side. MPP Skelly.

**Ms. Donna Skelly:** I'm going to go back to Tom. I wanted to pursue the conversation, obviously, on the tiny homes, the tiny shelters.

I'm sure you've read the book *San Fransicko* or have heard of Michael Shellenberger. He wrote a book. He did a study on homelessness in San Francisco, and I believe he lived there for quite a while. It was quite an extensive study, and one of the things that they discovered was that people who are homeless, who live away from their own communities, often lose the support system that helps many of these people who are either in poverty or are facing addictions. They need that support, and when they go to larger centres, they don't have that family system to rely on. That's one of the reasons why I find it very frustrating when the city and people who work in this sector don't know how many people are coming in from outside our community and don't perhaps have that family structure to rely on.

**Mr. Tom Cooper:** Through you, Chair: I can certainly see that in some cases. In other cases, individuals may be leaving a dangerous situation, looking to start over, and fall into a bad situation. I certainly understand some of the concerns around individuals coming from various parts of the province, various parts of the country, to utilize services, but again, I think I'd go back to my earlier comment and MPP Taylor's comment that we are in a humanitarian crisis. If we were looking at this situation in retrospect five years ago, we might have been able to put in place some policies and plans to mitigate, really, what has been a humanitarian crisis. But I hear your point.

**Ms. Donna Skelly:** What about policing? How closely will the organization, the association, work with the police department?



**Mr. Tom Cooper:** The Hamilton Alliance for Tiny Shelters has had a number of conversations with Hamilton police services, including Chief Bergen. Our understanding is that the police like this concept, and so do health service providers. One of the challenges with people experiencing homelessness is that they're often scattered around the city—maybe in various encampments; maybe up the side of the escarpment somewhere or in other places—and it becomes very difficult to locate those individuals. If you're able to provide a village setting, a community setting, where people have supports on-site, it makes those types of direct interactions much easier.

**Ms. Donna Skelly:** You mentioned that you were looking at alternative sites, alternative locations, and one of them was in the industrial area. Do you think that could work?

**Mr. Tom Cooper:** I do think that could work as an initial starting point. Having gone through the situation we did in the north, certainly I recognize that there might be some misconceptions about this project, so even starting out, showing the community what it could look like and what the support services surrounding it are, and giving it some time to evolve, might not be a bad idea.

We're talking to various community members. Some are very enthusiastic about helping us out and helping us find a spot. Hopefully, in the next month or so we'll be able to identify a potential location that we'll bring back to our city council and to MPPs and let them know what the potential plans are.

**Ms. Donna Skelly:** How large would the village be? About 20 or 30 homes?

**Mr. Tom Cooper:** We're looking at starting out with 25 tiny homes—again, with a centralized washroom facility and kitchen facility, as well as 24-hour staffing to support those individuals there. If successful, we'd like to see that grow. Obviously, the need is great in Hamilton. We think this sort of project, as we've seen in other communities—particularly Waterloo, but London, Kingston and Peterborough, as well—seems to be working quite well and has the support of the community.

**Ms. Donna Skelly:** And the heating source? Electric? Baseboards? What is it?

**Mr. Tom Cooper:** Yes, electric heating. There's no indoor plumbing in these tiny homes, but there will be heating. We'd include a small fridge, a microwave oven, obviously a mattress and some space for storage. They would be 8 by 12 feet in diameter and really be able to, I think, accommodate people with ensuring that they can stay warm and safe, particularly during weather like we've seen over the last few days.

**Ms. Donna Skelly:** So the capital costs probably aren't really the issue; it's the operating costs. What you expect that to be?

**Mr. Tom Cooper:** Yes, absolutely. We've had incredible community support. For example, Home Depot and Ikea have come forward to provide some of those capital costs. So we don't anticipate we'll need to cover the cost of building the cabins themselves. We've had lots of folks

with building trade skills helping us out. But it will be those support services—and we're looking probably in the range of \$500,000 or \$600,000 in the first year as we get off the ground, but then it will become lower in subsequent years.

**Ms. Donna Skelly:** It was actually MPP Shamji who said there were other communities that you were aware of, and you also mentioned you were aware of communities that were initially opposed to this type of a village. Can you share the examples of those that finally changed their mind?

**Mr. Tom Cooper:** Yes. There was one I can think of offhand in British Columbia—I think it was Vernon, BC—where they put in a tiny cabin village in a residential neighbourhood. There was initial concern about having that site there, but they worked with local neighbourhoods, they did community outreach and they found within six months there was a lot of local support, and the majority of local neighbours supported the initiative because they saw an improvement from the situation that had existed before.

**Ms. Donna Skelly:** Okay. Thank you.

**Mr. Tom Cooper:** Thank you.

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

I want to thank the whole panel for being here, for taking time to prepare and come here and to make your presentation in such a great way. Hopefully it will help us generate a great budget coming forward.

With that, is there any further business of the committee? MPP Crawford.

**Mr. Stephen Crawford:** I'd like to move a motion. I move that the Clerk of the Committee be authorized to schedule additional witnesses in Chatham, Ontario, on January 16, 2024; and

That, based on the prioritized list of witnesses already provided by the subcommittee, five additional witnesses from London and four additional witnesses from Cambridge be invited to appear.

**The Chair (Mr. Ernie Hardeman):** You've heard the motion. Any discussion? Is there any discussion? MPP Shaw.

**Ms. Sandy Shaw:** I just wanted to ask, is it because there were additional delegate spaces or because people dropped out?

**Mr. Stephen Crawford:** There was additional space in Chatham, and the other two cities are oversubscribed, so we'd like to give the opportunity for those people to be able to present in Chatham.

**Ms. Sandy Shaw:** Okay. Thank you.

**The Chair (Mr. Ernie Hardeman):** You've heard the explanation. Any further debate?

If not, all those in favour? All those opposed? The motion is carried.

Any other business? If not, the committee is now adjourned until 10:00 a.m. on Thursday, January 11, 2024, when we will resume public hearings in Welland, Ontario.

*The committee adjourned at 1802.*





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