Legislative Assembly of Ontario

Assemblée législative de l'Ontario

Official Report of Debates (Hansard)

G-32

Standing Committee on General Government

Protecting a Woman's Right to Access Abortion Services Act, 2017

2nd Session
41st Parliament

Thursday 19 October 2017

Chair: Grant Crack
Clerk: Sylwia Przezdziecki

Journal des débats (Hansard)

G-32

Comité permanent des affaires gouvernementales

Loi de 2017 protégeant le droit des femmes à recourir aux services d'interruption volontaire de grossesse

2e session
41e législature

Jeudi 19 octobre 2017

Président : Grant Crack
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Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

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

ISSN 1180-5218

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STANDING COMMITTEE ON GENERAL GOVERNMENT

Thursday 19 October 2017

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES AFFAIRES GOUVERNEMENTALES

Jeudi 19 octobre 2017

The committee met at 0901 in room 151.

PROTECTING A WOMAN'S RIGHT TO ACCESS ABORTION SERVICES ACT, 2017

LOI DE 2017 PROTÉGEANT LE DROIT DES FEMMES À RECOURIR AUX SERVICES D'INTERRUPTION VOLONTAIRE DE GROSSESSE

Consideration of the following bill:

Bill 163, An Act to enact the Safe Access to Abortion Services Act, 2017 and to amend the Freedom of Information and Protection of Privacy Act in relation to abortion services / Projet de loi 163, Loi édictant la Loi de 2017 sur l'accès sécuritaire aux services d'interruption volontaire de grossesse et modifiant la Loi sur l'accès à l'information et la protection de la vie privée en ce qui a trait aux services d'interruption volontaire de grossesse.

The Chair (Mr. Grant Crack): Good morning, everyone: members of the committee, the Clerk, legislative research, ladies and gentlemen, communications. I'd like to call the Standing Committee on General Government to order. Today we are here to hear from a number of interested parties concerning Bill 163, An Act to enact the Safe Access to Abortion Services Act, 2017 and to amend the Freedom of Information and Protection of Privacy Act in relation to abortion services.

Mrs. Gila Martow: Mr. Chair, I'd like to move a motion.

The Chair (Mr. Grant Crack): Ms. Martow, go ahead. That is in order.

Mrs. Gila Martow: I move that the Standing Committee on General Government strike the presenter scheduled at 2:15, Paul Fromm, from the agenda, do not hear his oral presentation and direct the Clerk to notify him if possible.

The Chair (Mr. Grant Crack): Further discussion?

Ms. Lisa MacLeod: Mr. Fromm is a noted neo-Nazi. He has been banned from Parliament Hill. I think the type of hate speech that he has brought forward elsewhere across Canada is not really welcome in the Ontario Legislature or in one of our committees.

The Chair (Mr. Grant Crack): Mr. Fraser?

Mr. John Fraser: Thank you very much for bringing this motion forward. We fully support it.

The Chair (Mr. Grant Crack): Further discussion on Ms. Martow's motion? There being none, I shall call for the vote. Those in favour of Ms. Martow's motion? Any opposed? I declare Ms. Martow's motion passed. As such, the Clerk has clear direction from the motion and will move forward accordingly.

ASSOCIATION OF ONTARIO MIDWIVES

The Chair (Mr. Grant Crack): Having said that, we will welcome our first deputant this morning. From the Association of Ontario Midwives, we have Juana Berinstein, who is director of policy. We welcome you. Again, state your name for the record, so that I have it clear.

Ms. Juana Berinstein: Good morning, everyone. My name is Juana Berinstein and I'm here representing Ontario's midwives.

Since 1994, midwives have been publicly funded and integrated into Ontario's health system. Midwives are primary care providers and provide care from conception to six weeks postpartum for both mom, or the pregnant parent, and baby. Funded by the Ministry of Health, there are almost 900 midwives working across 90 clinics in Ontario. Overall, midwives attend about 15% of births in the province. Midwifery is a growing profession in terms of numbers—three universities graduate about 90 new midwives each year—and midwifery is also growing in terms of role and scope. Our vision is one in which the health care system leverages midwives as primary care providers across the reproductive health spectrum.

Midwifery is a unique profession, a profession dedicated to the reproductive health of women and transgender people, and, as such, we're uniquely positioned to understand the relevance of this legislation.

I'm here today to express our support for the new legislation, which would create safe access zones in Ontario so that people can exercise their basic human rights, including accessing health care without fear or intimidation and making choices about one's own health and body.

Our position as an organization is pro-choice and we believe that reproductive rights must encompass safe access to legal abortion care. Our international body includes abortion care as an essential element of basic reproductive health services and recognizes midwives as providers of competent and safe abortion care.

We support the approach in the safe access zones legislation. While we were disappointed that midwives were not specifically included in the legislation, we understand that a mechanism has been included that would enable midwives to be added in the future. Being able to access such a mechanism is of high importance to our members.

While midwives do not currently provide abortion services in Ontario, we are working to change that. Our discussions with the College of Midwives of Ontario have revealed that they're supportive of midwives expanding their role into the provision of abortion care. Very recently, our association signed a new funding agreement with the Ministry of Health and Long-Term Care that includes the creation of a funding stream for expanded midwifery care models which can include abortion care, and which we hope will enable Ontario to develop models of care that support the essential principles of midwifery, including the provision of abortion, in a model rooted in informed choice, continuity of care and being able to provide care both at home and in hospital.

Leveraging midwives as abortion care providers in Ontario is close on the horizon. Medical and surgical abortions are already largely within midwifery's scope. Like I said, the government already funds 90 midwifery clinics across Ontario, including in many rural and remote communities where abortion services may not currently be accessible close to home.

Continuity of care, we know, is beneficially retained in the case of clients already in midwifery care who have pregnancies that aren't viable. By leveraging midwives, these clients can remain in midwifery care throughout the process of termination or miscarriage, without needing a transfer to another provider or without needing to access an emergency room in a hospital.

A report from Echo stated that the abortion system in Ontario is fragile; that there are decreasing numbers of hospitals and providers offering abortion; that those who do are often difficult to identify, due to safety concerns; and that the lack of abortion services available outside urban areas poses further access barriers. This legislation is an important step to creating improved safety for those providing and accessing abortions. We hope that it will be a catalyst for improving a fragile system so that those who seek abortions can access care close to home.

Midwives are experts in reproductive health. Based on the experience of Ontario midwives, we know first-hand the relevance and significance of access to safe abortion care. This legislation will directly impact the work of midwifery and the care midwives provide. We look forward to seeing this proposed legislation become law, as well as collaborating with government to leverage midwives in the provision of improved abortion care across Ontario.

Thank you for your time today.

The Chair (Mr. Grant Crack): Thank you very much. It's much appreciated.

We'll start with the official opposition: Ms. Martow.

Mrs. Gila Martow: Thank you very much for coming in. I used to work as an optometrist before I got elected. When I first started practising, we didn't work very collaboratively with ophthalmologists. By the end of my career in optometry, it was quite the opposite, where ophthalmologists actually shared offices with optometrists. So it went from actually being illegal, according to our colleges, to work together, to collaborating very closely.

I wondered if you could elaborate a little bit for us on collaborative efforts in the different health care professions, and how your profession is working with the other health care professions.

Ms. Juana Berinstein: It sounds like there are lots of parallels between the professions. Thank you for the question.

We have certainly been engaged in activities to support the integration of midwifery since it was brought into the public health care system, including looking at care in early pregnancy. We've had discussions in the health care sector, and we feel that there's broad-based support for midwives moving into providing this kind of care.

It makes sense from a perspective of access but also from the perspective of continuity of care. We know that there are women who go into midwifery care whose pregnancies aren't viable, and we've heard from midwives that sometimes those women end up needing to go into the emergency room or into an abortion clinic, and it isn't the right kind of care or the best kind of care for those women. They wanted a pregnancy. They're already in midwifery care, and we would really like to be able to see midwives continue to provide that care.

Also, for women who are seeking to terminate a pregnancy, we know that midwifery has excellent outcomes and has been able to create safety and comfort in an exemplary, client-centred model that we feel could value Ontarians who need care around termination and in early pregnancy.

Mrs. Gila Martow: Thank you so much for all you do.

Ms. Juana Berinstein: Thank you.

The Chair (Mr. Grant Crack): We'll move to the third party: Ms. Sattler.

Ms. Peggy Sattler: Thank you very much. You mentioned that you were initially somewhat disappointed that midwives weren't explicitly named in the legislation, but that there is a mechanism to enable this to happen in the future. Did you raise this concern with the drafters of the bill, and were you satisfied with the explanation you received as to why midwives weren't explicitly named in the bill?

0910

Ms. Juana Berinstein: Yes. Thank you for your question. We did raise our concern and we do feel satisfied that our concerns were heard and addressed. Our concern is that midwives aren't currently included. We understand that midwives aren't currently providing abortion services, but we do feel that that could likely change within the next 12 months because of some of the pieces that I spoke about, in terms of the removal of regulatory barriers at the college but also the new funding mechan-

ism that has been negotiated with the Ministry of Health that is going to allow for expanded models. We feel satisfied that once midwives do begin the provision of abortion care, they will be able to access the protection that the safe access zones legislation is extending to both providers and clinics.

Ms. Peggy Sattler: Okay. You had mentioned concern about protesters as a barrier for physicians and NPs, or clinics—not clinics so much, but certainly physicians—to be providing abortion services. Have midwives, perhaps in other provinces—are you aware of experiences where midwives have encountered protesters and consider this to be a barrier to their ability to provide services?

Ms. Juana Berinstein: Yes. We have done a jurisdictional review and we've looked at jurisdictions where midwives do provide abortion care. There are a number of them to look at, both in Europe and in the United States. There's a number of states in the US where midwives do provide abortion services, including in states like California. We know that creating safety for both providers and clinics, and for people accessing services, is a really important part, a piece, of ensuring that people who need to access abortion care services are able to do so without fear or intimidation. So yes, we have heard stories of midwives who are abortion providers being targeted or intimidated as are other physician and nurse providers and staff of abortion services.

Ms. Peggy Sattler: Thank you.

The Chair (Mr. Grant Crack): We'll move to the government. Mr. Fraser.

Mr. John Fraser: Thank you very much for being here and for your presentation and for all your input into the consultation process. As you've accurately described, it is not reflected in the bill because currently midwives are not part of the provision of that service. But there is a regulatory ability, when that scope becomes expanded, and I do understand that there are conversations going on on a variety of things in the scope for midwives, not just this. So I'm confident, once that gets determined, that indeed the protections that you need will be there and in place. I think what's here is a really balanced approach to what we're trying to achieve in terms of the safety for our practitioners, and for women, most importantly.

I want to thank you for your work. I'm very fortunate in Ottawa South that I've got the Ottawa birthing centre, and a new practice just recently. I don't know if you have anything else you want to add.

Ms. Juana Berinstein: No, thank you very much. Thank you for your time today.

Mr. John Fraser: We appreciate it. Thank you.

The Chair (Mr. Grant Crack): Good. Well, we'd like to thank you for coming before committee this morning. Have a great day.

ONTARIO COALITION FOR ABORTION CLINICS

The Chair (Mr. Grant Crack): Next on the agenda we have, from the Ontario Coalition for Abortion Clinics, Carolyn Egan, who is the spokesperson. We welcome you, Ms. Egan. You have up to five minutes for your presentation, followed by three minutes of questioning from each political party.

Ms. Carolyn Egan: Great. Thank you very much for the opportunity to present to you on behalf of the Ontario Coalition for Abortion Clinics. We are the organization that worked with Dr. Henry Morgentaler in the campaign to remove abortion from the federal Criminal Code. This resulted in the historic Supreme Court decision in 1988 which gave the legal right to abortion in this country, placing the decision in the hands of those who were seeking it.

I would like to give a bit of an historical overview of the obstacles we have faced in Ontario since that time and why we must have the right to access reproductive health care without fear of harassment or intimidation if that hard-won right is to be a reality for all.

We have seen that there is an increase in anti-choice activities at sites that offer abortion services. Some clinics experience almost daily protests; others, more sporadically. Patients often feel frightened or upset when they are confronted by these protesters. No one should be treated in this way, with people trying to block their access or interfere in their decision-making. They feel judged and shamed, with their sense of privacy violated. This is well-documented and became such a problem that the mayor of Ottawa called for help to alleviate the pressure on clients and staff.

Let me tell you what it was like after the Supreme Court struck down the federal abortion law. Hospitals and clinics were able to provide abortions to those who made the decision to end a pregnancy, without the Criminal Code restrictions that previously existed.

But at the same time, those who opposed abortion felt that they had the right to interfere with that decision. They initiated what they called Operation Rescue, a tactic that was imported from the United States and which saw up to 100 protesters blockading clinics. They tried to actually physically stop women from accessing the sites, creating an atmosphere that some referred to as a "war zone," calling women and others "murderers," "baby killers," literally trying to take away the right to decide how to best deal with an unplanned pregnancy from the individuals themselves.

We had to create safe houses where patients would go before their appointments, often in the homes of supportive families in the area. They would be met by volunteer escorts who would bring them to the clinics, shielding them as they could from the harassment of those who would try to stop them from accessing a medical service that they felt was the best choice for themselves and often their families.

It was not only the patients; staff were harassed as well: doctors, counsellors, nurses and support staff were interfered with and stopped from going to their jobs. The goal was to force them to leave their positions. Doctors had pickets at their homes. It created an atmosphere of intimidation and fear, which no one should have to endure to exercise a basic human right, a legal right.

The situation deteriorated further with the firebombing of the Morgentaler Clinic on Harbord Street and the shooting of Dr. Hugh Short at his home in Ancaster, Ontario. Other doctors in Winnipeg and Vancouver were also shot. Those, of course, were the work of extremists, but it speaks to the atmosphere that staff and physicians were working under and patients were forced to endure.

The Morgentaler Clinic was the first to apply for an injunction because of the severity of the situation it faced. As time went on, others were able to be covered as well. But as more clinics were established, they were not protected and the problems continued, as other deputants will outline later in the day. The 1994 injunction is now no longer in place.

Today, many more health care providers will need protection due to the dispensing of Mifegymiso, the abortion medication which is now available and will be offered at physicians' offices as well as clinics and hospitals. This is a huge step forward with the potential to greatly increase access, particularly in underserviced areas. In the United States, 50% of all abortions now take place with Mifegymiso. These practitioners must be protected, as well as pharmacists who dispense it and those who wish to access these services.

Nothing happens in a vacuum. We are living in a North American context with an anti-choice administration in the United States that has made it a priority to attack abortion rights and health centres, such as Planned Parenthood, which offer abortion as well as many other reproductive services. This has unfortunately emboldened those on both sides of the border who do not believe that we should have the right to abortion. This new-found confidence in the small minority in this country that are anti-choice has heightened the risks, and we are feeling the brunt of it today.

We do not want to live in this type of society. One should not have to be a hero or a heroine to access or provide a basic medical service that is an essential part of health care. That is what we are talking about today.

People, of course, are free to educate and to demonstrate in support of their views, but they do not have the right to interfere with another person trying to exercise their rights. So-called "sidewalk counselling" is not counselling at all, but an attempt to guilt women into continuing an unwanted pregnancy.

We know it is always the most vulnerable—the young, the racialized, the low-income—who are denied many options in our society. That is why we also support the right to childcare, a decent job, employment equity, gender equality and all the other measures that we need to have real choices in our lives, including the right to have the children we choose to have. We are seeking reproductive justice in every aspect of our lives.

The right to abortion is an illusion if we are not able to access the facilities that provide it without fear of intimidation and harassment. No one should be subject to this type of abuse. We know what has happened in the past and we do not want to see it repeated, and this is what we're fearful of. All Ontarians should be able to access any heath service with their head held high, confident that their rights will be protected.

Thank you very much.

The Chair (Mr. Grant Crack): We shall start with Ms. Sattler from the third party.

Ms. Peggy Sattler: Thank you very much, Carolyn, for your presentation and for your incredible advocacy over the years.

Ms. Carolyn Egan: Thank you.

0920

Ms. Peggy Sattler: It's very much appreciated.

You mentioned that the Morgentaler Clinic in Toronto was the first to apply for an injunction. Can you elaborate a little bit about why bubble-zone legislation is an improvement over having individual clinics seek injunctions?

Ms. Carolyn Egan: The Morgentaler Clinic had to pay for the legal costs for that initial injunction. Later, the government did step in and put them broader, but all those injunctions, aside from the original one, stopped as of January of this year, 2017.

But the situation was extraordinary. I remember it well. It just was a situation where women were fearful of even making an appointment. It was a question of people being interfered with and stopped, frankly. Local community groups, church groups, student groups and unions all got volunteer forces to help escort women through those situations. It was a terrible circumstance.

It abated at some of the key clinics, but we're seeing over the last period—I would say in the last year—a huge heightening of problems at clinics today.

Ms. Peggy Sattler: From the physicians you mentioned, with the dispensing of Mifegymiso, is it your sense that physicians may be reluctant to dispense or prescribe without the bubble zone?

Ms. Carolyn Egan: Yes, that is definitely the case. I was speaking to some physicians in Barrie, for example, and they were wanting to do it, because they know the access is difficult in that area, and yet there was a hesitation about what it meant for them personally.

I mean, we've had situations, and this is very recent, where a physician at a clinic—things like a leaflet in their own neighbourhood that, "This is an abortion provider," or a picket set up saying, "Murderers inside." Doctors are fearful to give their names out. This is a ridiculous situation, in this day and age, 2017, in Ontario, that this type of a problem would exist.

So we really do feel that the government taking a stand—all parties taking a stand—is hugely important.

Ms. Peggy Sattler: Thank you.

The Chair (Mr. Grant Crack): Thank you very much. To the government: Mr. Berardinetti.

Mr. Lorenzo Berardinetti: Again, thank you for coming out this morning. Just a quick question: In your experience, are concerns about privacy, harassment and shaming something that patients worry about when they seek abortion services?

Ms. Carolyn Egan: Yes.

Mr. Lorenzo Berardinetti: Okay. So the new legislation that we proposed, the way it's set up now—do you support it the way it is set up?

Ms. Carolyn Egan: Obviously, there's always perfect legislation, but I think this is a step in the right direction; there's no two ways about it. I know that some of the clinics are concerned that the 50 isn't enough; they're looking to the 150—all of that.

But we do feel that it's a step and hopefully will be just a real signal that this type of behaviour is not acceptable.

Mr. Lorenzo Berardinetti: Okay. Thank you. Those were my questions.

The Chair (Mr. Grant Crack): Thank you very much. We will move to the official opposition. Ms. Thompson.

Ms. Lisa M. Thompson: I just want to thank you for coming in today. We're of the opinion that this bill needs to get passed, and we don't want to delay it. We appreciate your comments and thank you again for coming in.

Ms. Carolyn Egan: You're very welcome.

The Chair (Mr. Grant Crack): Thank you very much. We really appreciate you coming before committee this morning. Have a great day.

ASSOCIATION FOR REFORMED POLITICAL ACTION CANADA

The Chair (Mr. Grant Crack): Next we have, from the Association for Reformed Political Action, Tabitha Ewert. She's an articling student. If you could, Ms. Ewert, just move into the middle, that would be much appreciated.

So the floor is yours. You have up to five minutes for your presentation.

Ms. Tabitha Ewert: Good morning. Thank you. My name is Tabitha Ewert, and I am from the Association for Reformed Political Action, or ARPA Canada. ARPA Canada was one of the parties to the case that took this government to the Ontario courts over the refusal to release abortion statistics. The court found in that case that censoring of such data was an unconstitutional violation of free expression. In essence, the court recognized that there is an ongoing discussion about abortion in this province and that the government cannot interfere with that discussion.

We are happy to see that this government is bringing FIPPA in line with that ruling, but we have major concerns about the rest of this bill and the way that it interferes with the ongoing public discussion.

I have two main points that I would like to make regarding this bill. The first is that it's unnecessary. We have Criminal Code prohibitions that cover all of the extreme behaviour, such as assault. And the second point I want to make is with regard to freedom of expression, and peaceful protesters who would be covered by this bill.

First of all, it is unnecessary. There is just no evidence that, without this bill, women's safety or access to abortion would at all be infringed. In Canada, we have safe access to abortion, and part of the reason for this safe access is the fact that we have Criminal Code prohibitions that prohibit such things as assault, threatening, intimidation or harassment. These provisions cover abortion clinics just as they cover the rest of the province.

The one incident that is referred to in support of this bill, the alleged spitting in Ottawa, is assault. That can be charged under the Criminal Code. There's no reason for the province to supplement the Criminal Code in that situation. In fact, it is unconstitutional for them to do so, because only the federal government can pass Criminal Code prohibitions. Inasmuch as this government is attempting to supplement or fill in perceived gaps, this bill is unconstitutional. The sponsor to this bill, the Attorney General, should be prosecuting such crimes rather than inventing new laws that also silence peaceful protesters.

For the second point, freedom of expression: Making it illegal to show disapproval of abortion is not about protecting patients or physicians. That is about silencing dissent on the issue. It's about silencing pro-life speech. But we have no right to be free from dissent in Canada, no matter what issue is at stake.

I just want to be clear on this point, because there's a lot of rhetoric around this issue that protecting women's rights or making a step forward for women's rights cannot include fining and imprisoning women who disagree. That is what this bill does. It says that if you hold a certain opinion, you cannot express it and your constitutional rights are not protected. That is unconstitutional, and it does not aid the ongoing public discussion that is going on in Ontario over the issue.

For extreme behaviour, for harassment, for assault, that is covered under the Criminal Code. For peaceful protesters, there is no need to silence them in this ongoing discussion.

The Chair (Mr. Grant Crack): We shall start with the government: Ms. Kiwala.

Ms. Sophie Kiwala: Thank you for coming here and bringing forward your testimony. Abortion is a legal and funded health procedure in Ontario, and women seeking out legal health care services should not feel shame, intimidation or harassment, or be exposed to "counselling" from strangers on the side of the street. Women who are in such circumstances of having to avail themselves of abortion services do not do so lightly. It is a challenging time in their lives, and always a difficult life circumstance. They have already been through counselling.

We have heard of cases where protesters are filming or recording patients as they enter and exit facilities. Under this legislation, protesters would maintain their right to freedom of expression outside of the proposed safe access zones.

The purpose of this bill is to protect the safety, security, health and privacy of patients seeking abortion services and those providing them. Many health providers report being the subject of protests, shaming and harmful correspondence.

I'm wondering if I could just ask you one brief question: Do you oppose anti-harassment protection for health providers?

Ms. Tabitha Ewert: Thank you for the question. Just to be clear, I'm never in support of harassing anyone. That is why we have Criminal Code provisions against harassment. That would protect physicians. It would protect women. That—

Ms. Sophie Kiwala: If you could just focus on that one aspect of the question, I'd really appreciate it. We just want to talk about the health providers' private residences.

Ms. Tabitha Ewert: Again, harassment, no matter whether it's at a private residence, an abortion clinic or anywhere, is illegal under the Criminal Code. That should be charged under the Criminal Code. It is not for the province to say, "We want to have additional laws covering that."

Ms. Sophie Kiwala: Thank you. I have no other questions.

The Chair (Mr. Grant Crack): We shall move to the official opposition: Ms. Martow?

Mrs. Gila Martow: Thank you so much for coming in. I don't think we have any questions, but thanks.

The Chair (Mr. Grant Crack): We shall move to the third party: Ms. Sattler.

Ms. Peggy Sattler: Was the BC law found to be constitutional or unconstitutional?

Ms. Tabitha Ewert: Back in the early 1990s, the BC Court of Appeal—it never did go to the Supreme Court—did find that it infringed freedom of expression, but they saved it under section 1 of the charter.

Part of the reason for that is that that was a different time. The protests surrounding the original Morgentaler Clinic's opening were much different than what we see now, and even in that decision, the BC Court of Appeal recognized that in 1996 the provision was not as necessary as it was in 1990. I would strongly argue that in 2017, it's even less necessary, so I don't think the justification that the BC Court of Appeal found 12 years ago would suffice for this law.

0930

Ms. Peggy Sattler: That's your opinion. Thank you.

The Chair (Mr. Grant Crack): Thank you very much. It appears there are no further questions.

Thank you very much for coming before committee this morning.

Ms. Tabitha Ewert: Thank you.

The Chair (Mr. Grant Crack): Have a good day.

We are ahead of schedule, just informing the members of the committee. As such, Mr. Wojciechow—I had it right before; it's Wojciechowski—is here, but his two other guests are not. So I want to inform the committee that we will move to the 10 a.m.

PLANNED PARENTHOOD TORONTO

The Chair (Mr. Grant Crack): Planned Parenthood Toronto: Ms. Hobbs Blyth is here. She's the executive director and she's prepared to go. We would like to welcome you to committee this morning. If you could sit in the middle, that would be much appreciated. Either of the two middle chairs is fine.

We welcome you. You have up to five minutes for your presentation, followed by three minutes of questioning.

Ms. Sarah Hobbs Blyth: Hello. I would like to thank the members of the committee for the opportunity to speak before you on this very important issue. My name is Sarah Hobbs Blyth and I am the executive director of Planned Parenthood Toronto. I am here on behalf of our clients, volunteers, staff and board of directors to speak about why we support bringing into force Bill 163, the Safe Access to Abortion Services Act, 2017.

Today, you will also hear from a number of other pro-choice organizations. We agree with our esteemed colleagues about why this act is paramount in protecting the right to choose for women, non-binary and trans people. Yet I wish to speak to you about why Bill 163 is much further reaching.

The Safe Access to Abortion Services Act also enacts safe access to a wide variety of health care services. As a community health centre for youth, our services are integrated, comprehensive and cover a range of supports, including programming, mental health, primary care, and sexual and reproductive health needs.

The connotation of our name implies that we provide abortion on site. However, historically, Planned Parenthood Toronto has never provided abortion services. In fact, in 2016 we had as many clinical encounters with those seeking anxiety supports as women seeking birth control, for which both categories tripled the encounters we offered for abortion information and referrals.

Yet our name belies. Our unapologetic advocacy for reproductive freedom puts a target on our back. The fact is that anti-abortion protest is on the rise. The National Abortion Federation of Canada found that outside abortion clinics in Ontario, the number of picketers reported has doubled since 2014, and our lived experience confirms.

For example, Planned Parenthood Toronto has had anti-choice picketers at our door who have gone so far as to enter the clinic on multiple occasions. We have had ominous signs posted on our building. We have been told that we deserve to be hanged for the work that we do.

I ask for you to consider a 15-year-old seeking mental health services—a youth who has been truly courageous to reach out for this kind of support. Consider seeking health care, just to encounter relentless protest as you try to enter the building where the care you need is being offered. Consider being accosted with gruesome images upon arrival. Consider having assumptions made about you and receiving unwanted counsel. Consider having your privacy breached in that very vulnerable moment.

As I'm sure we all agree, this is not the health care Ontarians deserve.

The harms produced by anti-choice protests do not discriminate. Simply by accessing the area around diverse health care facilities, anti-choice rhetoric negatively affects people no matter the care they seek.

We support Bill 163's ability to cover a range of facilities and providers. We appreciate that it is written as a living document that can be amended with the evolving health care landscape.

Planned Parenthood Toronto works to ensure that those who face the greatest barriers to access receive health care that is right for them. Safe access zones protect all that we do. For this reason, Bill 163 is a crucial part of achieving health equity.

There is no denying that Mifegymiso, the abortion pill, has changed the game. For the first time, Planned Parenthood Toronto will be offering an abortion option on site. We know first-hand the fear that health care providers may feel when taking this crucial step. That is why we must advocate today for a clearly articulated application process in the legislation. We request that the application be simple, free of charge and require a low threshold of need-based evidence.

Approving Bill 163 is needed to ensure the safety of those prescribing Mifegymiso, not only for those in urban centres, but especially for rural providers. Primary practice in rural settings is particularly vulnerable because it can be the only point of contact with health services for a great distance. Rural providers must be able to balance the safety of themselves, their family and their practice with the vital need to provide the abortion pill in remote areas, where abortion is disproportionately inaccessible. The right to abortion care must mean the right to reasonably access this care without resources required to travel. By passing Bill 163, rural practitioners need not decide between their medical duty and their safety.

Safe access legislation has stood up in the Supreme Court three times. It is sound, it is balanced and it is needed today. Thank you.

The Chair (Mr. Grant Crack): Thank you very much. We shall start with the government. Mr. Baker.

Mr. Yvan Baker: Ms. Hobbs Blyth, thank you very much for coming in today. You spoke in your remarks just about a minute ago about the need to protect the safety of both the practitioners, but also their families, and of the practice itself. Could you speak a little bit to your thoughts on the need for safe access zones for the providers themselves and for clinic staff homes?

Ms. Sara Hobbs Blyth: I think it's imperative that the providers feel protected under this legislation, that they know that, if they're dropping their child off to daycare, if they're attending a performance somewhere, if they're attending an event, a work function—whatever it may be—they know they can be free of intimidation, of harassment, of any kind of public shaming for the work they do, which is legal, safe and an approved medical procedure.

As well as for the people working at the clinic, I think that like all Ontarians who come to work—we all came to work today and we didn't have to face picket lines, we didn't have to face people shaming us or trying to make us feel badly for what we do and we didn't have to have fear coming in to work.

For the staff at Planned Parenthood, we have seen a rise in anti-choice activity, and so we have gone as far as to work with local enforcement to develop a security plan. We've installed a security camera; we never have had that before. We have locks that are different internally in our building. We have gone through different drills with our staff. All of these things are new to us because of the rise in anti-choice activity, and we feel that we have a duty to protect people working. I think this bill will help us protect the people working at our place.

Mr. Yvan Baker: Thank you very much.

The Chair (Mr. Grant Crack): We'll move to the official opposition. Ms. Thompson.

Ms. Lisa M. Thompson: I just want to say thank you very much for coming in and sharing your perspective today.

Ms. Sarah Hobbs Blyth: Thank you.

The Chair (Mr. Grant Crack): To the third party: Ms. Sattler.

Ms. Peggy Sattler: Thank you very much for the research that you included in your presentation—and also for your remarks—it is very helpful.

The question of the application for the safe access zone: That is something that obviously Planned Parenthood Toronto is planning to apply for once the legislation comes into force, if passed, which it seems like it's going to. Have you been given reassurances that some of the criteria that you have outlined here that you would like to see in the application process—has the government indicated that they are hearing your feedback and are looking at a process that would meet your needs?

Ms. Sarah Hobbs Blyth: I feel fairly confident. During the consultation process we were asked questions about what the application process should or shouldn't look like and what would make a low-barrier application process. Given the legislation and the way that it has been presented, it feels to me like the government has listened to the people who have been consulted on this process. Yes, I'm hopeful that the application process will be something that providers can—especially rural providers, maybe solo-office doctors—apply for without needing a legal team and needing a lot of money to apply for and don't have to demonstrate a great need with protester activity in their office; they don't have to have three or four incidents before they would qualify. I feel confident that that will be the case.

Ms. Peggy Sattler: Okay. The midwife presentation talked about midwives not being explicitly named in the bill. Is that a concern for the staff who work at Planned Parenthood as well, or do you feel that it's broad enough that it would encompass your staff?

0940

Ms. Sarah Hobbs Blyth: I think it's important that this legislation be a living document that can accommodate future changes to the health care system. My understanding is that it's very imminent that midwives might be able to prescribe Mifegymiso. It would be wonderful if the legislation could name that, but I understand that they're not actually prescribing now, so there's a limitation to being able to do that. But I've been assured that the legislation is written in a way that can accommodate future health care changes.

Ms. Peggy Sattler: Thank you.

The Chair (Mr. Grant Crack): I'd like to thank you, Ms. Hobbs Blyth, for coming before committee this morning and sharing your insight. It's much appreciated.

Ms. Sarah Hobbs Blyth: Thank you for the opportunity.

The Chair (Mr. Grant Crack): You're welcome.

CAMPAIGN LIFE COALITION

The Chair (Mr. Grant Crack): Next on the agenda, we have Matthew Wojciechowski, Enza Rattenni and Valerie Gould from Campaign Life Coalition. We welcome you to committee this morning. We look forward to your presentation. You have up to five minutes for your presentation. The floor is yours.

Mr. Matthew Wojciechowski: Good morning, honourable members. I would like to begin by thanking you all for accepting our request to present on Bill 163.

With that said, I would also like to add that we are deeply disappointed by the government's decision to fast-track this bill and, in doing so, not giving the public, the people, the citizens of this province enough time to engage on this issue with their MPPs. In just a few weeks, however, we have received thousands of signatures from across the province for our petition, making a strong statement that this isn't what Ontarians want.

Campaign Life Coalition opposes this bill entirely. This bill is a direct attack on the freedom of speech, assembly and expression of Canadians. This bill prevents women from having access to alternatives to abortion. Thirdly, this bill aims to address a problem that doesn't exist. It is a problem made up by the abortion industry and their allies at Planned Parenthood to demonize their opposition and to protect their grisly business of killing children before birth for profit. Pro-life outreach outside of abortion facilities is just bad for business.

Over the past week, MPPs on both sides of the floor have been repeating a very toxic narrative. They call us violent. They call us hateful. They claim that harassment at abortion facilities is a constant when, in fact, it is a very rare occurrence. They refer to the experience outside of abortion facilities as "war zones"—because, frankly, nothing resembles a war zone like a pair of grandmas standing on a sidewalk praying and holding a sign that says, "Abortion stops a beating heart," or a group of young people peacefully standing side by side with signs that say, "I regret my abortion."

There are many sections of the bill I could discuss, but for the sake of time, I will only highlight two of them.

Under "Prohibitions," section 3: The notion that informing women, whether it be through the distribution of pamphlets, offering scientific evidence of the development of her child, engaging in a conversation or even the act of praying—to consider these things a crime is outrageous. For the state to control civilian interactions is the hallmark of a totalitarian state. I'm Polish, so I know very much what Communism is like.

Under "Enforcement," section 8: The penalties for breaking this law are far worse than those for impaired driving. Do you honourable members of provincial Parliament believe that an impaired driver who puts the lives of others directly at risk of death is deserving of a lesser punishment than someone holding a sign, praying or offering support to a woman in need? This is an extreme position out of touch with the values of Ontarians.

This bill assumes that every woman who walks into an abortion facility wants the abortion, has made up her mind and is doing so freely. This is just not true. This legislation is anti-free-speech, anti-science, anti-information and is a contradiction to those who claim to be pro-choice. This isn't about being pro-choice. In this bill, there is only one choice, and that choice is abortion.

Thank you.

The Chair (Mr. Grant Crack): Thank you very much. We shall start with the third party. Ms. Sattler.

Ms. Peggy Sattler: Thank you very much for your presentation. I have no questions.

Mr. Matthew Wojciechowski: Excuse me, Mr. Chair: Is it okay if my colleague also presents?

The Chair (Mr. Grant Crack): Absolutely. You have another minute left.

For the record, if you could state your name—I wasn't aware that she was going to speak. Go ahead.

Ms. Enza Rattenni: Good morning, honourable members. My name is Enza Rattenni, and I am here to give testimony on Bill 163.

I've been a sidewalk counsellor for six years, and I'm here to share with you my personal experience.

First, allow me to clarify: What is the role of a sidewalk counsellor? A sidewalk counsellor is motivated by genuine desire to offer confidential, non-judgmental and compassionate support to vulnerable women facing unplanned pregnancies. This outreach is peaceful and respectful.

My singular concern is to provide her with a safe space to discuss her situation, to assist in assessing her needs, to inform her on the support available, so that she can make her decision according to her own conscience.

I have spent thousands of hours doing all of this work in front of the abortion clinics without any altercations. The reason why I go to the abortion clinics is because that is where the need is greatest.

In six years, I have encountered and offered support to over hundreds of women, and when they did stop to talk, I found out that, despite scheduling appointments at the abortion clinic, they felt trapped by their circumstances and/or pressured into it. This tells me that their choice was not made in freedom and that there is a lack of information.

My response to this problem was to offer these women better options than abortion, since the demand was there. Many accepted my offer because it was their best choice.

Honourable members, if you enact this law, you essentially eliminate access and awareness of alternative support to women who feel stuck with the option of abortion.

One woman said to me after her abortion: "They were really nice to me, but I felt like I couldn't leave. If I had met you before, I would not have had the abortion." That's a direct quote.

Honourable members, I only want what every woman deserves: the right to make an informed choice. This law prevents this fundamental right to all women; this law infringes on the rights of those who have a great love and compassion for these women, as I do.

The women whom I have helped—well, there were supposed to be three of them here, but, you know, daycare. It's hard. This is all last-minute. They know what I offered, and it was honesty, it was compassion and it was respect. We have a friendship.

I urge you, in the best interest of those women who feel stuck with abortion as their only option: Please do not make illegal the good work that happens on the sidewalk.

I have great respect and compassion for women who face these situations, and I respect all of their decisions, but how can I bring awareness of the support available to those who feel trapped if you take away our rights?

I just want to show you some images of women and children who decided to choose, and we didn't pressure them.

The Chair (Mr. Grant Crack): Okay, thank you very much. We don't accept props, so we'll just move over to the government side.

Ms. Enza Rattenni: They're not props; they're human beings.

Mr. Matthew Wojciechowski: They're human faces and human beings.

The Chair (Mr. Grant Crack): Ms. Kiwala.

Ms. Sophie Kiwala: Thank you, Mr. Chair.

I'm going to reiterate some of the other comments that I've made. I think that the Chair already informed you that props are not to be used. I have nothing else to say.

The Chair (Mr. Grant Crack): Thank you very much. We shall move to the official opposition. Ms. Martow.

Mrs. Gila Martow: I want to thank you for coming in, but we don't have any questions.

The Chair (Mr. Grant Crack): Thank you very much. That concludes the question-and-answer, I guess.

I appreciate you coming before committee this morning. Have a great day. Thank you.

Members of the committee, we are ahead of schedule. Therefore, there's no further business for this morning. I look forward to seeing you all at 2 p.m. to continue the public hearing process on Bill 163.

I declare this meeting recessed until 2 p.m.

The committee recessed from 0948 to 1402.

The Chair (Mr. Grant Crack): Good afternoon, everyone. Welcome back after a short recess. I'd like to call the Standing Committee on General Government back to order. Again, we're here to hear from delegations regarding Bill 163, An Act to enact the Safe Access to Abortion Services Act, 2017 and to amend the Freedom of Information and Protection of Privacy Act in relation to abortion services.

This morning went rather well. Let's get right back to it.

ABORTION RIGHTS COALITION OF CANADA

The Chair (Mr. Grant Crack): We have with us, via teleconference, Joyce Arthur. She's the executive director of the Abortion Rights Coalition of Canada. We welcome you, Ms. Arthur. You have up to five minutes for your presentation, followed by three minutes of questioning from each of the parties. The floor is yours. Welcome.

Ms. Joyce Arthur: Thank you. Thanks very much to the members of the standing committee for this opportunity to speak to you. The issue of safe access zones is one that I've been involved in for many years, and I want to share with you some direct evidence from clinics about the impact of protest activity on their staff and patients and why they need safe access zones to protect their safety.

Before I founded ARCC, our group, in 2005, I ran the Pro-Choice Action Network in BC, and I was active when BC's Access to Abortion Services Act was passed in 1995. Our group worked closely with the clinics through that time, and we were also intervenors in some of the court challenges to the act over the years.

The act was upheld as constitutional by the Court of Appeal in 2008 because it infringes only minimally on freedom of expression. It was justified to protect a woman's right to medical services.

Anti-choice people still have their freedom of expression because they can protest in many other places; they don't need to be right in front of clinics. The only effect is to shame, frighten and intimidate women who are already in stressful circumstances coming in for a medical procedure.

Women also worry about their privacy being breached. In BC, protesters sometimes had cameras and would write down licence plate numbers. It creates a risk of violence because altercations can happen between protesters and women's male partners, for example, or between a staff member and a protester.

In 2010, our group, ARCC, surveyed all 33 abortion clinics in Canada to ask them about their protest activity. At that time, 64% of clinics experienced some degree of protest activity, and another 15% had had activity in the past. One third of those clinics surveyed were in Ontario—11—and all of them were experiencing protest activity. Only 27% of clinics were protected by an injunction or BC's law, but every clinic with protection had significantly reduced protest activity. Sometimes it was completely eliminated.

The anti-choice 40 Days for Life campaign stages ongoing demonstrations outside abortion clinics twice a year. Many more Canadian clinics have been affected by the 40 Days campaign since 2010, including a record

number of 15 Canadian locations this fall—nine in Ontario alone. This is happening right now, continuing to November 5. Clinics have to prepare for this and expend resources to protect clients and staff.

A clinic in Toronto that has had regular protest activity for years, including now and during the entire 40 Days for Life each year, told us in 2010 that there are two to three and sometimes 20 to 30 protesters each time, and that they engaged in "some harassment, handing out brochures. Basically, they stay on the other side of the street. But one or two of them come on our side of the street. They try to either stop the vehicles from coming in, counselling the patients and handing out leaflets. They stop patients walking on the sidewalk, persuade them not to get an abortion. Sometimes the patients are very upset. Our staff also gets distracted. We have to call the police. Staff don't feel comfortable. They have to watch themselves when they drive to the clinic. They're a bit fearful."

Protest activity has gotten worse since 2010. Some clinics that never or rarely had protesters when we did that survey now experience them more often or regularly. To get updated information, we did another survey in September of most of the Ontario clinics and some hospitals, too. All of the Ontario clinics continue to experience protest activity, and the incidents have increased for some facilities.

I have permission from three other clinics in the metro Toronto area to share quotes they gave us in September about their current protest activity. I'll start with the Choice in Health Clinic in Toronto. They experience protesters fairly regularly, including occasional large groups of protesters.

They said, "We are less worried about the number of protesters because we are more fearful of what one person with a gun can do. In the past 10 or so years, Mary Wagner"—an anti-choice activist—"has caused more disruption to our clinic than any group of protesters because she tries to enter the clinic, and she engages with clients as they try to enter and leave. She tells them their abortions will cause breast cancer etc. She creates a climate of fear. Her disruptions—for example, getting into our first set of doors—impacts our workflow for the day, and people cannot come and go from the clinic while we wait for the police to arrive. Support people often try to protect their loved ones by trying to get Mary Wagner to leave, for example. Depending on the level of engagement, this puts them at risk for countercharges such as assault. Some clients may see protester activity and leave, not getting their abortion that day. Some staff are fearful they will be asked to testify in court and worried their names will be published in anti-choice media."

One more clinic, if I have time: the Mississauga Woman's Clinic. They say that protest activity has increased in the last six months. "Protesters are now active at least weekly, if not more frequently. Spring and fall are high-action periods. During 40 Days for Life, protesters are active daily, even when a clinic is closed on Sundays. On regular days, we see between two and six protesters. During 40 Days, the number increases to over 10. They mostly stand at the parking entrance to our medical building and come up to cars with their signs."

A few incidents that have occurred at the clinic within the past six months: "A protester has entered our clinic space and caused disruption, requiring building security to remove her. Our office was vandalized and personal photographs of staff members adorning their work areas were destroyed. A staff member received a message"—

The Chair (Mr. Grant Crack): Thank you very much. I'm sorry to cut you off. It's the hardest part of my job, but we're trying to stay on schedule.

We'll start with the government: Mr. Baker.

Mr. Yvan Baker: I wanted to ask you a question or two, but did you want to finish your thought there?

Ms. Joyce Arthur: I could just quickly finish a couple of the incidents that this clinic, the Mississauga Woman's Clinic, was talking about. They said that a staff member received a message attached to her car window identifying her as a baby killer. Within the past four years, neighbours of their clinic owner were hand-delivered paper notices indicating the owner by name and home address as an abortion clinic owner who was making money by killing babies. The impact of these activities resulted in fear, extreme caution and intimidation of their staff, patients, providers and the clinic owner.

Mr. Yvan Baker: Thank you very much. Thanks for sharing that with us.

I think you've covered this pretty thoroughly, but I'm wondering if you can comment on, in Ontario or even Canada more broadly, given your experience—that even what is apparently peaceful protest activity can cause harm for patients and for providers.

Ms. Joyce Arthur: Sure. There was actually a study done out of Australia that showed that women were distressed just by the mere presence of protesters. Even if they were just standing there silently, praying or whatever, it's very intimidating, and it still creates kind of a shaming atmosphere. As I said, with the history of violence and harassment against providers, they don't know whether that person has some ill intent or might do something more. They're also worried about their confidentiality and so on.

Even having silent, peaceful protesters out there is still quite harmful and distressing to patients. I'm going to make a written submission a bit later—I've almost finished it. There are many studies and some court testimony showing that protesters outside clinics actually increase the risk of medical complications for women because of the emotional distress that they cause.

Mr. Yvan Baker: I see. Thank you very much for that. About a minute left, I think, Chair?

The Chair (Mr. Grant Crack): Exactly.

Mr. Yvan Baker: Could you talk a little bit about how you think these proposed measures in this legislation compare to legislation that already exists in other jurisdictions?

Ms. Joyce Arthur: I think it will have a similar effect as to the BC act, and now there is also similar legislation

in Quebec and Newfoundland. They do actually work. These laws work to suppress protests and increase the atmosphere of peace and privacy and safety around clinics. They have worked in other countries around the world, as well. In fact, Australia's bubble-zone laws were modelled on BC's law, as well.

Definitely, the legislation works better than court injunctions, which are very expensive and difficult to enforce and they don't have much enforcement teeth in them. The law, actually, sir, is a great opportunity to ensure that if the law is breached, there are penalties in place that will deter the protesters and ensure that that safe atmosphere is maintained.

Mr. Yvan Baker: Okay. Thank you very much.

Ms. Joyce Arthur: Thank you.

The Chair (Mr. Grant Crack): We shall move to the official opposition. Ms. Martow.

Mrs. Gila Martow: Thank you very much for your very comprehensive presentation. I look forward to reading what you're going to be sending us, I guess, later today. We thought that this legislation—there had apparently been a lot of consultation and people seemed quite supportive of it as it was written, and we want to just see it passed as smoothly and quickly as possible, so no further questions. Thank you.

Ms. Joyce Arthur: Thank you.

The Chair (Mr. Grant Crack): I'd like to thank you, Ms. Arthur, for coming before committee via teleconference, and we thank you for sharing your insight.

Ms. Joyce Arthur: My pleasure. Thank you.

The Chair (Mr. Grant Crack): Have a good day.

Our next presenter is also via teleconference. We'll just take a little pause here until such time as communications can make that connection. How about a two-minute recess?

The committee recessed from 1412 to 1414.

OTTAWA CITY COUNCIL

The Chair (Mr. Grant Crack): Back to order. We have with us, via teleconference, Catherine McKenney. She is a councillor for the city of Ottawa. We welcome you, Ms. McKenney. You have up to five minutes for your presentation, followed by up to three minutes of questioning and comments by the three parties. The floor is yours. Welcome.

Ms. Catherine McKenney: Thank you, everyone, for the opportunity to speak to members of the standing committee this afternoon on Bill 163, an act to enact the Safe Access to Abortion Services Act, 2017, and my strong support for the bill.

As you mentioned, I am the city councillor for the Somerset ward in Ottawa, and the Morgentaler Clinic on Bank Street is located in the ward that I represent. Access to health services, in particular abortion and reproductive health services for women, is essential. We must do everything within our power to not allow anyone or any government or any organization to diminish these rights.

Last April, when the Toronto Star reported that many women felt unsafe entering the Morgentaler Clinic in Ottawa because of the harassing and sometimes very intimidating behaviour of some protesters, and the lack of police response when they reported this harassment, there was outrage in our community that this continues to occur. There was also confusion as to how the city was able to respond.

I immediately began to receive messages from many different women from across the city about their experiences in accessing health care services at the Morgentaler Clinic. They all told a very similar story of being verbally abused and harassed by some protesters as they approached the clinic, how they were routinely intimidated and followed in to neighbouring businesses if they attempted to walk away and often being yelled at in public. The stories were all very, very similar, and I want to add that, in more than one instance, I heard from women who were being spat on as they attempted to enter the clinic. So, in short, women were being routinely and publicly assaulted and harassed on a downtown sidewalk in the capital city of Canada, in the shadow of Parliament.

We, at the time, collectively asked ourselves, how could this continue after all these years? While the city of Ottawa's bylaw—and I wanted to talk a bit about that—states that any protester must remain on the opposing sidewalk from the clinic, some protesters have continued to remain in front of the clinic with impunity, often standing directly adjacent to the clinic doors.

Under the Municipal Act, 2001, we all know that local governments in Ontario are permitted to pass bylaws for specific purposes, such as traffic and parking, business licensing etc., as well as under the broad categories of "protection of persons and property" and also the "health, safety and well-being of persons." However—and this is important—enforcement under the bylaws is largely limited to fines. Bylaw enforcement through ticketing cannot—and we knew this—provide the same immediate resolution of situations that we were seeing of serious harassment, threats and intimidation. We needed more options to protect women in our city.

At that time, Mayor Watson and I made a formal inquiry at council requesting that our legal services staff provide council with some legally enforceable options available to the city that would include, but not be limited to, either changes in our bylaws that would guarantee women are not being harassed or threatened at this or any other health care facility providing abortion or other reproductive health care services.

The conclusion at the time that was reached by legal services was clear: "Based on the documented effectiveness of the measures taken in British Columbia and in respect of the zone created around the Toronto Morgentaler Clinic, they concluded that the extension of those existing measures by the provincial government was the most effective way of achieving similar protections for women and other service providers in the city of Ottawa and across the province."

I am very pleased that we are here today at the committee stage in the adoption of this bill. The response of the Attorney General, our local MPP, Yasir Naqvi, was immediate. By the end of May, Minister Naqvi had announced that the government would spend the summer holding public consultations, which have been done, and preparing this draft legislation, which is needed to protect women and staff entering our clinics.

The Chair (Mr. Grant Crack): Thank you very much. We appreciate it.

We will start the line of questioning with the official opposition. Ms. Martow.

Mrs. Gila Martow: Thank you very much for taking the time and giving us your presentation. We feel that there was a lot of consultation done, as you mentioned, by the MPP and Attorney General, and we were ready to pass the bill.

I don't have any questions. I think we're all pretty much on the same page on this. Is there anything you want to add?

Ms. Catherine McKenney: I just want to add that I think this bill is fair. It protects both women and health care workers, at the same time as it continues to allow for peaceful demonstration and protest. I can put my strong support behind this bill. So I thank you for that.

Mrs. Gila Martow: So you're happy with the way it was written initially? There are no amendments you're going to be recommending?

Ms. Catherine McKenney: That's correct.

The Chair (Mr. Grant Crack): We'll move to the government. Mr. Rinaldi.

Mr. Lou Rinaldi: Good afternoon, Ms. McKenney. Thank you for presenting today. Give my good wishes to my good friend the mayor.

Ms. Catherine McKenney: I will.

Mr. Lou Rinaldi: You described in some detail calls or people who approached you with the type of activities that we're trying to prevent with this piece of legislation. Can you tell us if you were ever present at one of these activities in front of one of these clinics?

Ms. Catherine McKenney: I have personally been at the clinic and been approached, with the person I was with, by protestors in an intimidating manner.

Mr. Lou Rinaldi: You've experienced it first-hand.

Ms. Catherine McKenney: Yes, I have.

We've known this was happening in the city, at the Morgentaler Clinic, for years. It's not a secret. The article let us know about the seriousness. I don't think anybody realized or was hearing about the stories of women being followed into neighbouring businesses and sometimes being spat on and yelled at individually. Many people can tell you about instances that they personally witnessed, including myself, on Bank Street, in front of the clinic. But the seriousness of the incidents is what shocked us, I think, with the Toronto Star—and the fact that we had no real tools to stop the behaviour.

Mr. Lou Rinaldi: I don't have any more to add. Thank you for taking the time to show your support for the legislation as it moves forward.

The Chair (Mr. Grant Crack): Thank you very much, Councillor. We appreciate your insight and wish you a wonderful afternoon.

Ms. Catherine McKenney: Thank you very much.

The Chair (Mr. Grant Crack): We are somewhat ahead of schedule. I don't believe Madame Prévost from Unifor is here. We might as well do the 15-minute recess.

Mr. Lou Rinaldi: Before we do that, is there anybody here who wants to present?

The Chair (Mr. Grant Crack): Not that we're aware of.

Mr. Lou Rinaldi: I just thought that if there was another delegation, we could tackle it. I'm trying to help.

The Chair (Mr. Grant Crack): I really appreciate your help.

We will recess for 15 minutes, effective right now.

The committee recessed from 1424 to 1450.

The Chair (Mr. Grant Crack): I'd like to call the Standing Committee on General Government back to order after a short recess.

UNIFOR–ONTARIO REGIONAL WOMEN'S COMMITTEE

The Chair (Mr. Grant Crack): I would like to welcome, at this point, from Unifor–Ontario Regional Women's Committee, Véronique Prévost, the vice-chair. We welcome you. You have up to five minutes for your presentation, followed by up to three minutes from each of the parties. Welcome.

Ms. Véronique Prévost: Okay, thank you. Good afternoon. I'm here to speak on behalf of Unifor–Ontario Regional Women's Council. Unifor is the largest private sector union in Canada, representing over 315,000 workers, one third of whom are women. Specifically in Ontario, we have 62,000 women we represent.

As a union, we are always fighting for equality, and this legislation is another important step in advancing equality. At Unifor's 2017 national convention, our president, Jerry Dias, adopted a resolution that we would support this legislation once tabled in the House. This opened the discussion not only at our convention but also at our yearly women's conference, which was attended by over 300 women from across Canada and from across all industries of work. What we heard was a clear message from working women and men that women deserve the right to safely access reproductive health care services.

A woman's right to chose and to have control over her body is fundamental to equality. However, it's crucial that we remember that we're not here to debate choice but rather to ensure that women have safe access to reproductive health care services. It is also important to note that the right to protest is also a key factor when discussing equality and, as a union, we stand by the basic right to protest. However, we believe we can all agree that when protesting puts the lives of women in danger, we need to re-examine the regulations that allow this to happen. For anyone accessing reproductive health care

services, they deserve to do so without intimidation, harassment and, in some cases, even physical assault.

When discussing this legislation, it's also imperative that we speak about the safety of health care workers that provide these services. As a union, we also represent health care professionals who in some cases work in these clinics. As any other worker, they have the right to work in a safe environment free from harassment and intimidation.

In Ottawa, where I live, some protesters have even gone so far as to write the home address and names of nurses and doctors on their protest signs. I think we have to ask ourselves if this would be acceptable in any other workplace. With this legislation, we are ensuring that the lives of these workers are no longer at risk.

The Chair (Mr. Grant Crack): That's it?

Ms. Véronique Prévost: That's it.

The Chair (Mr. Grant Crack): I was just waiting for the next sentence. Thank you very much for your presentation. We shall start with the NDP, the third party: Ms. Sattler.

Ms. Peggy Sattler: Thank you for your ongoing advocacy to advance women's rights and also on behalf of the workers that you represent. The provisions that are in the bill about prohibited activities within a safe access zone: Do they go far enough, in your view, to ensure the safety of workers at clinics and other places that would be able to get a safe access zone?

Ms. Véronique Prévost: Of course we're happy with the step, where this is going. We would like to see it expanded beyond 50 metres. In terms of the specific activities that they are doing, we feel that 50 metres is a start to prohibit the sometimes physical assault that's happening right now because the protesters are allowed to be closer to either people accessing the services or working there. So 50 metres to inhibit those assaults or even verbal assaults is a good beginning.

Ms. Peggy Sattler: Okay. Did you have any concerns about the process to expand the length of the zone to up to 150 metres? Have you been able to give any input about how you think that process should look?

Ms. Véronique Prévost: We believe that it should not be a cumbersome or lengthy process. If a clinic or a health care professional feels that they need to expand that area due to an immediate threat, let's say, it should be a very speedy process. It should not be a cumbersome process to go through.

Ms. Peggy Sattler: Okay. Thank you very much.

The Chair (Mr. Grant Crack): We'll move to the government: Mr. Berardinetti.

Mr. Lorenzo Berardinetti: Thank you for having presented here today. I just wanted to ask you a question around the issue—many of the pro-life-oriented choice protests take place. They often say, "Our protesters are very peaceful, and we don't really cause any problems."

Did you want to explain? Maybe you have some more information regarding what your experience in Ottawa has been.

Ms. Véronique Prévost: I can speak specifically to Ottawa, to the one clinic that's usually the one targeted. It has gotten to the point where the clinic itself has to pay for private security to be at the door to either escort women or anybody accessing the services, and staff as well.

I will say this: The majority of it is peaceful, but there are instances where there is physical assault or coming very close to the people accessing the services. If the clinic is going to the point of hiring private security, I believe that a threat is credible.

Mr. Lorenzo Berardinetti: Have you seen this increase in the past few years, the level of those who are against abortion getting more militant, or maybe a few have become militant? Have you seen an increase? We were bringing forward this legislation now, resulting from complaints, just to make sure people are safe when they come in and out of the—and also the workers involved are also safe. Has it increased in the last few years?

Ms. Véronique Prévost: I would say, specifically in Ottawa, there are the same constant people who are there, but we are seeing more and more protesters. But I will say, even if it's one person doing it, it's one too many. Whether it's increasing or decreasing, it's still necessary legislation.

Mr. Lorenzo Berardinetti: Okay, thank you. Those were my questions, Mr. Chair.

The Chair (Mr. Grant Crack): We'll move to the official opposition. Ms. Thompson.

Ms. Lisa M. Thompson: We just want to say thank you for coming from Ottawa to share your perspective. We appreciate it, and I appreciated the responses to the questions that you offered. It helps inform us as we move forward in this process.

Ms. Véronique Prévost: Thank you.

The Chair (Mr. Grant Crack): Thank you very much. We appreciate you coming before committee. Sorry for the delay at security. We appreciated your input this afternoon, so thank you very much.

Ms. Véronique Prévost: Thank you very much.

The Chair (Mr. Grant Crack): Have a good afternoon.

Our 3 p.m. is not available at this point. We're a few minutes before the allotted time of 3 p.m. The Clerk is just going to see if your next deputant is available.

Interjection.

The Chair (Mr. Grant Crack): Sorry?

Mr. Lorenzo Berardinetti: Which one is the next one?

The Chair (Mr. Grant Crack): The next one would be the Silent No More Awareness Campaign. Madam Clerk, is this the Silent No More? Okay, thank you very much.

SILENT NO MORE AWARENESS CAMPAIGN

The Chair (Mr. Grant Crack): Welcome. Next we have Angelina Steenstra. She is with the Silent No More

Awareness Campaign. We welcome you to committee this afternoon. You have up to five minutes for your presentation, followed by three minutes of questioning by each of the parties. The floor is yours.

Ms. Angelina Steenstra: Good afternoon. Thank you for this opportunity to share what I have experienced from the perspective of someone who has stood outside of an abortion facility. I am the co-founder for Canada of the Silent No More Awareness Campaign, and that began in 2003 in the United States. I brought it to Canada in 2004.

My background is that I have done post-abortion ministry for over 25 years, so I've heard hundreds of stories from both men and women who have suffered the experience of abortion in their lives.

The campaign has three goals. The first goal is to reach out to those who are hurting after an abortion and to let them know that they're not alone. If there is suffering and pain, at whatever level in their being—psychologically, emotionally, physically, relationally—it's real and they're not alone. There are others who experience such things, so we're here to validate that pain.

The second step is to encourage people who are in that place of suffering to reach out for help, because there are numerous after-care programs that can help people to process what they suffer after an abortion. One of the main experiences is this death experience. It's an unresolved grief that can often go down and be impacted and disenfranchised.

How do I know that? I know that as a person who has experienced abortion. I had an abortion at the age of 15. I was raped. Rape was a reason to have an abortion, so I bought into that ideology.

For the next seven years, I would live out a personal experience of drugs, sex, serial sexual encounters, alcohol, flashbacks—all kinds of horrendous, physically emotional suffering. I would end up being suicidal while enrolled at university. Fortunately, help came my way.

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Another seven years later, I still had not really processed my own abortion grief. The first child that I conceived in rape died through an abortion, a surgical abortion that I was awake for. Nobody explained to me what I was going to be engaging in; there was no one who offered me a last opportunity before I walked through those doors to have my life forever changed. That's the value of people standing outside of abortion facilities: to offer one last chance, to know that it's not benign. There is something afterwards that we have to live through.

It wasn't until I lost another child through an ectopic pregnancy that I would begin to process the death experience of my first child. Because I was in a situation like the day of the abortion, I went into a flashback. I was being wheeled into the OR to protect me from dying because I was experiencing a ruptured ectopic pregnancy that was about to take my life. I'd been bleeding internally for three days. As I was being wheeled into the OR, it was like, "Oh my gosh. This is like the day of the abortion," and I began to relive the abortion.

Thus began my healing. One of the steps I took in my own journey—because for 14 years I had been burying this and suppressing it, and it wasn't legitimate to talk about it. Three other women in my life had abortions because it wasn't a big deal, so I thought. I watched those women's lives tumble down. We were all at university. I watched them fall apart just as I had fallen apart.

At the loss of our son Joseph Michael Steenstra, I began to process the death experience of my first child. I began to understand the flashbacks; I began to understand why I was having an emotional reaction when I saw blood. When I heard the sound of a vacuum cleaner, why did I want to throw that thing down the stairs? It was the sound of the aspirator that sucked the baby from my womb. The blood—I saw the container next to my right foot fill up with the remains of my child.

Perhaps this inside story helps you to understand that abortion is not benign—there is something that happens; it is a death experience. And so, why do I do what I do? Because, after 27 years of post-abortion ministry, I have so often heard from men and women: "How come I didn't hear that side of the story? Why was there nobody outside of the clinic to tell me that there was another story?"

A significant moment in my own journey of healing is when I went down to Morgentaler many years ago—on Harbord Street—and I found the courage to just go stand outside of the abortion facility and let myself remember, gather up my story. It was painful. It cost a lot, but it was worth it—to go back into the memory and stop suppressing it so I didn't need the drugs anymore. I didn't need the alcohol anymore. I didn't need the all the pleasures that I was always trying to use to suppress the pain of the abortion.

As I gathered up the story and remembered, I found a brochure, and it was about post-abortion healing. In there, I found a list of everything I had been suffering. The value of what we're doing outside of abortion centres is to bring the other side and to offer a last hope to men and women, to let them know that there are other options.

The Chair (Mr. Grant Crack): Thank you very much. I appreciate it. We're going to start with the third party. Ms. Sattler.

Ms. Peggy Sattler: I have no questions, Chair.

The Chair (Mr. Grant Crack): We'll move over to the government side. Ms. Malhi.

Ms. Harinder Malhi: Thank you for taking the time out to share your personal story. I also have no questions at this time.

The Chair (Mr. Grant Crack): We'll move to the official opposition. Ms. Thompson.

Ms. Lisa M. Thompson: Again, it's very important that everyone knows they have an ability to raise their voice here at Queen's Park. We certainly appreciate your personal story, and we thank you for taking the time to share your perspective.

Ms. Angelina Steenstra: You're welcome.

The Chair (Mr. Grant Crack): Thank you very much, Ms. Steenstra, for coming before committee this afternoon. We appreciate it. Have a good afternoon.

ACTION CANADA FOR SEXUAL HEALTH AND RIGHTS

The Chair (Mr. Grant Crack): We do have Mr. Prasad—he's the executive director for Action Canada for Sexual Health and Rights—on the line with us via teleconference.

Mr. Prasad, we welcome you to committee this afternoon. You have up to five minutes for your presentation, followed by up to three minutes of questioning and comments by the three parties. The floor is yours.

Mr. Sandeep Prasad: Thank you very much, Mr. Chairperson, and thank you to all the members of this committee for inviting me to speak, and to Mr. Naqvi for consulting with us this summer on this important and historic legislation.

My name is Sandeep Prasad. I work for Action Canada for Sexual Health and Rights. We are a national, pro-choice, charitable organization seeking to advance and uphold sexual and reproductive rights in Canada and around the world. As a national organization with more than 50 years of institutional experience working to bring people in Canada and around the world reproductive rights, we can speak with authority, from national, international and global perspectives, about Bill 163 and why it is not only essential in Ontario but everywhere in Canada and, indeed, around the world.

First, though I'd like to say that for more than 30 years abortion has been legal in Canada, many Canadians and Ontarians simply cannot access this essential medical service. The people who cannot access reproductive health services are often discriminated against and experience multiple barriers. Do they live in a remote or rural location? Do they have less money to travel if they do? Are they stigmatized by racism? This means that Canadians and Ontarians are routinely denied their right to health and are also suffering from systemic discrimination. It is past time that our governments worked to fix these problems.

This is not a theoretical problem for Action Canada. We deal with it multiple times a day. We run a national, toll-free, 24-hour access line that provides information on sexual and reproductive health and referrals for pregnancy options, including abortion care. This work offers us privileged insights and information on the specific barriers individuals experience when seeking safe abortion services.

The access line receives over 2,400 calls per year from individuals seeking support from across the country. In 2016, 97% of the calls related to difficulties and barriers in accessing safe abortion services. Barriers individuals reported included, but are not limited to, the following:

—difficulty locating nearby services;

—needing to travel, sometimes hundreds of kilometres, to the nearest urban centres because one has exceeded the gestational limit of the service providers in the community or lives in an area where there are no services at all;

—having to cover the costs incurred by travelling, which can include child care, missed work, plane tickets, gas money, accommodations etc.

—being delayed by anti-choice health care providers or staff acting as gatekeepers; and finally

—concerns of violence, stigma and harassment when accessing services.

That last one is a key recurring question—what to expect when going to access abortion care, even before entering the clinic or service provision point. "Will I have to deal with people trying to stop me or observe me accessing these services?" Permeating that is also the threat of violence and the fear of experiencing that violence when trying to access health services.

Action Canada has associate organizations and partners on the ground in most regions in Canada who work to provide sex and reproductive health services, and we know that this committee will be hearing from a number of them. We feel confident that our colleagues from those organizations can give you a strong sense of the first-hand needs that patients, health care providers and staff have for the protections offered by this legislation.

I'd like to speak to you about why Bill 163 will have an important and positive impact on the changing landscape of abortion in Canada. The recently approved medical abortion drug Mifegymiso, which has been used for nearly 30 years in over 60 countries around the world with outstanding results and impacts in improving access, brings forth the opportunity of non-existing abortion providers to become medical abortion providers. This is an unprecedented opportunity to drastically increase the number of abortion providers, but only if these providers can be reassured that their workplace safety, as well as their safety at home and in their offices, will be ensured.

Mifegymiso will bring access to those who have none, address long-standing barriers and realize the vision of accessing abortion in one's own community, at last. Governments must get out of the way of ensuring that a safe form of health care—and ensuring that this gets to patients.

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By passing this bill, Ontario will also set the gold standard for bubble-zone legislation that reflects the new abortion access landscape brought forth by the approval of Mifegymiso, as it not only ensures the safety of those accessing abortion but also reflects the needs and demands of health care providers working both within and outside of abortion clinics and hospitals.

Lastly, under international law, states are required to ensure that health services are accessible, available and of good quality. States are obligated to regularly review and remove barriers to the accessibility of health services. Thus, Bill 163 represents a substantial contribution to realizing the international right to health and to

removing a key and substantial barrier to reproductive health services in Ontario.

Thank you very much.

The Chair (Mr. Grant Crack): We shall start with the official opposition: Ms. Martow.

Mrs. Gila Martow: It's Mr. Prasad, I guess; you said that you consulted with Minister Naqvi this summer. Is there anything in your presentation to us now that you didn't get a chance to say to his committee this summer? Are there any amendments that you think this bill needs, or should it just have been passed quickly?

Mr. Sandeep Prasad: Thank you very much for that question. We believe that this bill reflects the new reality of medical abortion in Canada and will help ensure that new providers of abortion will feel safe in the face of potential threats to their safety. We want to ensure that this legislation is adopted speedily and that when new facilities that are not current abortion clinics seek to have the protection of this safe access zone, the regulations that determine that process are accessible and that it's not onerous for the facility to do so.

Mrs. Gila Martow: Thank you very much.

The Chair (Mr. Grant Crack): Ms. Sattler.

Ms. Peggy Sattler: Thank you very much, Mr. Prasad, for your presentation and also for your contribution to the development of the bill.

You mentioned that the access line gets about 2,400 calls a year and that among the issues that are raised by callers are concerns about violence, stigma and being delayed when trying to access abortion services from a clinic. That is from women who are seeking abortions.

You also talked about the potential of Mifegymiso to increase the number of providers. Have you heard from providers who have expressed similar concerns about violence, stigma, and protesters being outside their facilities as a reason to perhaps be reluctant to prescribe Mifegymiso?

Mr. Sandeep Prasad: Yes, that's correct. One of the areas in our work on Mifegymiso and access to medical abortion has been trying to encourage new providers—family physicians, for example, that don't provide abortion care currently. This is something that they can easily do within their practices. That is a barrier that we have heard from some of those physicians: a worry that they would have if they were to start prescribing Mifegymiso.

Again, this speaks to why this legislation is important from a future perspective as well, in terms of expanding access to abortion care and making sure that abortion is accessible in one's own community.

Ms. Peggy Sattler: So the availability of a safe access zone, you think, would facilitate new providers coming on board?

Mr. Sandeep Prasad: That is our view. That's correct.

Ms. Peggy Sattler: Okay. Thank you.

The Chair (Mr. Grant Crack): We'll move to the government: Mr. Berardinetti.

Mr. Lorenzo Berardinetti: Thank you, Mr. Prasad, for your presentation. I just wanted to ask a couple of questions. Do you have any thoughts or would you like to speak at all to the safe access zones for all health providers and for clinic staff as well—for these zones not only for health providers but also for clinic staff's homes, because this applies to homes as well?

Mr. Sandeep Prasad: Yes, I think that is an important aspect of the legislation for sure and one of the reasons why this legislation, when it becomes law, would become the model for the rest of Canada, if not beyond Canada as well.

Mr. Lorenzo Berardinetti: I also wanted to ask you, the access zones apply for both surgical and abortion services—any comments or thoughts on that, on having these safe access zones both for surgical and abortion services?

Mr. Sandeep Prasad: Yes, and thank you very much for that question. I think that, again, because this legislation doesn't just deal with existing surgical abortion providers but also looks into the future and into the near future at medical abortion in Ontario, that the steps the government has taken in Ontario to expand access to medical abortion, through universal cost coverage, through ensuring pharmacists are dispensing directly to patients and through nurse practitioner prescribing authority as well are all very important steps in ensuring that abortion services can begin to be accessed within one's own community, eliminating the need for travel over long distances and so forth or reducing that need at least. From that perspective, the legislation ensures that those future providers can also apply for protection if they are experiencing harassment or protest activity outside of their facilities.

Mr. Lorenzo Berardinetti: Those are my questions. Thank you, Mr. Prasad.

Mr. Sandeep Prasad: Thank you very much.

The Chair (Mr. Grant Crack): Thank you, Mr. Prasad, for sharing your views with us at committee this afternoon. Have a good afternoon.

Mr. Sandeep Prasad: Thank you very much.

CATHOLIC CIVIL RIGHTS LEAGUE

The Chair (Mr. Grant Crack): Next, from the Catholic Civil Rights League, we have Christian Elia, executive director, and Philip Horgan, president. We welcome both of you gentlemen. The floor is yours. You have up to five minutes for your presentation, followed by up to three minutes of questions from the three parties. Welcome.

Mr. Philip Horgan: Thank you, Mr. Chair. I've passed to the Clerk two documents: a brief seven-page presentation and a study which I will be making reference to in a moment.

Our organizations are described on page 2 of the paper—

The Chair (Mr. Grant Crack): Before you start, could you just identify yourself for the record.

Mr. Philip Horgan: Oh, I'm sorry. My name is Philip Horgan. I'm president of the Catholic Civil Rights League as well as chair of the Faith and Freedom Alliance. The organizations are identified on page 2 of the brief. I'm here with Dr. Christian Elia, executive director of the Catholic Civil Rights League and professor at Niagara University.

My submissions will be focusing on the failure of constitutional compliance in this bill as well as other concerns, which I'll hopefully have a moment to touch on.

On page 3 of the brief, I've identified the leading Court of Appeal case from British Columbia, Spratt, and made reference to the important proposition in that case that "the right to express opposition to abortion is a constitutionally protected right." The area then, in this case—it was assumed in Spratt that their Access to Abortion Services Act was in fact acknowledged to be a breach of section 2(b)'s freedom of expression. It was then argued to be a balanced approach, under section 1 of the charter. But in that context, a section 1 analysis engages in a serious nuanced and rigorous presentation of the background and fact circumstances upon which such bills are rendered.

That's why I've provided to you this peer-reviewed study provided by abortion advocates, in fact, released last year in Canadian Family Physician, in which the survey summarized—it's at page e215 of the document—that "Canadian abortion facilities reported rare harassment" in the exercise or provision of their services.

If you go to table 4 in that document and look under the column for Ontario, you'll see, in the responses received from Ontario facilities—seven of them: no violence or harassment reported by one; picketing without interference reported by another six; zero picketing with interference; zero vandalism; and zero other forms of violence or harassment, including threatening emails or telephone calls.

In effect, Bill 163 is a solution to a non-existing problem and, therefore, risks certain scrutiny, if not failure, on a constitutional challenge. The bill makes no allowance for educational or counselling options. It makes no allowance for prayerful protests.

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In fact, the bill is anti-science. What we know now about the unborn child and neonatology is so far advanced from the time when the Morgentaler decision was rendered. In the circumstances, it's a question in my mind—that this bill, in order to survive constitutional scrutiny, will have to make reliance on the "notwithstanding" clause of the charter, and I'm not sure if this committee is considering that proposition.

The second point, on page 5 of my brief, relates to the fact that this is an intrusion of the province into the federal provision on criminal law. I don't have time in my available minutes to get deeper into that. But we already have provisions for harassment, intimidation and mischief, and in the circumstances, I'd say you will face constitutional questions in attempts to improve on alleged gaps in the matters under criminal law.

I'll take the remaining time to speak to what I consider to be the political suppression engaged with this bill. The nature of this bill, the rushed nature of it, the fact that there is effectively all-party support is an example of suppression of dissenting viewpoints. It's contrary to the process of authentic pluralism that we enjoy in Canada.

The entire bill has arisen because of the failure of the Attorney General to maintain the existing 1995 civil injunction in the Dieleman case, which lapsed as of January of this year. In fact, the AG is still pursuing that case, trying to restore and revive that injunction, at significant cost, I might add. Who's speaking for the taxpayer here today in terms of this process?

In the final comment I have before I turn the table to my friend Dr. Elia, I make note that political protest is a hallmark of democracy. Dissent is a feature of authentic pluralism, and courts take a dim view of limitations on such measures intended to stifle free speech. I've given some examples on page 6 of my paper in terms of what other propositions the government may have in mind to stifle speech that they don't agree with.

The reality is that between one in every three or four pregnancies in this province ends in abortion. This bill will serve to increase that tragic statistic. And I'm mindful of the fact that the Superior Court has already overruled government legislation trying to limit access to abortion statistics this past June, which was not appealed because the decision was upheld.

I turn to my friend Dr. Christian Elia.

The Chair (Mr. Grant Crack): Unfortunately, we're over time. I apologize.

We'll start the questioning and comments with the government. Ms. Malhi.

Ms. Harinder Malhi: Thank you for your presentation. You talked a little bit about the freedom of expression—as with all Charter of Rights and Freedoms. It's not absolute. Under the Charter of Rights and Freedoms, you can't give an absolute value to the freedom of expression. So can you comment on what a reasonable limit to the freedom of expression would look like within the context of anti-abortion protests that can negatively impact people's health, their safety, their security and the privacy of the individual who's accessing the abortion services?

Mr. Philip Horgan: Presumably, you will need to get evidence to justify such limitations. I presented a paper presented by abortion advocates effectively saying that such issues are rare in Canada—in fact, basically nonexistent in Ontario. The previous presenter that I just listened to from the gallery was all about "we hear, we hear," but there are no reports of same in terms of official peer-reviewed papers.

Think about it; we've had 15 years of prayerful protests, 40 Days for Life vigils, across the street from various abortion facilities without incident. In the circumstances, this is taking—I think it was Christie Blatchford's line—an elephant gun to a flea.

We hold freedom of expression dearly, and if you're going to limit it to 50, 150 metres—presumably also to

be provided to pharmacies in urban areas—where will such protests be allowed? Where is your justification for that intrusion? The government is obliged to establish that justification.

The Chair (Mr. Grant Crack): Mr. Dong.

Mr. Han Dong: I just have a quick question on this. Do you believe any protest activities, peaceful or not, will cause harm to the patient or the service provider? Yes or no?

Mr. Philip Horgan: Sorry?

Mr. Han Dong: Yes or no?

Mr. Philip Horgan: You're asking me for a medical opinion. I'm not in a position to give it.

Mr. Han Dong: I'm asking you, do you believe any protest activity, peaceful or not, will cause harm to patients or service providers?

Mr. Philip Horgan: I don't take the inference of your question fairly. The reality is that a peaceful protest should not cause anybody harm. That's democracy. When you go to another point, to say that it's a non-peaceful protest, sure, there could be violence. Where is the evidence of that?

Mr. Han Dong: Okay. Thank you.

The Chair (Mr. Grant Crack): Thank you. No further questions?

We'll move to the official opposition: Ms. Thompson.

Ms. Lisa M. Thompson: I just want to thank you both, gentlemen, for coming in today and exercising your voice. We appreciate your perspective. Thank you.

The Chair (Mr. Grant Crack): Ms. Sattler, from the third party.

Ms. Peggy Sattler: Thank you for your thorough brief and for taking the time to come to the committee. I have no questions today.

Mr. Philip Horgan: Perhaps we could use the available time for my friend's submission. It would take 30 seconds.

The Chair (Mr. Grant Crack): Unfortunately, there is an order from the House and agreement by committee that it is up to five minutes. I even gave a little bit of extra time. Then if the committee members don't use all of their time, it does not automatically go to the presenters. I want to thank you for coming this afternoon. It's much appreciated. Have a good afternoon.

Next we have, via teleconference—it doesn't say that on your agenda, but it will be—Defend Choice: Ottawa. It's going to be 10 minutes. So let me pull that one back.

MISSISSAUGA 40 DAYS FOR LIFE

The Chair (Mr. Grant Crack): I believe we have the Mississauga 40 Days for Life campaign with us. We have Genevieve Carson.

We welcome you, Ms. Carson, campaign organizer for the Mississauga 40 Days for Life campaign. You have up to five minutes for your presentation, followed by up to three minutes from the three parties. Welcome.

Ms. Genevieve Carson: Thank you. Good afternoon. I love the way you say my name, I don't get that very often. It sounds so much better in French.

Today, I came to speak to you as an organizer of the annual 40 Days for Life grassroots campaign that is currently taking place in cities all over the world, and specifically in nine locations throughout Ontario. I have been involved in each of the seven vigils held so far in my home of Mississauga.

So what exactly is 40 Days for Life? How is it that this effort has managed to close down 90 abortion clinics, convince 154 abortion clinic staff to quit, and save over 13,000 babies to date? Quite simply, it is the quiet, peaceful demeanour of thousands of everyday people who decide to make themselves present outside a place where abortions are performed. It is men and women like me who take very seriously the words of Christ, who said, "Whatsoever you do to the least of my brothers, you do to me." Conscience is stirred.

We sign a statement of peace. I gave you a copy of the statement of peace. We promise to adhere to a strict code of conduct whereby we don't argue; we remain silent. We pick up and hold beautiful, life-affirming signs that say things like "You are precious, and so is your baby," "Choose love, choose life," and "Pregnant? Need help?" We provide a list of resources where a mom in crisis can get the support she needs if she chooses not to abort that day.

For 12 hours every day, for 40 days, we try to keep a constant presence of people at the vigil site, praying resolutely for the women who are at risk of aborting; for the innocent babies whose very lives are threatened; for the men and women who carry the pain of past abortions; for those who work at abortion facilities; and for you, our legislators, who were elected to protect lives. We pray for people to know the truth about this human rights violation and to speak up.

I cannot stress to you enough that in seven years, we have never had an incident of aggression or intimidation at the vigil site. The odd person may shoot us the middle finger as they drive by, but usually the response is positive. Yesterday when I went after school, two doctors came out of the building to cross over to Trillium hospital. They smiled as they passed and one said genuinely, "God bless you." One day when I was there, a woman came out of the medical building and asked if she could join us. It was her lunch hour. She was a receptionist for a psychiatrist in the building, who conveyed to her that he was glad for our presence, as he deals with women who regret past abortions.

A very good friend of mine was praying alone one day, holding a sign, when a car pulled over. The driver blasted the horn and was shouting out his car window. My friend at first thought that he was being harassed, but he was beckoned over, only to be told, "You saved one today. My girlfriend saw you there and decided to keep the kid." There are so many stories like that.

To date, there have been five babies saved that we know of, five women who changed their minds and chose

to seek an alternative to having their babies destroyed. Is that such a horrible thing: that we quietly witness the sacredness of each and every human life; that we be allowed to remain as the last opportunity a woman has to consider her options?

Of course the abortion providers don't want us there; it's awkward. It exposes them, and it makes people a little more aware of what's happening behind clinic doors for money. Women who are making such a grave decision deserve every chance to reconsider. After all, the staff at the clinic will not tell them how developed their baby is. They won't encourage a woman to hear that rapidly beating heart or see her baby doing somersaults on an ultrasound screen. They certainly aren't going to elaborate on the many psychological and physical risks involved in abortion. That would be extremely bad for business.

But if we're really advocates for choice, why is this government so biased toward the abortion industry? If this government cares about protecting people's rights, including the right to assemble and expression as guaranteed under the charter, why is it implementing bubble zones, a massive over-response to a problem which really, as I've heard, does not exist? Participants in 40 Days for Life are not abusive, harassing or threatening.

As a woman, as a mother, as an educator, as a person of faith, as a law-abiding citizen, I beg you to reconsider this bill. It's repressive. It's overkill. The only violence occurring at our vigil site is what is being perpetrated inside the clinic to those innocent babies. They have no voice. There is no balance of power here. Our earliest feminist writers all called abortion like it is: the ultimate form of oppression. I urge you to scrap Bill 163, and let's really dialogue about this important issue. Allow us to at least continue to pray and advocate for the babies in the womb and for their moms who are in difficulty.

I left you a copy of a letter that we received from one of the moms who changed her mind. Do I have time to read it?

The Chair (Mr. Grant Crack): No, you have four seconds left.

Ms. Genevieve Carson: Okay, I beg you to read it. We didn't even know that she left it for us. She left it with our signs, and it was after the vigil was over—this was the second year that we did it. I know exactly which apartment she was staying in. It made us feel very validated in being there.

The Chair (Mr. Grant Crack): Thank you very much. I appreciate it.

Ms. Genevieve Carson: I hope you read it.

The Chair (Mr. Grant Crack): We'll start with the government. Ms. Malhi.

Ms. Harinder Malhi: I just want to thank you for your presentation and the experiences that you've had. I don't have any questions at this time.

The Chair (Mr. Grant Crack): We'll move to the official opposition. Ms. Thompson.

Ms. Lisa M. Thompson: Again, I just want to express that every person deserves to have their voice heard at Queen's Park. Thank you for coming and sharing your perspective today.

The Chair (Mr. Grant Crack): Ms. Sattler, from the third party, the NDP.

Ms. Peggy Sattler: Thank you for taking the time to come and speak to the committee and for sharing these materials. I don't have any questions about the presentation.

The Chair (Mr. Grant Crack): Thank you very much. We appreciate you coming before committee, Ms. Carson. Have a good afternoon.

So we're going to, at this point, attempt to get Sydney Holmes, co-founder of Defend Choice: Ottawa, on the line. It's via teleconference. She's not there yet, so we will have a little recess for—let's try three minutes? We'll do a three-minute recess.

The committee recessed from 1533 to 1534.

DEFEND CHOICE: OTTAWA

The Chair (Mr. Grant Crack): Back to order. We have Sydney Holmes, who is the co-founder of Defend Choice: Ottawa, on the line by teleconference. We welcome you, Ms. Holmes. As well, you have up to five minutes for your presentation, followed by up to three minutes of questions from the three parties. Welcome. The floor is yours.

Ms. Sydney Holmes: Hi, thank you. My colleague Meera Chander is here as well. She was able to make it.

We just wanted to talk today to reiterate what we feel is the importance of having this legislation in Ontario due to our experience here in Ottawa. It's a very hands-on experience around the Morgentaler Clinic downtown, and has been for years. We have experienced the harassment and intimidation factors hands-on for a long period of time, and as such, can speak really well to the importance of this legislation.

We wanted to thank the Attorney General, as well, for pushing this along so speedily, as it's important to get this in now as we've also seen escalations in the harassment and intimidation, moving into even assault over the past year or two in Ottawa.

I think that's pretty much all I've got here. If you guys have any questions for us—

The Chair (Mr. Grant Crack): Okay, thank you very much. Just—

Ms. Meera Chander: I would also just like to add—

The Chair (Mr. Grant Crack): For the record, could you state your name, please?

Ms. Meera Chander: Oh, yes. My name is Meera Chander, and I'm one of the co-founders of Defend Choice: Ottawa.

The Chair (Mr. Grant Crack): Okay. Thank you. Go ahead.

Ms. Meera Chander: As Sydney mentioned, the escalation of harassment has been quite evident. I also wanted to ensure that when it came to this legislation and it came to the point of administration, we wanted to ensure that there weren't a lot of hoops for clinics to jump

through in order to implement the safe zone. We want to ensure that what is kept as the utmost importance is women's safety.

Once again, on behalf of all of us, we do thank the Attorney General for pushing this along. This is extremely important. I have friends who have experienced harassment face-on. To be quite honest, it has been at even random times of the day. It's in the morning; it's in the afternoon; it's in the evening. It really doesn't matter when it is; it's a constant issue, and I'm really glad that something is being done to address it.

The Chair (Mr. Grant Crack): Just for the record, again: How do you spell your name? Is it Meera?

Ms. Meera Chander: Sure. It's Meera: M-E-E-R-A. And then Chander: C-H-A-N-D-E-R.

The Chair (Mr. Grant Crack): Thank you kindly.

We shall start with the NDP, the third party: Ms. Sattler, with a question.

Ms. Peggy Sattler: Thank you very much, Sydney and Meera, for joining the committee by teleconference and for sharing your thoughts about the bill.

You talked about the importance of the safe access zones that are set out in the legislation. Can you talk a little bit about why those safe access zones are better than legal injunctions in terms of protecting women who are accessing abortions and also the people who are working at the clinics?

Ms. Sydney Holmes: Absolutely. I think one major factor is that these safe access zones will automatically cover every clinic in Ontario, whereas we've seen historically—with the Toronto clinic in the 1990s—that that injunction only covered the clinics that were in place at the time and led to the issues that we're having right now. This safe access zone will cover all clinics now and in the future.

Furthermore, the safe access zone legislation that has been proposed will also cover the homes of staff of the clinics and pharmacies, I believe, which is equally important and would not be automatically covered by injunctions. As Meera said, it would cause a lot of hoops for these places to have to jump through, as well as legal fees, which many of them cannot afford.

Ms. Peggy Sattler: Right. Thank you very much.

You mentioned an escalation of harassment. Over what period of time have you observed this escalation?

Ms. Meera Chander: For me, I've been living in Ottawa for over the last 10 years. I had a two-year stint in the UK, but I can say that before I left for the UK, it was a constant thing. When I returned, I was actually surprised, because I felt that there was actually an increase from the time that I was here. I think that it's an ongoing thing.

To top it off, the distorted images that they use are actually completely incorrect, and I say this because I know medical professionals who will say that those pictures have been doctored, and they're not accurate. They constantly use these images, and they're constantly shoving them down people's throats. That's really inappropriate, and truthfully, at the end of the day, it's false. That's why this type of safe zone bill would be extremely important and extremely helpful to everybody.

1540

Ms. Peggy Sattler: Thank you very much.

The Chair (Mr. Grant Crack): We'll move to the government: Mr. Dong.

Mr. Han Dong: Hi. Good afternoon, Ms. Holmes and Ms. Chander. Thank you very much for calling in and providing your thoughts on this bill. My question—and I asked this before—is: In your opinion, how do protest activities, and some may apparently be peaceful, cause harm to patients and service providers? My second question, a follow-up question, is: How important is it for this bill to protect the choice of patients and also make sure that they have equal access to health care?

Ms. Sydney Holmes: Okay. Sorry if I'm misunderstanding your question; feel free to correct me.

I think it's important for everyone accessing the clinic to be able to do so safely because that is a charter right, and it has been proven time and time again. We've seen people be hurt trying to get to this clinic. We've seen people spat on. We've seen break-ins to the clinic, which fortunately in Ottawa's case did not end with people being hurt, but it easily could have and could very well happen in the future. That's why I believe that the legislation is important. Again, feel free to redirect me if I'm missing part of your question.

Mr. Han Dong: No, that's perfect. Thank you.

Ms. Sydney Holmes: Okay. Thanks.

The Chair (Mr. Grant Crack): We'll move to the official opposition: Ms. Thompson.

Ms. Lisa M. Thompson: I would like to thank you for calling in today and sharing your perspective.

Ms. Sydney Holmes: Oh, okay. Thank you.

Ms. Lisa M. Thompson: You're welcome.

The Chair (Mr. Grant Crack): Thank you very much. We'd like to thank both of you for sharing your insight with the committee this afternoon. Have a good afternoon.

Ms. Sydney Holmes: Thanks; you as well.

The Chair (Mr. Grant Crack): Bye, now.

We're going to take another one-minute recess as we transfer from one call to the other. I'm not going to put a timeline on it, but apparently the individual is almost ready to go.

PLANNED PARENTHOOD OTTAWA

The Chair (Mr. Grant Crack): I just want to advise members of the committee and members of the public as well that there was a request to do a portion of this particular presentation in camera, which is in closed session. In public, this individual will do three minutes, with up to 1.5 minutes each. Following that, everyone will vacate, except the members of the committee and the Clerk, of course. Does legislative research get to stay? Of course they get to stay. Then we'll do two minutes in camera and 1.5 minutes of questioning. Then we will

reconvene in the regular meeting prior to adjournment. Fair enough, Madam Clerk? No?

Interjection.

The Chair (Mr. Grant Crack): If there's no further business, I guess we wouldn't have to reconvene, but I still have to adjourn the meeting. You should adjourn the meeting in an open session.

Having said that, we welcome Catherine Macnab, who is the executive director of Planned Parenthood Ottawa, via teleconference. Are you there, Ms. Macnab?

Ms. Catherine Macnab: Hello? Yes, I am.

The Chair (Mr. Grant Crack): Okay. Thank you very much. You're aware that you have up to five minutes of time for your presentation, followed by three minutes. We've broken it down: three minutes in public and two in closed session. Is that acceptable?

Ms. Catherine Macnab: That's great. Thank you.

The Chair (Mr. Grant Crack): Okay, great. The floor is yours. You have three minutes.

Ms. Catherine Macnab: I'd like to thank the members of the standing committee for this chance to speak to you about this bill. I want to focus on how this bill can protect the people who provide abortion services.

Because few abortion doctors are willing to speak publicly, I want to tell you about one doctor who agreed to have me share her story. This doctor worked in two clinics. One clinic had an injunction against protesters; the other didn't.

In the clinic with no injunction, every day she went to work was stressful. She avoided eye contact with protesters because she didn't want them to notice her or remember her. While some staff gave protesters dirty looks, she avoided acknowledging their presence because she didn't want to be on their radar and didn't want them to know how she felt about them being there. She didn't want them to find out her name or to find out that she was the doctor that actually performed the abortions in that clinic. She feared that if they knew, they would target her every single day she went to work, especially when the protestors escalated their tactics. She wanted to be invisible. She felt particularly vulnerable when she was pregnant and had to enter the building past the protestors. What might they say or do? It felt dangerous to go to work.

At the clinic with the injunction, there was no one there. She could simply walk into the building because, as she said, no one gave a hoot. She could go to work like anyone else.

So this doctor knows the benefit of a safe access zone because she lived the contrast. When I told her about the harassment clause, however, she was thrilled. Being safe when entering a building is important, sure; but knowing that you and your family are protected from harassment anywhere, at any time, including threatening or hateful email—this was big news.

In Canada, people think abortion is simply another health service—stigmatized, yes, but fairly normal. In Ottawa this spring, however, when the story broke about the protestors, even Ottawa politicians were shocked to learn that there was no protection for the abortion clinic.

Though protestors may claim to be peaceful, they make people nervous about going to work. Abortion clinics hire security guards because they worry about the protestors, and they have bulletproof glass because they fear violence. Imagine this level of security at your doctor's office.

Obviously, it's hugely important for us to protect clients—after all, we get calls from people wondering if they'll be hurt by the protestors or asking how they can get an abortion without being harassed or shamed—but equally important, we need practitioners to be safe. This bill will reduce the needless sense of danger and risk surrounding a safe and common health procedure.

Let me pause here for any questions before continuing on to the second part of my statement.

The Chair (Mr. Grant Crack): Thank you very much. We shall start with the official opposition for a minute and a half of questioning. Ms. Thompson.

Ms. Lisa M. Thompson: I would just like to say thank you for calling in and taking the time to share perspectives from Ottawa. I don't have any questions at this time.

The Chair (Mr. Grant Crack): We shall move to the NDP. Ms. Sattler.

Ms. Peggy Sattler: Thank you very much for providing input into the bill.

You referred to an escalation of protestor tactics. Can you elaborate a little bit about what that involved?

Ms. Catherine Macnab: These types of escalations happen during different times of the year, specifically. The doctor didn't give me any examples. We've heard the media reports about spitting. It's less about that, and it's more about the March for Life or the 40 Days for Life, where more protestors show up.

The Chair (Mr. Grant Crack): We shall move to the government. Mr. Baker.

Mr. Yvan Baker: Thank you very much for your input.

Have you heard of any concerns from health providers who are contemplating prescribing or dispensing Mifegymiso?

Ms. Catherine Macnab: Yes.

Mr. Yvan Baker: Could you share those with us?

Ms. Catherine Macnab: I certainly don't want to get into too many details about it at this point because it's so new. We do hear from doctors. In Ottawa, we've worked with about 30 different doctors to help them build their skills around it, and security is definitely one of the prime issues.

Mr. Yvan Baker: Thank you.

The Chair (Mr. Grant Crack): That concludes the public portion. We will be moving into closed session. You can return after we reconvene in open session, which will be formalities, as I announce deadlines for amendments and that kind of thing.

Thank you, everyone, for your input this afternoon. It's greatly appreciated.

We'll take one minute, and then we will start.

The committee continued in closed session from 1548 to 1555.

The Chair (Mr. Grant Crack): Back to open session.

I would like to thank the members of the committee for their work, and all the support staff here as well. I'd like to remind everyone that the deadline for filing amendments is 12 p.m.—noon—tomorrow. I look forward to seeing all you wonderful people on Monday, October 23 at 2 p.m. for clause-by-clause consideration.

I wish you all a wonderful weekend. This concludes—unless there is any further business—our work today in general government. This meeting is adjourned.

The committee adjourned at 1556.

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