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Consultations prébudgétaires

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Lundi 20 janvier 2020

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

COMITÉ PERMANENT DES FINANCES ET DES AFFAIRES ÉCONOMIQUES

Monday 20 January 2020

Lundi 20 janvier 2020

The committee met at 0900 in the Sunset Inn and Suites, Sioux Lookout.

PRE-BUDGET CONSULTATIONS

The Chair (Mr. Amarjot Sandhu): Good morning, everyone. Welcome to the Standing Committee on Finance and Economic Affairs. We're meeting today in Sioux Lookout for the purpose of pre-budget consultations. Each witness will receive up to seven minutes for his or her presentation, followed by eight minutes of questioning from the committee, divided equally among the recognized parties. Are there any questions before we begin?

INDEPENDENT FIRST NATIONS ALLIANCE

The Chair (Mr. Amarjot Sandhu): I would now like to call upon the first witness, from Independent First Nations Alliance. Please come forward. Please state your name for the record, and you have seven minutes for your presentation.

Mr. Matthew Hoppe: Good morning, everyone. My name is Matthew Hoppe, of the Independent First Nations tribal council, looking at Sioux Lookout and Thunder Bay. I'm the chief executive officer. So I'm just here to talk to you about a few things. You have a part of a handout in front of you there, a two-pager kind of thing. What I really want to bring to your attention are some urgent needs in the Far North in terms of emergency response. There is a significant gap in terms of supports that liaison with the federal and provincial governments, in terms of evacuations, flooding—not that kind of annual, but more of a last-minute emergency kind of situation—and other kinds of activities related to health and safety and urgent needs.

What we're looking for is support and to bring to your attention the need for a First Nations emergency measures organization. Really, what that is is a coordinating body between First Nations, working with the Provincial Emergency Operations Centre, the MNRF, other federal departments and agencies, the Ministry of Aboriginal Affairs and so on.

What we're finding: I was involved in a couple of situations this past summer. One is the Pikangikum evacuations 1 and 2. At the end of the day, I had a different title—I guess you could say—and that was commander of the IFNA emergency operations centre. I was directly involved and responsible for over 4,000 people twice for their health and safety, supporting directly the Pikangikum chief and council. Trying to move 4,000 to safety and out of harm's way, from direct fire and threat—it was pretty substantial in terms of moving people around. A lot of it was having people deployed to different host communities, scattering people across the province. Overflow went to Manitoba the first time. The second evacuation: Two weeks after we got everyone back home, we had to do it all over again, and this was even more significant, more urgent, and we sent the overflow to Saskatchewan.

What we found is that, yes, there is urgent need to have additional host capacity, but more importantly, a coordinating body to help represent worker, chief and council. First Nations in the Far North do not have the luxury of having full-time fire departments, police services, ambulatory care. There is a significant gap, and what we're trying to do is figure out how we can work and support those communities and, to be honest, work with the province to try to address that gap, because at the end of the day, when situations happen—you look at Australia and what's going on right now; they're on the opposite cycle of where we are in terms of the summer. There are significant challenges in resources there. What you may or may not know is that last summer, we were very close to being in a very critical situation last year.

So we have all of those things. We are also involved in social emergencies too. KI had a significant house fire, and five people passed away tragically. It brought the community to a standstill in terms of operations, activities and support. We were directly involved, working again with the province and feds.

Lastly, there's a fourth situation that just came up recently. In December this past year, there was a hunting accident. A person got shot accidentally in the Far North bush. There were challenges about getting resources deployed to help that person and bring him out. Two SAR techs out of Trenton were deployed and parachuted in. Canadian Rangers from the Far North were able to mobilize, but there was a challenge of how you stabilize a person, which was done, and then moving him out. The plan was to pull that person out late the next morning, but having them stay for a very cold night in winter conditions—it's not like summer or fall. There are significant winter challenges. Leadership had to make a decision,

because of that delayed approach, to mobilize their own chopper with night-vision capabilities.

There was an Ornge aircraft stationed in Big Trout. There was a need for bringing in a chopper to pick up that hunter who was shot accidentally and then bring him back out. The plan was deferred to push it back to the next day. I'm not quite sure on the details why, but I can tell you that it was unsatisfactory to the community and had a significant risk to the person who was injured.

The community mobilized and authorized to charter a helicopter that had night-vision capacity out of Winnipeg to go pick up that person, transport them to the Ornge helicopter, and then fly the person to safety and have them stabilize. He's well and doing well, and I'm very happy to hear that.

Those are the kinds of things that in my day job—yes, I'm a tribal councillor and CEO. I represent five communities: Pikangikum, Big Trout, Muskrat Dam, Kitchenuhmaykoosib and, of course, Whitesand. We have different challenges in terms of resources and support, and a lot of the things I get in my day-to-day are economic development, health and safety, engineering and education programs, so we're pretty busy, but those emergencies are a significant gap and one that we have filled in pretty well. What we're trying to do is build off that.

Thank you. That's my presentation.

The Chair (Mr. Amarjot Sandhu): Thank you. You still have two minutes if you want to add something.

Mr. Matthew Hoppe: No, you guys can probably have the question period extended. How about that?

The Chair (Mr. Amarjot Sandhu): Sure, thank you. We'll start with the opposition side for four minutes of questioning. MPP Arthur?

Mr. Ian Arthur: Good morning, and thank you for coming in. Thank you for your presentation. You've listed some of the organizations that you would work with, and you're proposing that your organization takes a lead on this and provides an organizing role. How many of those are on board already? If you were given the go-ahead to start that kind of thing, how many of those organizations—is there any competition to lead this, is what I'm asking.

Mr. Matthew Hoppe: Oh, okay. No, there is no competition. We work with those groups right now, as we speak. We have plans to work with them immediately. What I'm just trying to do is to let you guys know what our activities and plans are.

Mr. Ian Arthur: Okay. That's perfect. And how long do you think it would take to roll out a plan if you were able to move forward with some support?

Mr. Matthew Hoppe: Well, in terms of if there was an emergency tomorrow, we would deploy resources as would be required, to do what we have to do, as we've done in the past. But in terms of what we're talking about here—planning, development, capacity for development—it's a process in terms of accessing those resources, marshalling them and then, from there, deploying them and developing that capacity. So we're looking at a one-to-two-year thing, a wrap-up-period kind of thing, but in terms of immediate response, we'll do what we have to do.

Mr. Ian Arthur: And how many of the resources do you have already at your disposal, but they're not actually organized? How much new capacity would have to be brought in in order to do this well?

Mr. Matthew Hoppe: I think the new capacity focuses more on building capacity at the Canadian level. Really, what we're trying to do is to help the First Nations take care of their own.

Mr. Ian Arthur: Sandy, do you have any questions? Okay. Thank you so much.

Ms. Sandy Shaw: Thank you very much for your presentation.

The Chair (Mr. Amarjot Sandhu): MPP Shaw.

Ms. Sandy Shaw: Thank you, Mr. Chair.

I'm very curious. We sit beside Sol in the House, and he talks a lot about the jurisdictional football, essentially, that happens when you're trying to get things resolved. We know that Ontario is a signatory of a treaty, Treaty 9. My question to you is: Could this be a barrier for you to be able to resource this initiative that you're discussing?

Mr. Matthew Hoppe: Yes, there are always barriers with resources, right? What we're looking at is partnerships, whether it's government agencies or First Nations organizations, to lobby them and harness it. What we've found is that no one wants to take the risk of evacuations and emergency response, and that's the biggest gap. Nobody wants to be ultimately responsible.

What we want to do is to be that middle person and take that responsibility, take that pressure off of host communities. That's the biggest challenge: What if somebody dies on my watch? Let me be the one to take that risk and take away that barrier and work with our communities.

Ms. Sandy Shaw: Thank you. And you mentioned a little bit about global warming and the impact that it has had in Australia and that it's likely to have here in the summer. Can you just expand a little bit on that, and what kind of preparations you would be doing to anticipate those kinds of—flooding and fires?

Mr. Matthew Hoppe: Yes. For our preparations going forward, we're talking with our communities to figure out what their capacity and resources are. They're pretty lame; we know that. What we want to do is to look to our additional partners out there and see what's out there and how we can bring resources together to prepare. The reality is that it's all about how we can all move forward very quickly in a short period of time.

Ms. Sandy Shaw: And are you having discussions with the Ministry of Natural Resources regarding being ready when, more than likely, you're going to have those kinds of fire seasons that we saw last year?

Mr. Matthew Hoppe: Those will be starting very soon.

Ms. Sandy Shaw: Okay. Thank you very much. I appreciate your testimony here today.

The Chair (Mr. Amarjot Sandhu): MPP Mamakwa?

Mr. Sol Mamakwa: Thank you for the presentation. I know that during the Pikangikum evacuation, they were using the bigger planes, the Hercules. From what I gather talking to some of the community members, there was some damage to the runway every time the Hercules

landed. Were you aware of that when you were on the ground?

Mr. Matthew Hoppe: Yes, I was on the ground for the Pikangikum evacuation. There were over 20 Hercules aircraft. We came in and used them to pull people out. After each time they landed, they tore up the runway, and it was about 45 minutes to an hour after each time they landed to repair the runway.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll have to move to the government side now. MPP Skelly?

0910

Ms. Donna Skelly: Good morning. What would this leadership role look like? What would this agency look like? What is it? Define it for me.

Mr. Matthew Hoppe: Yes. We're a middleman that takes a lot of risk in terms of between the First Nations, government, the communities, host communities, whatever the case may be.

Ms. Donna Skelly: So the barrier is—is it money, is it finding people, is it having the authority, or all of it?

Mr. Matthew Hoppe: Those are big challenges, but the most important one is risk and liability. Who owns that risk and liability? Who is responsible for 4,000 people when the fire is at the gates?

Ms. Donna Skelly: So you would take on that responsibility. It would be a team of people?

Mr. Matthew Hoppe: Yes.

Ms. Donna Skelly: And who would comprise this team?

Mr. Matthew Hoppe: That's the fun part. What we're going to do is develop those resources and identify them. Depending on the community's emergency operations plan, figure out where the gaps are and then prepare them to fill in in the absence. If there is an emergency, we would parachute in and help them out.

Ms. Donna Skelly: What is preventing you from establishing that team and taking on that risk today?

Mr. Matthew Hoppe: Resources and money.

Ms. Donna Skelly: Resources and money. And what about the authority to do it, to take it on? Is that an issue at all?

Mr. Matthew Hoppe: I don't think it would be an issue, because the First Nations still maintain the authority. They delegate responsibility for us to deal with the problem.

Ms. Donna Skelly: Have you put a price tag on it and the resources you would require?

Mr. Matthew Hoppe: It really depends on the scale of what we want to do in terms of the interest of communities, access and partnerships from the province and the feds. I know that, in terms of just seed money, we're looking at $5 million to move things forward. But it all depends on the activities related to the communities and on-the-ground activities and where they want to go.

Ms. Donna Skelly: And how quickly could you move forward?

Mr. Matthew Hoppe: We can be ready to go in a year's time in terms of full organization, but the reality is, we'll be ready to go for the summertime when things happen. If a community outside our tribal council asks, we'll be there to help them out.

Ms. Donna Skelly: I believe one of my colleagues is interested in asking some questions as well.

The Chair (Mr. Amarjot Sandhu): MPP Rasheed.

Mr. Kaleed Rasheed: Thank you very much for your presentation this morning. My question is in regard to the investment in infrastructure and expanding broadband as well. Can you elaborate as to how this investment that the government is making in infrastructure and broadband is going to help the communities here?

Mr. Matthew Hoppe: Any kind of emergency communications is essential. If you don't have communications, things just don't move. Broadband is a key piece of having that ability to communicate and talk to different agencies and groups and whatever the case may be. In terms of infrastructure and assets that are needed, I'll give you a case in point. The federal government does a poor job at times of providing resources and support. Where it gets interesting is: Where do ambulatory care, police and fire services fit? That's the unknown to me right now.

Mr. Kaleed Rasheed: Okay. And just one last question. This year we announced about $27.5 million for community-led projects. Can you please tell us how this investment of $27.5 million is going to create opportunities?

Mr. Matthew Hoppe: I'm not quite sure where that investment dollar focus is, but I do know that in terms of emergency services in communities there is very little, if any, ambulatory care support services. There is very minimal fire response services—people, buildings, trucks. When you look at emergency operations in a municipality, wherever they are, the emergency operations cornerstone is those functions, those departments. They do not exist in most communities, if not all of them, in the Far North.

Mr. Kaleed Rasheed: Thank you.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: You mentioned the jurisdictional issues. Have you approached the federal government about this and are you in that process, because the funding would come from both the province and the federal government?

Mr. Matthew Hoppe: Yes. We have agreements right now of getting some additional seed money in coordination with the feds. This is to give you guys the heads-up about what we're looking at and thinking about. But the reality is that there is a significant gap in the federal First Nations support to help liaise on doing these kinds of activities.

Mr. Dave Smith: So even if we put money in the budget for you for this, there's the risk that the federal government wouldn't come up with theirs.

Mr. Matthew Hoppe: We'll go after them—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. That concludes our time. Thank you so much for your presentation.

MPP Mamakwa?

Mr. Sol Mamakwa: Thank you, Chair. Just a quick note: I have one of the First Nation organizations here that

had submitted their name. Unfortunately, it went to the wrong email. But they're here, and I'm just asking the committee if they can allow this group, Sioux Lookout First Nations Health Authority, to add them at the end, at 12:15, and we'll finish at 12:30.

The Chair (Mr. Amarjot Sandhu): Is there agreement? Agreed.

Mr. Sol Mamakwa: Okay. Thank you.

KWAYACIIWIN EDUCATION RESOURCE CENTRE

The Chair (Mr. Amarjot Sandhu): Next, I would like to call upon the Kwayaciiwin Education Resource Centre. Please come forward. Please state your name for the record and you have seven minutes for your presentation.

Mr. Alex Short: Good morning. Alex Short, technology lead at Kwayaciiwin.

Mr. Keith Atwood: Good morning. Keith Atwood, technology consultant.

Ms. Anna Phelan: Anna Phelan, language and culture coordinator.

Ms. Monika Orzechowska: Monika Orzechowska, special projects and performance measures lead.

The Chair (Mr. Amarjot Sandhu): You may begin.

Ms. Monika Orzechowska: Bonjour.

Remarks in Indigenous language.

My name is Monika Orzechowska. As I said, I'm the special projects and performance measures lead. I've worked with Kwayaciiwin for about eight years now.

Before I continue, I do want to acknowledge that this meeting is being held on the traditional territory of Lac Seul First Nation.

In 2002, Sioux Lookout district chiefs established Kwayaciiwin Education Resource Centre, also known as KERC, to provide second-level support services to district on-reserve, band-operated schools. Closing the academic gaps and promoting bilingual, bicultural student success was a priority. Since then, KERC has worked closely with First Nation communities in the Sioux Lookout area to help students succeed academically.

This is done in a multi-faceted way, first by developing and supporting integration of linguistically and culturally appropriate resources and materials, and secondly, by coaching school staff in areas such as literacy, numeracy, data collection, mental health, special education, governance and technology. Presently we support schools in 13 communities, but we also work with a number of others on a fee for service.

Now I want to introduce Anna Phelan. She is the language and culture coordinator, and she will tell you a bit more about some of our challenges.

Ms. Anna Phelan: *Remarks in Indigenous language.*

Thank you for bringing that opportunity for us in our new riding to be here to be heard where we're working. I'm just going to get to the point. I am a teacher. That is my background. I've taught in the classroom, and it's very frustrating when you're a teacher and you're trying to teach something and a lot of the resources that I have to access at times are through technology, and it's very frustrating—I'm just going to come up with something to show you.

This phone cost me a lot of money to buy. It has a lot of programming. If all I can do with it is just make a phone call, and I cannot access the technology that is in it, then it's useless to me. Again, for our students, that's what is happening in our classrooms. There's nothing more frustrating as a teacher than watching that wheel spin around when I'm trying to download or access the content that I need for my classroom. Never mind English—it's also our native language resources that we need in our classroom, and a lot of those things we can't use as well.

I also wanted to make a point about special education. A lot of the programming that we can access is online too. I'm not saying that in just the classroom, but I've also worked as an administrator, and a lot of the forms we get have to be done electronically. Again, it's very frustrating. If you've never experienced what it's like not to access technology and the work that you're expected to do, it's very frustrating.

I taught at Pelican Falls First Nations High School, just down the highway from here. They don't have a fibre optic line, and there's a big mountain there: Sioux Mountain. Every time something happened with technology, we couldn't access it. It was frustrating.

Again, I just want to be able to express the needs that we have for the community. Again, we're talking about federal schools, but we also get our money and support from the government of Ontario. When I want something done for our First Nations, I want it done right. I want the best services for students.

0920

I remember in the early 1990s, all of a sudden there were these encyclopaedia salesmen that came up to our communities, selling us encyclopaedias. You know why? Because encyclopaedias on paper were going out of style, and technology was coming. That's how I feel sometimes as a teacher. Why don't we get these services? We want what everybody else wants. Our students need that service in our communities, whether they're here, down the highway or whether they are up north.

We are a part of Ontario too. We need that advocacy and we need that support to be able to advocate for students.

Ms. Monika Orzechowska: Now I want to introduce Keith Atwood. He is an Internet technology consultant who works very closely with KERC and has done so for many years.

Mr. Keith Atwood: Thanks. Technology in a school is supposed to operate like a tool, not as a distraction for the students. That's what's happening right now as a result of inadequate bandwidth.

To give you some standards, the provincial standard for a child in a provincial school is one megabit per second per student. In most of the schools up north, it ranges from 0.03 to 0.2. A school in the province gets about one gigabit per second. That's 1,000 megabits for the whole school. Schools up north get anywhere from 0.75 to 100 megabits

as a maximum. This translates into devices not working. Kids are distracted. Students are frustrated and teachers are frustrated.

What needs to happen is, there's a fibre optic line that has to be extended to each school. That has to happen. There has to be an increase of bandwidth for the entire community so they can offer one megabit per second in each school. That's what's required.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll move to the government side this time for our questions. MPP Piccini.

Mr. David Piccini: Thank you all very much for coming here this morning to present. I appreciate the opportunity to listen to you and the unique challenges you're facing here in the north.

From what I'm getting, some of the ostensible challenge you've communicated today, if I'm correct, is on access to reliable and secure broadband. I know that the Minister of Education, in conjunction with the Ministry of Infrastructure, has really talked about a key component in ensuring that all schools have access to safe and reliable high-speed Internet by 2021-22. That's leveraging the ICIP, leveraging investments from the infrastructure side, while also working with school boards on the education side—a really multi-ministerial approach, which is, I think, seeing the ministries working in collaboration—a first in Ontario.

Talk to me. Have you heard about that? Are there barriers there? Is there something we, as a committee, can do to reduce that? Because that is a commitment by 2021-22, a commitment made by this government, and we want to make sure that we stay true to that commitment.

Ms. Monika Orzechowska: I personally have not heard of this. Is that supposed to include First Nations schools that are not under a provincial school board?

Mr. David Piccini: This is under federal, you're saying?

Ms. Monika Orzechowska: Well, the schools are federal, or predominantly federally funded—a federal responsibility.

Mr. Keith Atwood: There was an initiative done about five or six years ago through the province to provide $82 million to Bell Aliant to extend a fibre optic cable from Toronto up north. That loop went through all of the communities. The bandwidth now is coming through fibre optic cable, so it only makes sense to utilize that existing cable to provide further bandwidth, rather than the feds having to spend another chunk of money to build a new one. So I think that's where the province kicks in.

Mr. David Piccini: Okay. I think after your presentation, off-line, I'd like to got a little more information on that to ensure—because that's an excellent flag and something we should be working with the feds on. From what I'm hearing—and forgive me. I appreciate it's the first time we're up here, and we get a phenomenal tour yesterday. The challenge is on federal-provincial jurisdiction and working with the feds to rectify that, because it's inexcusable that if we have a plan for provincial schools, and this is a federal jurisdiction, there is not some overlap there. Definitely, a commitment I'll take is to address that.

Ms. Anna Phelan: I have a comment on that. Again, even though our schools are federally funded and these children and the students come from these First Nations, the goal of Kwayaciiwin is to get these students ready for the provincial school system. That's why there are gaps. Again, all of our students from the north end up in the provincial school system, so I want that noted.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: Just a little clarification on the $75 million that we have committed in the past 12 months for rural, remote and isolated Internet access. Your question was: Is it going specifically to the First Nations schools? It's going into the First Nations communities themselves. So the bandwidth, the line, so to speak, will come into the community, and the expectation is that most of it will be wireless going from that community hub out to the rest of the community, distributed that way.

We do recognize that there are some challenges in running fibre optic cable in some of the areas of northern Ontario. It's not that we're not looking at doing it; it's how do we get it into the community, and then let the community decide where the next junction should be going off on that. As we come into your community with it, then I think it would be up to you to be working with your band council, specifically, to say, "We need X amount of those resources dedicated specifically to the school." But it will be coming into those communities—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We will move to the opposition side now. MPP Mamakwa.

Mr. Sol Mamakwa: Thank you for your presentation. Perhaps a question on language. I know that when we look back 20 years, and we talk about our First Nation language—I know you're a resource centre. Twenty years ago, in some of the communities, we were slowly losing our language. I'm wondering if you can talk about a strategy behind it, in your organizations, how you work with communities. Not only that, but also moving forward, when our students come into the provincial system, what are some of the challenges and barriers or even any, perhaps, successes in regard to that?

Mr. Alex Short: We've been looking at how we can make the languages accessible on a digital platform. There are open-source language keyboards, which will allow students to use their language—Ojibway-Cree or Oji-Cree—across not only the device, but getting into social media and everyday life. So we're trying to make that an accessible thing.

Another thing that we've been looking at is taking our content, the books that have been translated into Ojibway-Cree and Oji-Cree, in the proper dialects, and making those available on the students' devices, so using a shared library, and making sure that every teacher could access any one of those material pieces. Recently, we've also been working with schools and using Google Docs for translations of the documents in their dialect so that each community, from their community, can update any piece

of document, and then we'll go into the design software and update that for the dialect.

The Chair (Mr. Amarjot Sandhu): MPP Arthur.

Mr. Ian Arthur: Good morning. Thank you so much for your presentation. Given the speed limitations that you just talked about with Internet in schools, would your students, realistically, be able to complete two mandatory online learning credits?

Ms. Anna Phelan: No.

Mr. Ian Arthur: Thank you. That's all.

The Chair (Mr. Amarjot Sandhu): Any further questions? MPP Shaw.

Ms. Sandy Shaw: Thank you very much for being here this morning. Can you help me understand—and I apologize for not knowing this. You talked about your students moving into the provincial system. At what stage and how does that happen with the students' transition from the federal schools to the provincial system? Just so I understand that.

Ms. Monika Orzechowska: It happens at various stages. Certainly, when they graduate from grade 8, which would be on-reserve schools, they will move into, in most cases, provincial high schools. But it happens also before. Families move a lot, for work or for various reasons. When I was teaching at Sioux Mountain school here, there would be students coming in and out. So they would be coming in from various communities, and we'd really see the gaps in experience.

Ms. Sandy Shaw: What kinds of supports are there for students when they're transitioning? That's a big change, to go to the provincial system like that.

Ms. Monika Orzechowska: There is a range of supports. All the tribal councils have people who work closely to support the students, helping them stay in school, and there's coaching and tutoring. The Nishnawbe Aski Nation has put together transition guides, as well. There are a variety of supports. There's a drop-in centre that has been created between all of the tribal councils here in Sioux Lookout, which has been somewhere for students to go. But it's being academically ready when they come in. Every single student at Sioux Mountain has their own Chromebook. They haven't purchased it; the school board provides it, and so they are very familiar with—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. That concludes our time. Thank you so much for your presentation.

0930

Ms. Anna Phelan: May I make one more comment when it comes to technology? Just to share that these students leave when they're in grade 8. They're 12 years old. They're 13 years old. Technology is what connects them to their families. As a teacher, I've seen their improvement when they're able to communicate with their families. Thank you.

The Chair (Mr. Amarjot Sandhu): Thank you.

SIOUX LOOKOUT FRIENDSHIP ACCORD

The Chair (Mr. Amarjot Sandhu): Now I would like to call upon the next presenter, from Sioux Lookout Friendship Accord. Please come forward. Please state your name for the record, and you have seven minutes for your presentation.

Ms. Sandy Shaw: You're back again.

Ms. Vicki Blanchard: Behind every good woman is a good man.

I'm Vicki Blanchard. I'm the economic development manager for the municipality of Sioux Lookout. I'm also the lead economic development officer for the Sioux Lookout Friendship Accord.

Mr. Matthew Hoppe: My name is Matthew Hoppe, the Independent First Nations Alliance CEO. I'm representing Chief Donny Morris.

Ms. Vicki Blanchard: We want to apologize. Mayor Lawrance and Chief Donny Morris would have been here today. However, the leaders in the north are all at ROMA, and Chief Morris had to attend to an issue in the community.

Sioux Lookout is known as the hub of the north. We provide services to over 30,000 people from 29 remote northern communities with health care, social, justice and education services. In 2012, the Sioux Lookout Friendship Accord was signed. The principle-based relationship agreement between the First Nations communities, the people in the Sioux Lookout area and the municipality of Sioux Lookout established commitments and objectives to enhance our community as well as our collective social, spiritual, economic and physical well-being.

The Sioux Lookout Friendship Accord partners include the communities of Slate Falls, Cat Lake, Lac Seul, KI and the municipality of Sioux Lookout. The partner communities are members of the Independent First Nations Alliance—IFNA—or Windigo tribal council, with a collective membership of 12 remote First Nations communities. The accord partners have advocated for support for policing costs, alternative justice, mental health and addictions—issues that have continued to be adversely affecting the well-being and economic development of our communities.

Since 2016, there have been 104 occasions, either by way of provincial delegations, meetings or correspondence, that the partners have provided fact-based evidence supporting the need for additional financial assistance to tackle issues like the cost of policing, the need for alternative justice, but, most importantly, addictions and mental health care, which has reached beyond crisis proportions.

In November 2019, the accord partners met, and it was determined that they would commence to proceed to incorporate. This bold step forward was to initiate a process to be part of the solution to build a detox and addictions treatment facility in Sioux Lookout. This step was seen as necessary, considering the recent closure of the Dryden detox centre, located one hour south of Sioux Lookout, and that the Kenora detox centre, located three hours southwest of Sioux Lookout, are at capacity and cannot take anyone from our region. This has left individuals seeking or needing treatment to have to travel as far away as Elliot Lake, Ontario, 14 hours east of Sioux Lookout, or further. This is unconscionable, considering

of the 32 northern First Nations communities that Sioux Lookout First Nations Health Authority and the Meno Ya Win regional hospital provide primary health care to are located in Sioux Lookout. The continuity of care is broken, the system is broken, when such distances are put between the primary care team, the patient and the patient's family.

We are asking that we work together to establish a 20-bed detox facility, an addictions treatment centre and a psychiatric service based in Sioux Lookout.

It's also important to know that we had over 90,000 overnight stays last year in Sioux Lookout. We are a community of 5,500. We have no commercial/industrial tax base, and we require that 89% of our tax base comes from our residents. The size, the footprint, of Meno Ya Win—if it was a mill, it would support us with $60 million in taxes. It gives us $6,000 a year in taxes.

It's very difficult for us to be transferring and moving people in and out. Our growth at our airport—we're exceeding. We're the second-busiest airport in northern Ontario, with over 128,000 passengers and over 30,000 movements annually.

Mr. Matthew Hoppe: On behalf of Chief Donny Morris: Sioux Lookout is the hub of the north in terms of servicing remote communities and our closest neighbours, in supports. If you don't have the supports neighbouring nearby—supports for health, mental health, addictions, counselling services—and have to go to Elliot Lake, it's just unacceptable and it's not appropriate for remote First Nations.

What we're looking for is immediate support to have infrastructure brought to the community to reside here, and of course, in the long-term vision of communities, to have that go into the communities. But in the absence of that long-term vision, this is a good first short-term one. What we need right now is some immediate support.

In the case of some of our communities, there are very substantial needs and risks in terms of suicide. A lot of it is related to detox, a lack of detox centres, that kind of thing.

What we want to do is move things forward quickly, and we're looking for your support.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll have to go to the opposition side for questioning. MPP Shaw?

Ms. Sandy Shaw: Thank you very much for your presentation. It's nice to see you again. I see from your presentation that you haven't been quiet. You've been asking and you've been trying to communicate the needs for many years. I see that you've got the requests going back to the provincial government—it says here it's back to 2016. My guess is, it has gone back a lot further. During the Liberal government, you've had requests. Now, during the Conservative government, I see that you have a briefing note to the minister, Hon. Tibollo. You've had one to Merrilee Fullerton, who is the Minister of Long-Term Care, and also to Christine Elliott, the Minister of Health. So you have been working and doing your part to try and communicate the urgent need that you have here.

I guess my question to you would be, do you see things getting better? To me, it looks like you're going from bad to worse. I'm just wondering if you see any hope in terms of governments understanding the crisis that you're in, in both long-term care and with mental health and addictions.

Mr. Matthew Hoppe: No, it has gotten worse to worser, if I may misuse grammar. The reality is that it's not a priority, right? It's so far removed from the general, downtown, Bay Street kind of thing.

In remote First Nations, there are over 18,000 people. IFNA alone represents 8,000 of those people. What we see is a lack of support and direction, but also development. So we've got to change that. There are ways of doing it, but at the same time, we're looking for your support to help us at least try and chip away a little bit at the need.

The Chair (Mr. Amarjot Sandhu): MPP Mamakwa.

Mr. Sol Mamakwa: Perhaps just a comment, and then I'll ask you questions.

One of the things that we talk about here is the continuum of care—that it's broken, that the system is broken. One of the things I've learned about the system in the north is not only that, but that it's working exactly the way it's working, which is to take away the rights of First Nations people in the north. We have to understand that this is a colonial system.

I think what you have here is a municipality and also First Nations working together. Can you elaborate on the costs, like on costs of that 20-bed detox that you talked about?

Ms. Vicki Blanchard: The cost of a facility is to be determined. We have accessed other funding to do a business feasibility study. We hope to complete that by this fall. I would prefer to be accurate in those numbers, but we are taking the steps already to proceed. The chiefs of these communities, Chief Donny Morris and the former chief of Lac Seul, Chief Bull, were both co-chairs of the emergency health committee. They definitely want to continue to be advocating for these types of facilities where they are well needed.

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Mr. Sol Mamakwa: Also, in one of the briefing notes to the Minister of Long-Term Care, there's talk about a 76-bed long-term-care facility. I know that during the campaign in May and June 2018, Doug Ford was here, and he committed to funding those. Would that be correct?

Ms. Vicki Blanchard: That's correct. What I understand now is, when I was speaking with Meno Ya Win recently, there was some indication that the province would like to have more beds. So we're very pleased. That was a very long campaign.

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off.

We'll have to move to the government side now. MPP Skelly?

Ms. Donna Skelly: Thank you for your presentation. Our colleague, MPP Mamakwa, was kind enough to arrange tours of a number of the facilities in Sioux Lookout yesterday when we first arrived. One of them was the Meno Ya Win Health Centre. We had an opportunity to visit that and to tour the shelters and the hostels. It was an eye-opener. A lot of the issues that you're raising we're

aware of, and we had an opportunity to visit them first-hand.

You talk about the detox centre. What was raised yesterday was also a facility for people who should not be housed in a hospital, who are suffering from some sort of crisis in a mental health capacity, whether it's through addictions or something else. Would this also be part of that?

Ms. Vicki Blanchard: Yes.

Ms. Donna Skelly: So can you explain what your ask would look like, who the centre would serve?

Ms. Vicki Blanchard: It would serve the region. Under this region—

Ms. Donna Skelly: Right up to Fort Severn?

Ms. Vicki Blanchard: Yes, absolutely. Those are the communities that we serve.

But bigger than that, in Treaty 3 and Treaty 9, we have 52 reserves and 26 municipalities in this small area. So it does establish an opportunity. Especially with Meno Ya Win being based here, we're already providing care to members of other communities like Dryden, Ear Falls, Ignace etc., just based on the services available at the Meno Ya Win—to expand that campus and to allow for additional detox, and then into a proper treatment centre, to allow them to come home.

Ms. Donna Skelly: And the crisis component as well.

Ms. Vicki Blanchard: Yes.

Ms. Donna Skelly: You also mentioned the long-term-care facility. Can you expand? You said you understand that the province is considering the expansion of that—

Ms. Vicki Blanchard: Yes.

Ms. Donna Skelly: Sorry, I believe MPP Piccini wants to discuss that. If I could, just one moment—actually, MPP Piccini, maybe you can take it on that.

The Chair (Mr. Amarjot Sandhu): MPP Piccini?

Mr. David Piccini: Yes, just on the long-term-care-facility piece, I know it was 76 new beds and the relocation of the 20 existing beds—

Ms. Vicki Blanchard: It's 98 beds.

Mr. David Piccini: —which would free up that existing building for other services. Just talk to us about that. We did speak with them yesterday about that, and have subsequently sent a note to the Ministry of Long-Term Care just to follow up on the status update.

As you can appreciate, 7,800-plus beds have gone online since we came to government, and you juxtapose that with only 611 built over the last decade. So movement is made; I fully acknowledge that more needs to be done. I just wanted to share more with you on that. Any updates on your end?

Ms. Vicki Blanchard: Thank you. I don't speak on behalf of the Meno Ya Win on their long-term-care beds, other than we've been an advocate from the municipality and the friendship accord.

However, freeing up space at the hospital: I'm sure they advised you that they're already at capacity. We have health services out on the streets, like optometrists and these types of things, that serve the Far North. They can't be located at the hospital because there is no space. They will be filled with just primary care.

Mr. David Piccini: Yes, I know they indicated that 50% or so were alternate-level-of-care patients, so certainly the addition of LTC would help alleviate some of the pressures.

Go ahead, Donna.

Ms. Donna Skelly: Just one quick question.

The Chair (Mr. Amarjot Sandhu): MPP Skelly.

Ms. Donna Skelly: I understand that there is a huge problem with building, constructing, getting homes built, and getting shelters. Could that play into a delay? Is there a concern that you just can't get the—

Ms. Vicki Blanchard: We have been working tirelessly on the housing and attracting other construction firms from abroad. I think we're doing an excellent job on that. We have now built some really strong relationships with our tribal councils so that that trust is there so when I'm attracting, in the south, new—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. That concludes our time. Thank you so much for your presentation.

Ms. Vicki Blanchard: Thank you.

K-NET

The Chair (Mr. Amarjot Sandhu): Next I would like to call upon K-Net. Please come forward. Please state your name for the record. You have seven minutes for your presentation.

Ms. Penny Carpenter: Good morning. My name is Penny Carpenter. I'm the director of K-Net.

As I mentioned, my name is Penny, and I'm a First Nations member of Lac Seul First Nation, just about 40 minutes away from Sioux Lookout. Today my discussion is about broadband.

I have worked for K-Net, which is a broadband network supporting First Nations, for about 20 years. I'm here to provide evidence that broadband services are a very important aspect of everyday life in northern, isolated and rural Indigenous communities in Ontario.

In the south, broadband is joined at the hip with economic development, effective delivery of health care, leading-edge educational services and home-grown innovation.

We've been doing some research on what our communities are doing today with broadband. Some of my colleagues were travelling in the north last week. Today we're able to support a professional lawyer working in Sandy Lake. We're able to support a 15-year-old gaming specialist developing Minecraft, and he has made about $45,000 doing that. We support telemedicine at health centres, and we've been doing that for about 20 years, and we support schools joining the digital education economy.

K-Net is a bandwidth aggregator. We supply First Nations communities with bandwidth that they use to run their community-owned Internet service providers. We don't go in there and do it for them; we support them developing their own business. We've been doing this

since 2000. The communities run their own ISP connecting their health centres, band offices, schools and homes. They're able to generate revenue to hire their own workers, their own technicians and their own bookkeepers. It is a big economic development portion of the community, and then, with the bandwidth, they're able to support other economic development initiatives.

In 2009, we supported the First Nations community efforts to get better bandwidth. When we started in 2000, there were no broadband opportunities, so we worked with the government and with Bell to build bandwidth to the communities. At that time, the infrastructure was 2.1 technology. For the more northern communities, we were delivering C-band satellite. At the time, we needed to make sure our communities had better bandwidth, so we worked with NAN and Bell Aliant to build the NAN fibre build, to replace the old technology that was in place and that was end-of-life.

When the fibre build was completed in 2015, all of the partners expected the fibre to last 15, 20, 25 years. Today, I would like to inform the standing committee that Bell's capacity to provide new circuits and to upgrade current circuits is exhausted, and I, as the network, cannot order any new circuits. So I have First Nations knocking at my door, wanting more capacity, needing more capacity, for health centres, for schools. You heard KERC, the previous speakers. There's a big bandwidth need in the communities, and the build itself did not meet the capacity after five years.

Up to Speed: Ontario's Broadband and Cellular Action Plan is a timely response to this surprising outcome. But as I look at the action plan's ambitious objectives, and the $134.7 million that is already committed to projects in eastern and southwestern Ontario, I know we'll fall short of the needs that exist today in the north.

Today, I would like to focus on two corrective measures that the standing committee has the power to address and perhaps resolve.

First, the standing committee should recommend that more funds be made available so that Indigenous northern, isolated and rural communities can fairly share in the construction and improvement of regional networks.

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Second, the action plan should include an Indigenous network stream to recognize the unique character of broadband use in our communities, such as rapid population growth, massive increases of Indigenous service agency presence in First Nations, the impact of implementing provincial policies such as one megabit per second per student at schools and Digital First for Health, and the significantly higher resident-to-household ratio that defines community life.

These factors, while not exhaustive, underscore the need for a well-funded Indigenous network stream in Up to Speed. This is not without precedent. I draw the honourable members' attention to Canada Health Infoway Indigenous telehealth stream and the great successes it has supported.

K-Net is a contributor, community ISPs are contributors, but without sufficient resources to sustain demand for broadband Indigenous Ontario's capacity to extend and expand its contributions will be limited. Your budget recommendations can make a material difference in the life of Indigenous northern, isolated and rural communities. The time is right to act on this issue. Please do.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll go to the government side this time. MPP Smith.

Mr. Dave Smith: You made a comment that a study was done in 2010 on what the bandwidth needs were going to be, and that's when Bell started to expand its fibre optic into the area.

Ms. Penny Carpenter: That's correct.

Mr. Dave Smith: So Netflix didn't begin until 2010. Netflix makes up 68% of Internet traffic now. It didn't come into Canada until 2012. Basically what I'm coming to is that in 2010, when that study was done, streaming media wasn't something that was prevalent at that point; it is now, and that's what takes up most of the bandwidth on any of those services.

We are looking at how we can expand bandwidth across all of Ontario. We did make an investment this past summer. I believe it was $78 million—it may have been $75 million—for rural, remote and isolated bandwidth expansion. Part of the challenge that we face with it, though, is that if you say that you're going to spend $75 million on it today, we have to physically lay the cable, and that cable is coming through the Canadian Shield. We're going through wooded areas. You're having to have agreements in place for the rights to put the cable in.

It's not something that can be done overnight, but what I can assure you is that we have started that progress. We recognize that that is one of the things that has to happen in this area. You cannot have true economic growth and development if you don't have access to the rest of the world, and you can only have access to the rest of the world through high-speed Internet right now.

With K-Net, I believe we've actually been including you as part of the consultation process on the Ring of Fire initiative.

Ms. Penny Carpenter: Not on the Ring of Fire, but we have participated in some of the Ministry of Infrastructure meetings and participated in a conference in North Bay in October.

Mr. Dave Smith: I believe we will be looking to leverage your expertise on how we bring bandwidth into a lot of those communities.

Ms. Penny Carpenter: I just want to note that the capacity needs right now are not with the fibre to the north, except for in the Bell building. The electronics that they put in the building only go up to a 1 GB circuit, so we need to upgrade that to at least a 10 GB circuit, and they're saying the equipment that needs to be replaced is probably in the ballpark of a million dollars.

The other issue with Bell is the pipe that goes to Toronto where we integrate with other services and the Ontario health network, and that is a $12-million build. We have asked them, with the planning, why we are under capacity, why the electronics only send out 1 GB. It has only been five years, so there definitely was some lack of planning.

Mr. Dave Smith: Sure, but it was based on a plan from 2010—

Ms. Penny Carpenter: That's correct.

Mr. Dave Smith: —and as I said, Netflix didn't begin until 2012.

The Chair (Mr. Amarjot Sandhu): MPP Skelly?

Ms. Donna Skelly: Thank you for your presentation. Moving forward, what can we do tomorrow? First of all, who covers the cost of the Bell expansion? Would that be—

Ms. Penny Carpenter: I think there were numerous funders to that NAN build. There were provincial and federal dollars.

Ms. Donna Skelly: And why do you think it is so small, why the bandwidth is so—

Ms. Penny Carpenter: Why the build was so small? Well, I think, as your colleagues have mentioned, that they didn't know how much capacity would be used, even in five years. They thought that 1 GB would be sufficient for the 20 years.

Ms. Donna Skelly: Besides money, are there other obstacles that you foresee or challenges moving this forward and expanding broadband?

Ms. Penny Carpenter: With the NAN build, the biggest challenge, once it was completed, is that the project only focused on bringing the pipe to the communities—

The Chair (Mr. Amarjot Sandhu): Thank you; sorry to cut you off. We'll move to the opposition side now. MPP Mamakwa.

Mr. Sol Mamakwa: The previous presenters from Kwayaciiwin had mentioned the Internet and the speed. But I just want to clarify. I just want to get a better understanding, I guess. When the fibre was built, it was built by Bell Aliant. The community infrastructure that separates that in the community—exactly where is that upgrade needed?

Ms. Penny Carpenter: Right now, the upgrade really is needed to provide more capacity on the Bell fibre. It's within the Bell network itself. It's all physical fibre cable that's from the north all the way to Toronto. At each hub, there's a building that has electronics. That is what needs to be upgraded: the electronics.

Ms. Donna Skelly: Not the line.

Mr. Sol Mamakwa: Okay.

The Chair (Mr. Amarjot Sandhu): MPP Shaw.

Ms. Sandy Shaw: I guess one of the concerns that I think you're maybe expressing, and that I would share with you, is with this fund to upgrade it so that it goes from 1 GB to 10 GBs or whatever this funding is dedicated to, that your request doesn't get lost in a limited budget. It's such a huge undertaking, and perhaps the budget is small. It's a start, but it's small, considering the need.

Are you asking very specifically that there is almost some outcome or requirement to ensure that a certain amount of funding does come for the needs in your community?

Ms. Penny Carpenter: That's correct, yes. In other funding—my example was with Canada Health Infoway, which is a federal program—there is an Indigenous stream of funding that is separate from the general funding.

The Chair (Mr. Amarjot Sandhu): MPP Mamakwa.

Mr. Sol Mamakwa: Can you explain how you prioritize the Internet for, say, health centres, schools and offices?

Ms. Penny Carpenter: Sure. We bring the bandwidth into the community and then we bring it to the community head. In each community, there is either a community cable plant—they run their own cable to homes, band offices, health centres and schools—or a wireless plant where they use wireless infrastructure. Also in those communities, to the health centre and to the school, they run fibre from their head and to the school.

Because we are managing the bandwidth with the community, we are able to dedicate certain amounts of bandwidth to the school and the health centre. For telemedicine, they need a certain amount of bandwidth for the telemedicine iDoc so we're able to set that up with our network.

Ms. Sandy Shaw: Can you speak some more about the importance of telehealth? You're so rural and so remote, and people often have to go to Thunder Bay for specialists. I imagine you rely on telehealth and telemedicine.

Ms. Penny Carpenter: That's correct. We've developed telehealth since 2000, when we started the development of bringing bandwidth to the communities and the ISP. Telehealth was our main business that we first developed, and it's very important in the communities because they need additional services. We need to bring health care to the communities. Now it's important because, with the whole digital health, we're doing electronic medical records, tele-X-rays—everything is needed. The doctors are expecting to open their electronic medical records.

Ms. Sandy Shaw: So while people are spending a lot of time watching Netflix, what you're talking about is critical for people's health and well-being.

Ms. Penny Carpenter: That's correct. Even for the nurses who are in the communities—we have a nurse who got her training online; that's how they learn—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. That concludes our time.

Ms. Sandy Shaw: Thank you very much.

The Chair (Mr. Amarjot Sandhu): Thank you so much for your presentation.

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UNIFOR LOCAL 324

The Chair (Mr. Amarjot Sandhu): Next, I would like to call on Unifor Local 324, Princess Court long-term care, District of Kenora Homes for the Aged. Please come forward.

Please state your name for the record, and you have seven minutes for your presentation.

Ms. Katrina Peterson: Hi. Good morning. My name is Katrina Peterson. I'm VP of Princess Court long-term care in Dryden for our Unifor Local 324. I'm also a practising registered practical nurse at Princess Court.

Ms. Tracy Bazinet-Ternowski: I'm Tracy Bazinet-Ternowski. I'm VP of health care for Dryden. I'm also a direct support professional at Community Living.

Ms. Danielle Brisson: Danielle Brisson, Unifor Local 324 vice-president of Sioux Lookout. I also work in Community Living in Sioux Lookout.

Ms. Katrina Peterson: Thank you for this time on this matter. We sit on Unifor Local 324's executive. Our local covers the health care, social services and forestry sectors in this area, with our office located in Dryden.

We are here to discuss the crisis in health care, particularly in the sectors we work in. There are a few common denominators amongst all health care sectors in this crisis, and they are the lack of staff, funding restraints, ministry constraints, and the increasing decline in providing quality care to our residents and clients.

I want to touch on long-term care to start. No matter how many beds the province opens, there is no clear plan on how to recruit and retain staff. At my workplace, we are putting together a committee to address those issues, as there is a struggle to fill positions.

When I started in nursing many years ago, if you got into a part-time position within the first year, it was rare. Now, professionals are walking right into not only part-time positions but full-time rotations. Most nurses don't spend much time in long-term care and gravitate to acute care facilities. PSWs are leaving their jobs to take less precarious work and a reduction in wages. They are overworked, they are burnt out, and there's an increase in workplace injuries—not just physical, but also mental. Staff are working doubles—16-hour shifts—on a regular basis. They are not able to take vacation due to the lack of coverage for holidays. We are working short-staffed the majority of the time, resulting in less optimal care for the residents.

Being short-staffed is not the only issue, but the scheduling departments are finding it difficult to piece together shifts. When they do, there is often high turnover of staff in just one shift, and that results in interruptions in care.

We are also here as advocates for those we serve. We are not only in our positions to provide the basic care needs and activities of daily living; we are also residents' support when they are struggling and grieving. We celebrate birthdays and anniversaries with them. We are there during their very last moments. We are support for their families.

Relationships are not only created with the residents, but also with the families, not just because that is expected of us, but because with better relationships comes better care. Unfortunately that is slowly disappearing, as time does not permit staff to go over and above their basic duties. Our seniors are suffering because of this crisis: Missed baths, lack of toileting, rushed care, delayed meals, no housekeeping all result in an increase in resident injuries and behaviours, medication errors, an increase in illness, wounds and infection, and a loss of dignity and respect for one of the most vulnerable populations. Our seniors need consistent, well-trained staff.

The consensus among my sisters and brothers is that there's a lack of support, and long-term care is heavily overregulated. Paperwork tends to become a priority over better care. Inspections are stifling, and understandably so when we have incidents arise such as the Wettlaufer case. With that being said, there must be a more productive and effective way in which homes can be regulated and funding delivered adequately.

With the lack of staff and minimal care being provided for residents, this also means that charting is not adequate and does not reflect the actual acuity of the residents, which in turn affects funding.

What are the solutions? First and foremost, no cuts. With education and training, there need to be tuition breaks. There needs to be the implementation of apprenticeship programs and more support, and an increase of living classrooms for PSW training.

Recruitment incentives: reduce the administrative duties that take away from front-line care, in turn improving Ministry of Health regulations. And a more favourable funding model: We understand that funding is reduced when resident outcomes improve, but as I had stated earlier, what is on paper does not necessarily reflect the actual needs of the facility and residents. When there's an improvement in outcomes, there should be incentives so that these outcomes can be attainable continuously.

For our seniors, we need to increase the provincial average of care to four hours a day per resident, because we all know care takes time.

The solution here is not agency-provided workers; it's not the leering rumour of privatization, as we are all aware of the consequences and main agenda of that: profit. Profit means cutting staff and cutting corners, resulting in even further-reduced levels of care.

The saying that you need to spend money to make money also pertains to our current health care crisis. There needs to be a stop to cuts and an increase in investment in front-line workers. Without them, essentially, there would be no one to care for your mother, father, sister, brother, aunt, uncle, grandparents, friend or yourself one day.

We urge you today to ensure this government takes this crisis very seriously. No matter how many beds are being funded, they will stay empty as long as staffing continues to be a challenge in long-term care.

Ms. Danielle Brisson: Moving on to developmental services, we can pull the same issues that are present in long-term care and have the same discussions. Core funding is an issue. It has been frozen for a year, and that is unacceptable with the rate of inflation.

Staffing is an issue as well, and staff working long hours. We are seeing the same effects with DSWs as we do with PSWs. Again, regulations are choking the sector with very little support provided to PSWs and DSWs.

Little support is provided to help in making improvements. There is little effort to engage sector experts and families. We can continue the same conversation with our home care workers. All you need to do is change "resident" to "client," and we're still talking about the same challenges that are being faced.

We trust that the government will make well-informed decisions to invest in the future of our health care, rather than cuts, to show they care for residents, patients, clients and the ones who work on the front lines every day. Thank you.

The Vice-Chair (Mr. Jeremy Roberts): Okay. We'll start with the opposition for questioning. MPP Shaw.

Ms. Sandy Shaw: I didn't see you slip into that chair.

Thank you very much for your presentation. I just want to tell you that the long-term-care crisis is not just in the north and First Nations communities; we hear this all the time in the south. It really is a crisis. What we hear most often from workers is the whole idea of working short. We hear it all the time. The stories that you share, I've heard many, many times. In Hamilton, there's a long-term-care-facility where the staff there told us that they have to start getting the residents dressed around 4 or 4:30 in the morning to be able to get them to breakfast—to be able to get a warm breakfast. That's just unacceptable. So I want you to know that this is something that's all across the province while it's probably more exacerbated here in Sioux Lookout.

We're talking about beds, but we're also always talking about staffing, and so my question to you would be, do you see the idea of four hours of hands-on care—that that would be mandatory, that that would ensure that there are adequate staffing levels, or what do you see would ensure that there are adequate staffing levels?

Ms. Katrina Peterson: With the increase in care, with the extra hours—and, of course, those hours will also involve proper charting. We're seeing that the charting is delinquent for what really reflects the homes, and that trickles down to the funding that they receive to run the facility, which in turn could possibly increase the number of staff that could be hired. I don't know exact numbers; that's not my field of work, but I just see what's happening on the front line. But there definitely needs to be an incentive. There's not even the enrolment in the programs for PSWs.

Ms. Sandy Shaw: And I think, why would you enrol? That's what I'm hearing: "Why would I enrol in a program like this, where you suffer those kinds of"—it's traumatic, the mental health issues and the burnout for the people who work in these places because they're not supported in this field.

The same is true in home care. I know with home care, oftentimes PSWs are travelling from one patient to another to try to provide care to people at home. I can't even imagine—maybe you can explain, given the weather and the geography here, how that is even more exacerbated. In the south, we can go on the 403 from one location to another, but you sometimes don't have adequate transit options, right?

Ms. Danielle Brisson: We currently don't have very many PSWs working right in Sioux Lookout. We have our staff coming in from Dryden every day. That's a 100-kilometre trip to and from work every day.

Ms. Sandy Shaw: And that's not paid.

Ms. Danielle Brisson: It depends on if that's our first client of the day. There are some regulations there. But yes, the first trip in is unpaid. Even if that's 100 kilometres, that's 100 kilometres—that even includes your mileage—not paid.

We have severe shortages in Sioux Lookout and Dryden. Part of that problem is housing. We have nowhere to put people who would be willing to come and do the work because there is nowhere to live.

1010

Ms. Sandy Shaw: The other thing that I would like to know is, back to long-term care, have there been any new beds opened in long-term care that you're aware of in the last little while, the last year or so?

Ms. Danielle Brisson: Not in Dryden, no.

Ms. Sandy Shaw: What would you say the need is for long-term care? What is the number of beds that are currently required, just to—

Ms. Katrina Peterson: I'm not certain on the numbers of ALC in acute care, so I'm not sure what the waiting list is. I may have a quick—

Ms. Sandy Shaw: That's okay. We can look that up.

Ms. Katrina Peterson: It says here, just in Ontario, 33,000 people on wait-lists.

Ms. Sandy Shaw: Right, and it's growing. That didn't just happen overnight; it has been a long time coming. We've been underfunding long-term care and health care in general, and it doesn't seem to be getting any better. Is there any one thing you could say would give you any hope—

The Chair (Mr. Amarjot Sandhu): Thank you. Sorry to cut you off.

Ms. Sandy Shaw: Oh, sorry. We ran out of time.

The Chair (Mr. Amarjot Sandhu): We will have to move to the government side now. MPP Smith.

Mr. Dave Smith: I'd just like to touch on a couple of things that you guys said. On the long-term-care side, you mentioned that it is overregulated, and on the developmental care side, you said that regulations are choking the system. We have been embarking on a red tape reduction program for the last 18 months, since we were first elected. What we're looking at is, when we were first elected, we had 382,000 regulations in Ontario. The next province with the most was British Columbia at 169,000 regulations. You regulate to the point of integrity, but not to the point of interference.

It sounds to me like you're suggesting that we have so much regulation right now in both long-term care and developmental care that we are interfering with your ability to do your jobs effectively. Is that correct?

Ms. Katrina Peterson: In some areas, on the front line of work, yes. When it comes to some charting and paperwork that has to be done, I think there has got to be a more effective way to deliver that work so that we have more time with direct care with residents.

Mr. Dave Smith: As front-line workers, would you be willing to work with us directly, off-line—outside of the confines of this—to find ways that we could reduce that regulatory burden, but maintain that level of safety that we have to have, so that we can make your jobs easier?

Ms. Katrina Peterson: Definitely.

Mr. Dave Smith: If we were to reach out to you, you would be willing to work with us.

Ms. Katrina Peterson: Yes.

Mr. Dave Smith: Thank you.

The Chair (Mr. Amarjot Sandhu): MPP Roberts.

Mr. Jeremy Roberts: Thank you so much for the presentation. I had the chance about two months ago to spend the day working as a PSW at an Extendicare facility in my riding. It was a really eye-opening experience to spend the day seeing what life was like for PSWs. Certainly what my colleague just touched on, the regulatory burden, was very apparent to me. The amount of paperwork and forms etc. that had to be filled out throughout the day was pretty staggering.

The other issue that became quite apparent to me was the capacity issue. I represent a riding in Ottawa, so we're fairly urban, but they definitely had a staff-retention issue and definitely had a capacity issue. Can you tell me a little bit about how that's amplified here in the north, and also about some strategies that you guys are thinking about?

You mentioned that you're working on a strategy to recruit and retain staff. What are some of the things you're looking at, particularly in this northern context, to not only get people to either choose that as a career path who are living here, or recruit people to come up here and then actually stay here? Because that seems to me like the crux of the issue across multiple different pieces of the health care system up here, and I don't know whether I've heard what the silver bullet is yet.

Ms. Katrina Peterson: Right. We have implemented—it started in Kenora and we've done it in Dryden—the living classroom, where they can work and be trained. That is successful. It's just, with the bad name that's going across this province with the work itself, we're just not getting people into the programs. We need to do something as far as recruitment incentives. We need something in the way of tuition breaks, sponsored training, apprenticeship programs. That's what we are hoping to see to help bring people into the programs, first of all, and then we can hopefully resolve the staffing issues.

Mr. Jeremy Roberts: Sure. I appreciate that. I don't know how much time I have left, but just a question on the developmental services side: One of my mandates as parliamentary assistant at community and social services is to look at what different housing models are out there in the province. You mentioned here there's a massive shortage in housing. Are there any innovative models that are being looked at up here, or is it right now just, "We need actual spaces," and less focused on what those models are?

Ms. Danielle Brisson: Most of the issue is bringing it back—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. That concludes our time. Thank you so much for your presentation.

MR. HOWARD MESHAKE

The Chair (Mr. Amarjot Sandhu): Next, I would like to call on Howard Meshake. Please come forward. Please state your name for the record. You have seven minutes for your presentation.

Mr. Howard Meshake: Howard Meshake.

Dear Standing Committee on Finance and Economic Affairs: I come to you today to address the issues regarding our provincial health care system.

On August 2, 2018, my wife suffered a severe stroke that has left her hemiplegic. She has a permanent tracheotomy, and she has recurring seizures that require regular bloodwork. From August 2, 2018, to May 12, 2019, I was her medical escort. This required me to move to Thunder Bay. For the first 90 days, I was being covered by our federal-provincial health care system. After that, I was on my own.

On the 91st day, all services ended. I was able to find an apartment within those 90 days. I had asked NIHB what coverage they had for me, and they replied that they do not provide rental costs, and I was informed of that. From October to March, I had my own apartment in Thunder Bay. It wasn't until February, during a patient navigating meeting in Ottawa, that I found out that I could challenge that decision. Compared to the daily allowance that was being paid per person per month, I was saving the health care cost by nearly half.

May 12, 2019, is when my wife was medically transferred from St. Joe's Hospital in Thunder Bay to the Sioux Lookout Meno Ya Win Health Centre, which is where she currently resides.

Due to her tracheotomy, she is susceptible to seizures. Medically, it has been diagnosed that she requires 24-hour supervision. The North West LHIN replied that they can only provide two hours a day of home care. This is the standard wherever I live in Ontario.

Almost all her medical assistance devices are not covered. With the design of our house, she can never go to the basement of our home. I have had to make a homemade ramp, which weighs about 50 pounds, to get her in and out of our truck. She can't have a motorized vehicle, due to the neglect of her left side.

My argument is that this puts my health care at risk. Pushing a heavy wheelchair around is hard on the body. I have asked why she can't have one with the controls on the back. They only look at the patient with the disability, and not the safety of the caregiver.

Other suggestions were to move to an urban setting that will meet her medical needs, or hire my own home care, for her to return home. Again, this leads me to having to uproot my life. It doesn't matter where I live; I still only get two hours a day of home care. This leaves me with no choice but to consider quitting my job to look after my wife, or pay for home care. The home care that I would need, to do my job, is 24 hours a day, as I'm required to travel. Should I have to relocate, who will hire a person who says, "I can only work five to six hours a day, due to the fact that I have a wife who is palliative"?

This is just the start of my dilemma.

On August 31, 2019, our only child was murdered. His murderer is now incarcerated in the provincial jail, awaiting sentencing. Now, whether it's the provincial or

federal system, this individual is getting all his needs covered. This includes accommodations, meals, therapy, schooling, medical care.

This leads me to question the fairness of our health care system. As a First Nation person living off the reserve, I still pay taxes. So now, not only has this person taken our child; I am paying for him to have a more comfortable life than my wife has, with full coverage of services. Why can't those same tax dollars pay for the same services that my wife needs to live a comfortable life at home?

1020

What I'm looking for is a health transformation system for all people. The provincial system needs to honour our First Nations right to paid health care. It also needs to be fair to all people requiring health care services.

The Chair (Mr. Amarjot Sandhu): Thank you. I'll move to the government side for questioning. MPP Smith.

Mr. Dave Smith: First off, I want to thank you for your courage to come and tell us your story. You've gone through an awful lot. I don't know how anyone wouldn't be touched by what you've had to present to us. All I say is that we're all here to try and make life better for everybody in Ontario. I truly mean that: everybody in Ontario.

When I was first elected, I was elected to represent the plurality—meaning, as many people as possible—and I always believed that, at our local constituency office, that's where we would have the opportunity to help individuals. Sometimes, when you're doing something for the plurality or for the bulk of the people, things get missed on the individual level, and you try and address that at the constituency level.

I'm not able to give you any promises that we're going to be able to make a significant difference in your case, but if we didn't have the opportunity to hear the struggles that you're going through, if we didn't have the opportunity to know what challenges you have, we would never have the opportunity to try and make it right for you. I give you my word, as a government member, as an MPP and a representative of the people of Ontario, we will do everything that we can to make sure that more people like you do not go through the struggles that you're going through.

Again, I cannot make you a promise that we can fix it for you tomorrow, but knowing what your challenge is, knowing the struggles that you've had, it means that we can at least look at what we can do to try and make it easier for someone so that they don't go through those same troubles that you have.

The Chair (Mr. Amarjot Sandhu): MPP Skelly.

Ms. Donna Skelly: Thank you for, as my colleague said, having the courage to speak to us today. It is because of one man sitting in this room today that we are here. It's the first time that this hearing has come as far north as we are. It's our first time in Sioux Lookout. It's because of MPP Mamakwa that we are here, and I want to give him full credit for that. He speaks eloquently and passionately about his people and the people of northern Ontario.

We hear from people every 15 minutes, eight hours a day, over the course of about 10 days when we travel across Ontario. We get handouts. But by far, your story is the most compelling. You've made a difference. I just want to know that. You have made a very big difference. Thank you.

The Chair (Mr. Amarjot Sandhu): Any further questions? We'll move to the opposition side. MPP Mamakwa.

Mr. Sol Mamakwa: Thank you, Howard, for sharing such a personal story. I think what it reflects is not only just First Nations, but also people who live in Sioux Lookout, how the health system treats them—and not only that; how the correctional system operates for us here in the north. Again, as my colleagues across the way say, it takes courage for you to tell that story. I'm sure, because of the dates that you provided, and also, I'm sure things are still very fresh.

I'm asking you: What is it today that we can do for you, whether it's the opposition, whether it's the government. Is it the home care? Is it the wheelchair? What do you need immediately?

Mr. Howard Meshake: Immediately, like I said, I need home care coverage and I need medical devices covered. Right now, like I said, I made a ramp out of a pallet, on which I push her wheelchair, which isn't the safest thing to do, to get her in our truck. There are no vehicles or medical devices covered. Living in the north, to try and live the same lifestyle before her stroke, I need a 4x4 vehicle to get around here.

The Chair (Mr. Amarjot Sandhu): MPP Shaw?

Ms. Sandy Shaw: Again, your story has been so profoundly moving to all of us, on all sides. I just want to thank you so much for sharing that with us today.

I want to ask you about yourself as a caregiver. Quite obviously you've been through unimaginable trauma. None of us could imagine being here today with the kind of courage you've shown. Can you tell me if you're getting any support for the kind of mental health and the respite you must need as a caregiver who has put up with so much?

Mr. Howard Meshake: Mental health, I've had one session. As far as respite, none. I've been doing this on my own for 16 or 18 months now. The only help I did have at the time was my son.

Ms. Sandy Shaw: It just seems to me unbelievable. I suppose it's the way the system works, but even something as simple as a wheelchair with controls on the back—a simple thing like that would take a lot of burden off your daily life; is that correct?

Mr. Howard Meshake: Yes.

Ms. Sandy Shaw: I really have no words. It's such an eye-opener to us that someone who is in such profound distress and such profound need has to come before this committee to ask for something that seems to be quite a simple request: a wheelchair that would accommodate your needs so you can look after your wife. I would like to say on behalf of the opposition, as well as the government, it seems to me what you've done here has really cemented our will to make sure that even the simplest things, which seem simple to us, which is a wheelchair that you can utilize, but something that means so much to your daily

life—we will work together as hard as we can to make sure that we can help you with this situation—

The Chair (Mr. Amarjot Sandhu): I apologize to cut you off. Thank you so much. That concludes our time. Thank you so much for your presentation.

CUPE LOCAL 2141
NORTHWESTERN ONTARIO CUPE COUNCIL

The Chair (Mr. Amarjot Sandhu): Next I would like to call on CUPE Local 2141, Northwestern Ontario CUPE Council. Please come forward. Please state your name for the record. You have seven minutes for your presentation.

Mr. Trevor Davies: Good morning. Thank you for the opportunity to speak today. My name is Trevor Davies and I am the president of Northwestern Ontario CUPE Council and president of CUPE Local 2141 for the municipality of Sioux Lookout. With me today is our secretary-treasurer, Silvia Jakobs.

I'd like to speak to you today about some of the struggles our community faces. This includes housing, social issues and affordability, and also other issues we've seen and heard about throughout our province.

Affordable housing: We need housing that is affordable for everyone, especially people who are earning minimum wage or low-income earners and for the people who are on social assistance. We've seen many people struggling to pay rent and many people cannot afford to buy their own home. Rent here can range anywhere between $1,500 and $2,200—I've seen. Someone earning $18 an hour might bring in roughly $2,000 a month after taxes, so for $1,500, they have a place to stay, but now you have to purchase groceries, pay utilities and transportation to get to work etc. We need affordable housing for our seniors who are on fixed incomes.

The Ontario government needs to recognize the uniqueness in our smaller communities like Sioux Lookout. We need to ensure the municipality receives the much-needed funding to help offset costs. We pay the highest prices for all goods and services. We pay the highest prices for groceries and fuel and heating costs. We pay some of the highest policing costs for a community of our size. We also pay the highest taxes. Property taxes are unaffordable for many. My family's gross income is roughly $100,000 a year, and even with a good budget, we still find it difficult to live here. Many people could find the cost of living out of hand.

1030

My wife and I purchased our home 16 years ago. My house has probably doubled in value for what we paid. However, we cannot afford to leave our small house to live more comfortably in a larger home because housing costs have soared way too high. You're now looking at an average of $350,000 to $400,000 for a decent house here. I know that we simply cannot afford it. We would be more than house poor; we would most likely go bankrupt. Imagine those who are earning way less than we are.

We need to ensure that the government increases funding to communities like Sioux Lookout for programming to assist people who are struggling with drug and alcohol addiction issues. We desperately need funding for a treatment centre, funding to help with our policing costs, funding for a shelter to get people off the streets and out of the cold. Increase funding to help people with disabilities and those who face barriers. We need funding initiatives for new businesses, to help boost our economy.

The 2020 Ontario budget provides an important opportunity for the Conservative government to make real and positive change. We need a government that governs for all. Ontario needs public services for everyone. According to the Financial Accountability Office, the Conservative government plans to reduce spending per person, per year by $1,070 over the next five years. Demand for public services, on the other hand, will exceed the government's planned program spending by approximately $5 billion by 2022.

There's a significant risk that this fiscal plan will not provide enough resources to meet the need for key public services. Instead of generating more revenue to use for public services, the government's regressive policy agenda will reduce revenues by $4.2 billion in this fiscal year and by an average of $3.4 billion each year until 2024.

When it comes to health care, the Conservative government has laid the groundwork for undoing the universal health care system through underfunding, dissolving specialized regional providers, setting the stage for privatization of our universal health care system.

The government's current education strategy will undermine the quality of our public education system by decreasing student funding, increasing class sizes and moving to mandatory e-learning.

Post-secondary education is out of reach for many. The government has turned grants that low-income students depend on into loans and cancelled the six-month interest-free period for student loans, forcing students to end or pause their education goals.

Child care is the most expensive in the country. Instead of creating child care spaces that are affordable, high-quality and publicly delivered, the government relaxed restrictions on the number of children home child care providers can care for at any given time. It is important to understand that these restrictions were introduced years ago, after several infant deaths in Ontario's private child care sector.

The government must change course to invest and strengthen access to publicly delivered universal services and programs for all Ontarians; stop the privatization of our public services and assets; ensure the provincial funding models for publicly delivered services only provide public monies to public and licensed institutions; and guarantee professional-level wages for all public sector workers.

On the heels of cancelling the scheduled increase to a $15 minimum wage and many needed changes to the Employment Standards Act and the Labour Relations Act, the Ontario government passed Bill 124, which infringes

on the charter rights of all workers to free and collective bargaining and limits total compensation increases, including salary and benefit increases, at 1% a year for three years, at a rate well below cost-of-living increases. Meanwhile, they've gifted compensation increases to their own deputy ministers, provincial police and doctors at rates well above the 1% they're mandating in broader public service. The government must ensure higher employment standards for everyone, ensure that everyone who wants access to a union can access union protection, and respect and uphold the right to free and collective bargaining. Everyone must be treated fairly.

In conclusion, the Northwestern Ontario CUPE Council strongly hopes that the preceding recommendations and those included in our submission inform the development of the 2020 budget, as well as the upcoming legislative agenda. It's about time we build an Ontario for everyone. Thank you.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll move to the opposition side for questioning. MPP Arthur.

Mr. Ian Arthur: Good morning, and thank you so much for coming in for your presentation. I wanted to talk a little bit less about the provincial context and more about what the realities are in Sioux Lookout, because I found that very interesting when you were talking about it.

The cost of goods is so much more. If you are working a service job or something like that, you are still earning minimum wage. That is universal across Ontario; it's not going to change. What does that mean, particularly for those with jobs without a lot of security attached to them, those working those minimum wage jobs? What does that mean in terms of their long-term prospects in the community?

Mr. Trevor Davies: Sorry?

Mr. Ian Arthur: What does it mean in terms of long-term prospects for those folks who are stuck working minimum wage jobs at $14 an hour, but their own costs of living are so much higher than if they lived in other parts of the province?

Mr. Trevor Davies: They simply cannot afford to live here. It's just too expensive. For myself, I'm lucky enough that I make a decent wage, so that I can afford, barely, to live here. For those who are making way less than I do, they just can't afford it. I hear of people struggling all the time.

Mr. Ian Arthur: And are people leaving because of that?

Mr. Trevor Davies: Many people that I know of. I've had friends who have moved away and moved to other communities where it is more affordable for them to live. They've actually uprooted their whole lives, just so they could afford to live. They've left their jobs and found other jobs, just to be able to afford to live, just because they couldn't afford to live here.

Mr. Ian Arthur: In terms of trying to figure out a way to stay, are there community resources available to help them? Are there the community supports that are necessary if they wanted to stay here and make Sioux Lookout their home, or continue to be their home?

Mr. Trevor Davies: The cost of housing is one of the key things that are driving people away. People just cannot afford, like I said, $1,500 or $2,200 a month, not including utilities. You're paying utilities on top of that, and paying for groceries. For someone who's making—I couldn't even afford to do that, making the wages that I do.

Mr. Ian Arthur: Thank you very much.

The Chair (Mr. Amarjot Sandhu): MPP Shaw.

Ms. Sandy Shaw: You mentioned child care. I would say that you have the highest costs of child care in the province. Child care in the south is unaffordable. In Toronto, it's something like $20,000 a year for infant child care, so it's already outrageously expensive. People are needing now to work extra jobs, because they're making minimum wage and the costs are so high. Child care is a key to allowing people to get out to work. So I support your idea that we, as the province of Ontario, should have high-quality, adequate, publicly funded public daycare.

This government, as you had mentioned, has relaxed the regulations, the ratio of kids in private home care, and also has introduced a tax credit. But my sense of this in the south is that if there aren't spaces, this tax credit isn't helpful at all, and that it doesn't really do anything to increase the number of spaces for child care.

Can you comment a little bit more on some of the measures that you would like to see, to make sure that we do have adequate publicly funded child care?

Mr. Trevor Davies: A universal child care system where it's affordable for all families, not just for people who are making a good wage. We need a universal child care system where people can afford to send their kids to daycare, so they can go to their jobs.

Ms. Sandy Shaw: Do you have a waiting list here for child care?

Mr. Trevor Davies: There has always been a huge waiting list. If you're expecting to have a child, you get on the list now.

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We have to move to the government side now. MPP Piccini?

Mr. David Piccini: Thanks very much for your testimony today, and for taking the time to speak to us. I just wanted to touch on two things that you raised: education and health care. You certainly had me until you looked down at some of those notes on education. Talk to me about the change this government has made on education, specifically on the post-secondary file (a) on the Modernizing the Skilled Trades and Apprenticeship Act, and (b) the quality assurances framework that we launched for independent and autonomous degree- and diploma-granting autonomy for our Indigenous institutes. It was a key recommendation in chapter 10 of the Truth and Reconciliation Commission. Can you talk to us about how you see that benefiting this area?

Mr. Trevor Davies: What I can talk to you about with education is that what I see is increasing the class sizes and moving to mandatory e-learning. That's huge for me, because I have children in school. That really bugs me. My oldest son has issues where he needs sometimes one-on-

one with the teacher, so moving to e-learning and to increased class sizes is not going to help him.

1040

Mr. David Piccini: Okay, so my question was on post-secondary, but if we go to education then. In a world of finite resources—which I know you can appreciate, the world of finite resources we operate in within a government—would you prefer that we make those investments in increased compensation or in-classroom supports?

Mr. Trevor Davies: In-classroom support is what I would like to see.

Mr. David Piccini: That's good to hear. Okay.

On the health care file—because I know you spoke a bit about the LHIN. I'll just throw out, because I want to hear this northern experience, which I fully admit, I'm not—I represent a rural riding in eastern Ontario. You spoke about the LHIN and I think used some—just correct me if I'm wrong—rather friendly language. From rural Ontario, I can tell you that's probably the most friendly language I've ever heard, in my one and a half years as a member, about the LHINs.

In our experience, our move to Ontario health teams has localized and led grassroots development of a local system that's going to lead to community paramedicine, to a robust volunteer network for the right level of care at the right time for the patient. So that has been good here. If you could speak to me about what you're missing, that the LHIN offered that you're not getting now, then we could take that back and make the recommendations.

Mr. Trevor Davies: I'm not sure if I really understand your question.

Mr. David Piccini: Because you spoke about the wind-down of the LHINs, so what are you not getting there that you were getting from the LHINs? Do you support the wind-down of the LHINs? I suppose that's my question—the local health integration—

Mr. Trevor Davies: I don't remember reading that there, so I'm—

Mr. David Piccini: Because you talked about privatization and health care, and I'm just curious—you spoke to the body of the transformation of health care that we're leading, which is the wind-down of the LHINs. If you could elaborate on what you're referring to.

Mr. Trevor Davies: I'm sorry, it must have been somewhere in my notes that I actually just kind of lost there—

Mr. David Piccini: Okay, sorry. I'll defer to another colleague. Thank you very much.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: You mentioned that you have the highest fuel and highest grocery costs up here. Why is that?

Mr. Trevor Davies: Your guess is as good as mine.

Mr. Dave Smith: Would transportation bringing the product up here—it takes a lot longer to get to Sioux Lookout than it does to get to Toronto with the product.

Mr. Trevor Davies: It's ridiculous that we're paying 40 cents a litre more here than you'd pay in Winnipeg. We are anywhere from 20 to 30 cents more than an hour down the road in Dryden.

Mr. Dave Smith: Okay. You mentioned that we have a reduction of revenue, a few billion dollars—I can't remember the exact number that you said. Where does the government revenue come from?

Mr. Trevor Davies: Taxpayers.

Mr. Dave Smith: So if we reduce taxes, that makes it less expensive for someone to live in an area. They have more money to spend.

Mr. Trevor Davies: I get that it's a Catch-22, right—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off.

That concludes our time. Thank you so much for your presentation.

GRAND COUNCIL TREATY 3

The Chair (Mr. Amarjot Sandhu): Next I would like to call on Grand Council Treaty 3. Please come forward. Please state your name for the record, and you have seven minutes for your presentation.

Mr. Gary Allen: *Remarks in Indigenous language.*

Welcome to Grand Council Treaty 3 territory. My name is Gary Allen. I'm the senior political adviser for Grand Council Treaty 3 to Ogichidaa Francis Kavanaugh. I'm also the CEO for Treaty 3 Investment Group.

Also, beside me is John Rowlandson. He's the consultant that we hired to assist us in the work on assessing broadband services in the Grand Council Treaty 3.

Basically, the purpose for the written submission to the Standing Committee on Finance and Economic Affairs is to provide an overview of the state of broadband technology in our nation and to provide a road map to building a successful partnership with Bell Canada, regional communities and governments to gain access to high-speed Internet. It can go a long way to improving health outcomes and providing economic opportunities for First Nations people living in Grand Council Treaty 3.

The Grand Council has secured the mandate to deliver broadband technology on behalf of 28 First Nations. Within our environmental scan, we hired John Rowlandson from JR Associates to complete a relationships road map to put Grand Council Treaty 3 in an advanced state of readiness in order to build a successful relationship with Bell Canada and First Nations to address Internet connectivity in Treaty 3. He has provided us with an action plan that will guide future broadband development in our nation. The guide was specifically designed for the health sector, but can be applied to other sectors that affect the well-being of First Nations citizens living in our territory.

The best way to describe the state of connectivity in Grand Council Treaty 3 with respect to the Internet is that it's uneven and it's substandard. There are a few Grand Council Treaty 3 communities that currently have high-speed Internet that comes close to the universal service objective level of 50/10 megabits per second, but there is a concern that the service doesn't have sufficient bandwidth for volume demands, particularly for health

services. The majority of Grand Council Treaty 3 communities have limited access to basic broadband services. Many First Nations' upload speeds are less than one megabit per second.

Basically, I'm just going to go through our highlights. Naotkamegwanning—Whitefish Bay—and Wabaseemoong represent the lower end of the slow service. The former reaches speeds of 2.4 megabits for download and 1.9 for upload, and the latter 1.4 down and 1.5 megabits for upload speeds; whereas other communities had higher speeds, namely Rainy River First Nations, with 25 megabits per second downloads and 25 megabits per second uploads. What we see is a disparity in quality of service in our territory.

In terms of the background, broadband is considered an essential service in North America. The federal government has committed that every Canadian will have access to high-speed connectivity by 2030 no matter where they are located in this country. The benefits of broadband access are widely known, yet the cost of access and the expense of installing and maintaining the wires and boxes that make broadband possible in rural or remote areas is often out of reach.

We have a direct and material understanding of the merits and technical complexity of providing broadband telecommunications in our territory. In 1994, Jon Babulic of Bell Canada wanted to put a fibre optics trunk through Treaty 3. So we met them and basically gained a level of understanding. We built a positive corporate culture. The two parties signed an agreement that led to the creation of Manito Aki Inakonigaawin. Bell Canada required permission to build Trans Canada fibre optic cable through Treaty 3. That same year, a letter of intent process acknowledged the urgency of Bell's request. The 1998 agreement advances community autonomy and opportunity and makes provisions for economic development.

1050

There is a direct correlation between the availability of high-speed Internet to the economic and social well-being of First Nations citizens living in remote areas of Treaty 3. Basically, what we're stating is, we'd like to continue our work. Within the document, we've highlighted a budget.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll have to move to the government side for questioning. MPP Roberts.

Mr. Jeremy Roberts: Thank you so much for your presentation. I think one of the big common themes that's emerging out of our consultations today in Sioux Lookout is the importance of broadband and bandwidth. We've heard this now across a multitude of different sectors, whether it's health, education or economic development, and so I appreciate you coming forward and letting us know about this extensive consultation work that was done. That's very useful information for us to be able to bring back.

I'm just curious; based on your experience with Grand Council Treaty 3, are there any other initiatives on economic development that we can bring back to the finance minister as well, other than broadband and bandwidth, that would be helpful as well to help spur economic development in this region?

Mr. Gary Allen: As the CEO for the Treaty 3 Investment Group—we're just basically starting that initiative. The money that we accumulated through our trust agreement with Bell Canada was being utilized to begin that work.

We are in the process of developing, I guess, a consumer survey, basically, reviewing what the spending patterns are for First Nations in Treaty 3 so that we can address where we can focus our economic investments in terms of building partnerships with local municipalities, with businesspeople, government and industry.

Over the last two years, we signed a resource revenue-sharing agreement with Ontario. This is basically based on a collective mindset within Treaty 3. Each First Nation is treated equally amongst the collective First Nations.

We're just starting, basically, with our work in economic development, but we are going to move fast.

Mr. Jeremy Roberts: Great. Well, I look forward to seeing some of that consumer information as well.

I know two of my colleagues had questions here.

The Chair (Mr. Amarjot Sandhu): MPP Skelly.

Ms. Donna Skelly: Thank you for your presentation. The $657,000 that you referenced, what does that provide? What will that provide?

Mr. John Rowlandson: It establishes the partnership base and the multiple funding requirements that go into a successful broadband project. It's really bringing the project to the table, working with the carrier or carriers, bringing all of the communities onside and—

Ms. Donna Skelly: I'm not trying to be rude. I'm just going to interrupt you. In all of the communities—which communities? Which geographic area?

Mr. John Rowlandson: The 28 Treaty 3 communities.

Ms. Donna Skelly: What is the geography of that?

Mr. John Rowlandson: I'm not sure of the square kilometres.

Mr. Gary Allen: It's 55,000 square miles from Thunder Bay to the Manitoba border to Fort Frances to International Falls to here, Sioux Lookout, and Red Lake.

Ms. Donna Skelly: So this is a fairly reasonable amount of—

Mr. John Rowlandson: To bring the proposal forward to the broadband fund and for it to be successful and to be able to secure the funds from the Up to Speed program in Ontario, as we understand it, this government and future governments will recognize that the digital economy is stalled unless there's broadband access in all areas of the province. This area of—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We have to move to the opposition side. MPP Arthur.

Mr. Ian Arthur: Good morning, and thank you so much for your presentation. I echo that we've heard about the need for expanded broadband several times now and how important that is.

I'd like to in some ways draw a parallel to the electrification of Canada that happened a century ago. I

think that was the sort of dramatic transformation that we're seeing broadband deliver. That level of societal change is the same sort of thing.

At that point, you needed public investment to get it done. If it had been left up to the private sector, there are simply parts of this province where it would have never been profitable to deliver those services.

Just to hear from you about the square geography—do you know the average population per square kilometre, by any chance?

Mr. Gary Allen: We estimate about 25,000 citizens in Treaty 3.

Mr. Ian Arthur: It's 25,000 in all of Treaty 3?

Mr. Gary Allen: Yes.

Mr. Ian Arthur: In 55,000 square miles—

Mr. John Rowlandson: Well, that doesn't include the municipalities.

Mr. Ian Arthur: Yes, but in terms of your remote communities. So you need this service. It's for a small number of people, in the larger scheme of things, so it's going to be expensive to deliver that individually. I don't see a way around that. But you fundamentally need that investment, to be able to move forward and progress on these issues.

Mr. Gary Allen: Yes. In terms of our flexibility on this project, we have a pretty good relationship with the local municipalities. A case in point would be the All Nations Hospital in Kenora. They're building a new hospital with a multiple number of parties. Also, the Grand Chief will be meeting with the Rainy River municipal association this weekend to talk to them.

It's really about education and developing these partnerships. Something like this would really be beneficial for the whole area.

The Chair (Mr. Amarjot Sandhu): MPP Mamakwa.

Mr. Sol Mamakwa: I know the First Nations that are mostly drive-in communities. Also, within the ridings, I know there are some Treaty 3 communities that are part of my riding and also the Kenora provincial riding.

I know, again, that equity and equality has come up with respect to the access to broadband. Certainly, I'm in full support of moving forward and trying to get equitable access to broadband services for the communities.

Certainly, one of the things—within a year—is that the amount, the $657,000—

Mr. Gary Allen: It's spread out over five years.

Mr. Sol Mamakwa: It's spread out over five years. Okay. I don't have any more questions.

The Chair (Mr. Amarjot Sandhu): Any further questions?

Thank you so much for your presentation.

SIOUX LOOKOUT NON-PROFIT HOUSING CORP.

The Chair (Mr. Amarjot Sandhu): I will now call on the next witness, from the Sioux Lookout Non-Profit Housing Corp. Please come forward. Please state your name for the record, and you have seven minutes for your presentation.

Mr. Bob Paterson: Good morning, Chair, Vice-Chair and members of the Standing Committee on Finance and Economic Affairs. My name is Bob Paterson, president of Sioux Lookout Non-Profit Housing Corp. With me today is Joe Carbone, vice-president, to my right, and Matthew Stewardson, our manager of Sioux Lookout Non-Profit Housing Corp., to my left.

I want to first start by welcoming you all to beautiful northwestern Ontario and to the wonderful community of Sioux Lookout. On behalf of our organization, I want to thank you for inviting us to make this presentation to your committee.

I'll start by first telling you about the area we serve, who we are and what we do.

Sioux Lookout is a northwestern community of approximately 5,700 people. Sioux Lookout is unique in its geographic location, and is considered the hub of the north, meaning it is the central location for the surrounding 29 First Nations communities, having a population of over 30,000.

Sioux Lookout provides essential services to many of these Far North communities such as health care, education, retail, social services and housing. An excellent example of one of these services is the Meno Ya Win hospital, a four-party—federal, First Nations, provincial and municipal—facility servicing all peoples in the area.

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Our organization has been in the business of providing affordable housing in the area for over 38 years. We have a seven-person board of directors, all volunteers, who provide guidance and direction to our manager, who oversees the day-to-day operations of all our housing.

We are the largest housing provider in Sioux Lookout, with a 154-unit portfolio on 10 different properties. The tenants we serve are 80% First Nations.

Waiting lists exist with all our units, and they are projected to dramatically increase. In June 2018, the municipality of Sioux Lookout sponsored a summit regarding the ongoing housing crisis, and it was noted by Canadian Mortgage and Housing Corp.—CMHC—that the municipality's housing vacancy rate was at less than 1%, or "in a serious crisis."

We have taken the initiative with our service manager, Kenora District Services Board—KDSB—to develop additional housing. We have identified two key areas of affordable housing that need immediate attention, the first being family units and the second for seniors, especially those needing supportive care.

We have applied to CMHC for pre-development funding for 50 additional family units. KDSB has secured the land for this project and will be providing it to us for development. Once pre-development funds have been secured, we will apply through the federal government's co-investment fund for dollars to construct.

The need is great. Our corporation's next effort is for the construction of affordable housing for seniors which includes health and home support. We are targeting 50 new units for a seniors complex.

One of the challenges we face in providing affordable housing is the high cost of construction. For example, the cost per square foot to construct in southern Ontario is estimated at $200 to $250 a square foot. In Thunder Bay, it is estimated at $250 to $300 a square foot, while here in Sioux Lookout it is $350 to $400, which is 75% to 100% above the other parts of Ontario.

Another challenge we face is the acquisition of land that is either zoned or can be zoned multi-residential—MR—which can facilitate large, affordable rental developments.

However, there exists within Sioux Lookout substantive, preferred land for development that is designated as federal properties and already zoned to allow multi-residential; of note, the old Zone Hospital properties with the unoccupied hospital and modular homes; vacant town lots; and an abandoned 20-unit nursing residence, all of which could be redeveloped for the affordable housing needs here in Sioux Lookout.

We have inquired as to their availability. Unfortunately, we have been advised that it is complex and falls within the original four-party agreement. This group was formed and worked hard and cooperatively to build the culturally sensitive Meno Ya Win Health Centre that serves the area's communities.

The federal government has recently applied to rezone some of this property so that it can be used as a warehousing facility. In our opinion, this would not be the best use of these lands. It is our fear that the disposition of these lands would lead to fragmented, unconnected developments.

We believe that this federal property offers another unique opportunity under a four-party-type of agreement to bring together all the interested parties whose objective would be to study, consult and finally create a comprehensive development plan that would meet today's diverse housing needs into the future.

We are speaking today to inform you of this unique opportunity to support the need to collaborate with all the interested parties in creating a comprehensive land development plan that will best serve the greater need of all of us.

Again, thank you for the opportunity to speak to the committee, and a special thanks to our MPP, Sol Mamakwa, for encouraging us to participate.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll go to the opposition side this time for questioning. MPP Arthur?

Mr. Ian Arthur: Good morning, and again, thank you for your presentation. That cost estimate, a 75% to 100% increase, is just for the materials?

Mr. Bob Paterson: Construction—materials and labour.

Mr. Ian Arthur: Labour also costs that much more?

Mr. Bob Paterson: Per square foot, that would be.

Mr. Ian Arthur: Yes, okay. That's dramatic. And the majority of that—is there a labour difference in terms of cost per hour for skilled workers up here, or is that predominantly the increased cost of goods getting this far up north?

Mr. Bob Paterson: That, I'm not sure of.

Mr. Joe Carbone: I would say it's the lack of them. It's not the cost of them on an individual skill basis, because I'm thinking that a plumber is a plumber, but we don't have very many.

Mr. Ian Arthur: Okay, so then you're actually speaking to the skilled trades shortage a little bit, as well as the increased costs of materials?

Mr. Bob Paterson: Bringing in the tradespeople who are necessary to do the work.

Mr. Ian Arthur: This is the provincial committee. It's interesting, because in Kingston we have an old, outdated prison, which is federal lands, and we're actually struggling as a municipality and a city to figure out how we actually repurpose those lands, because the federal mechanisms to do that basically don't exist. They want to put it into residential and a mixed-use property, and we really are having a hard time navigating that space. You're talking about federal lands here—

Mr. Bob Paterson: In Sioux Lookout, located in the municipality.

Mr. Ian Arthur: Yes. As the province, what can be done to help move that forward, just in terms of what role this committee can take and what needs to go back? I mean, we can get into the cost of affordable housing, but we don't have a lot of time, so I'm wondering: In terms of practical steps, in terms of navigating federal lands, what can we help with?

Mr. Bob Paterson: Well, I think the province could take the lead in talking to the federal government about the fact that this land exists in Sioux Lookout, the fact that there is a crisis here in terms of providing housing and that there are other groups that could be involved, like the municipality and First Nations, of course, in determining what should happen for the future of the property. It's bringing those parties together, and the province could take the lead in bringing it to the federal government's attention and then working with the other parties.

Mr. Ian Arthur: And in terms of the actual properties themselves, there was—what did you say, an abandoned nursing home?

Mr. Bob Paterson: There's the location for the old hospital, the Zone Hospital, and then there's also a nursing residence and a hostel with it, the old empty hostel. There are a number of different buildings on the old site.

Mr. Ian Arthur: And would it be an option to repurpose those buildings, or would it be to demolish and rebuild?

Mr. Bob Paterson: That would be part of what you would look into, to see whether or not—

Mr. Ian Arthur: But you don't have the information on that?

Mr. Bob Paterson: No. I'm not aware of any public information right now in terms of what the plans are there. I hear rumours that they're looking at demolishing the old hospital and the hostel, but that's just a rumour I heard.

Mr. Ian Arthur: And in terms of an investment for affordable housing—and we'll touch on that quickly—we're experiencing the result of federal downloading a

generation ago onto provinces, and then provinces onto municipalities that frankly do not have the tools to raise the funds for affordable housing. What's the way forward?

Mr. Bob Paterson: Do you want to take a stab at it, Joe?

Mr. Ian Arthur: In 30 seconds. Sorry.

Mr. Joe Carbone: Well, I think that the farther you get away from Queen's Park, the harder it is to manage life, just because it's so expensive. Our look to you as the government is to assist us in every—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We have to go to the government side now. MPP Skelly?

Ms. Donna Skelly: Would you like to continue your thoughts?

Mr. Joe Carbone: I just think that you're hearing lots, and I'm thinking you'll hear more that we in the north are a large landmass. There are people here. There are great jobs here. We have a great environment to live in, and yet it is getting more and more expensive.

At a recent ONPHA conference at the Sheraton Centre in Toronto, we heard about housing crises down there, that the middle class now is no longer able to afford housing, and now they're starting to shift their ideas of providing affordable housing for middle-class families. They were never on the radar, ever, but these people can no longer afford housing, and so now they're starting to think, "We've got to create housing for these people, because otherwise they're just going to end up pushing the weaker, less fortunate people out of the housing environment."

Ms. Donna Skelly: We came in earlier yesterday. We flew in early in the morning to give us an opportunity to tour Sioux Lookout, and it has been an eye-opener, I think, for many of the people on this committee, many of the members on this committee. We appreciate the opportunity to visit your community.

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My father was a railroad engineer prior to him passing. He worked out of Capreol and always talked about deadheading it up to Sioux Lookout. There was a bunkhouse—Sol took us over there. The bunkhouse has to be a new one now, because this goes back quite a few years. It was wonderful to be able to see where he used to work and where he stayed. He spoke often about being up in Sioux Lookout.

I wanted to ask you about this one ask—and it's about a federal issue; it really involves the federal government. Why this particular piece of property? Why are you focusing on this property—and as a province, what is it that you're actually asking us to do?

Mr. Bob Paterson: It's a large piece of land. It's in a good location in terms of building—

Mr. Matthew Stewardson: Services are there, as well.

Ms. Donna Skelly: Which types of services? As in infrastructure?

Mr. Matthew Stewardson: Yes.

Mr. Bob Paterson: It has been used for building facilities. It has open space there, too, in that area. So it's in an ideal location. It could be utilized better for housing, especially social housing, in that area.

Mr. Joe Carbone: If I could just add to that: It is a preferred land space that at this particular time has no real pre-development or comprehensive development plan. It's unique in that situation because—

The Chair (Mr. Amarjot Sandhu): One minute.

Mr. Joe Carbone: One minute? Sorry.

It would be great to get the groups together again, as they did for the Meno Ya Win Health Centre—which is the municipality, which is the First Nations, which is the province. We're asking you just to make you aware of it, because you have a role here as well. You had a role in the building of our federal hospital here.

Ms. Donna Skelly: We've only got 30 seconds. I'm going to cut you off.

Is it more affordable to develop on this site than perhaps identifying a new property?

Mr. Joe Carbone: Absolutely.

Ms. Donna Skelly: That's good to know.

Mr. Joe Carbone: Location, location, location.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: You've applied for pre-development funds from CMHC. When did you apply, and where does that sit right now?

Mr. Bob Paterson: In October, we submitted. They're going through a review of the application now.

Mr. Dave Smith: Did you consider applying to the community, culture and recreation stream of the ICIP program that the provinces run, which closed in November?

Mr. Bob Paterson: No.

The Chair (Mr. Amarjot Sandhu): That concludes our time. Thank you so much for your presentation.

SIOUX LOOKOUT
MENO YA WIN HEALTH CENTRE

The Chair (Mr. Amarjot Sandhu): Next, I would like to call on Sioux Lookout Meno Ya Win Health Centre. Please come forward.

Please state your name for the record. You have seven minutes for your presentation.

Ms. Heather Lee: Good morning. We appreciate the opportunity to present to the honourable members of the committee. My name is Heather Lee. I am the president and CEO of the Sioux Lookout Meno Ya Win Health Centre. Joining me today is my senior team: Dr. Barbara Russell-Mahoney, who is our chief of staff; Mr. Dean Osmond, who is our executive vice-president and chief operating officer; and Samantha Brooks, who is our director of clinical care and chief nursing executive. Unfortunately, Douglas Semple could not be here today. He is ill. He is our First Nations adviser to the board and CEO.

Before I start, I would like to acknowledge that we are on the traditional territory of the Lac Seul First Nation.

Sioux Lookout Meno Ya Win is an innovative and progressive 60-bed acute care hospital that also includes William A. George Extended Care, a long-term-care

facility located off-campus. Opened in 2010 and funded annually by the province of Ontario, the organization provides a holistic care model, integrating both Western and traditional health care, including in-patient, outpatient and resident services, to a population base of approximately 30,000 people. Of those 30,000, approximately 90% are Indigenous, living in remote, fly-in communities. Except for Sioux Lookout and the three proximate communities, the service area includes 28 northern First Nations across a vast, remote geographical area of 385,000 square kilometres, representing nearly one third of Ontario's land mass.

The four-party agreement provided assurances that services to the region would be enhanced in both community and at the hospital to meet the needs of the region. We are very concerned that the financial resources to enhance service are significantly inadequate. We are truly in a health and health service crisis in our area.

For the purpose of this presentation, I will focus on the current crisis we are experiencing as a small, rural hospital, as a result of insufficient resources to address surge, mental health and addictions, physician services and long-term-care needs, all of which result in more, not less, hallway health care.

Surge capacity: The hospital is consistently full or over capacity, often requiring admitted patients to wait in the emergency department for days until an in-patient bed or overflow bed becomes available. This is a significant shift over the past few years. In anticipation of the mounting crisis, our hospital opened 11 beds that had remained unopened from the beginning, when the hospital was built in 2010. We did that in 2017. Unfortunately, the Ministry of Health continues to only partially fund these beds in our base budget. We have also opened 10 additional spaces in hallways and lounges, and added hallway stretchers in our emergency department, to address the surge capacity with no funding resources.

Acute in-patient has increased by 73.5% over eight years, and emergency visits are trending up 70% over the past 10 years. Compounding this issue is the lack of and, at times, no home care services. As such, our hospital-length-of-stay and follow-up volumes continue to climb. This situation impacts not only our patients but the physical and emotional well-being of our care and service providers.

Mental health: The remote communities served through Sioux Lookout Meno Ya Win have the highest suicide attempt and completion rates in Canada. Psychiatric admissions have increased by over 150% over the past eight years, with an ever-increasing rate of patients presenting with violent and aggressive responsive behaviours.

Emergency department admission rates for mental health in the Sioux Lookout area have risen 73% in the past five years. Meno Ya Win is the primary location where patients who require a psychiatric assessment are assessed and then their disposition determined. The average holding time prior to transfer to an appropriate level of care or psychiatric facility was 55 hours. This has created significant safety concerns and subsequent events of harm involving patients, staff and physicians. Our hospital environment is not equipped or resourced to provide this level of care.

Investments to support mental health and addictions regionally, and in local and northern communities, is vital for the future. But today, right now, we need to urgently remedy the lack of financial, material and human resources in the hospital emergency department.

Under the provincial workplace violence legislation, staff and physicians should have the resources and tools to ensure they can provide their care in a safe work environment. Enacting this type of legislation without providing hospitals with the financial resources to provide such support leaves staff, physicians and the organization feeling unsupported and vulnerable.

Sioux Lookout Regional Physician Services Inc. is preparing to meet with the ministry to renegotiate their mainframe agreement, to ensure that adequate physician resources are in place as the demand for service continues to escalate. It is essential that they succeed in their negotiations to support current and future service enhancements, both in Sioux Lookout and the northern communities, so that care can be provided closer to home. There are currently 14.5 full-time-equivalent vacancies within the Sioux Lookout region. We are concerned, again, for the physical and emotional well-being of our physician providers as they continue to ensure that services are maintained, both at the hospital and in the communities, as much as they possibly can.

Long-term care: In 2018, the Liberal government allocated 76 additional long-term-care beds to the hospital based on our application for EldCap beds. Unfortunately, there is a negative impact, with the long-term-care funding model, on small and rural hospitals. The model would create a deficit of approximately $3 million annually, making it unsustainable.

Without these beds, the number of current ALC patients waiting in hospital will continue to rise, and the gridlock for acute care beds will be exacerbated. With more long-term-care beds, the potential to utilize our hospital's physical space and human resources to address the rising need for acute and mental health beds could become reality. The government must act quickly to resolve this funding issue, so that Premier Ford may keep his campaign promise to put the shovel in the ground himself.

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We are a centre of excellence in First Nations and northern health care, offering a unique basket of services that are immersed in the culture of the people we serve. While appreciating and recognizing the importance of health system reform—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We have to move to the government side for questioning now. MPP Piccini.

Mr. David Piccini: Do you just want to wrap up your train of thought there?

Ms. Heather Lee: Thank you. While appreciating and recognizing the importance of health system reform, providing an annual base budget increase of 1% disregards

the unique needs of our population and the increased demand placed on our health providers and support staff.

We would ask the honourable members respectfully, while the government continues to enact important health care changes, that the health and wellness of our hospital, patients, staff and physicians not be the backs on which the budget is balanced.

Mr. David Piccini: I appreciate you speaking to us today, and, of course, the informative tour you all gave us yesterday. I really valued that opportunity to take a deeper dive. There's so much you've touched on here that we're not going to capture in our time, regrettably, from LTC to physician recruitment and mental health.

I just want to focus on two things: LTC, about which I've sent an email off to the ministry this morning that I c.c.'d you on; secondly, just on that funding formula, because I'm still not quite wrapping my head around it. Tell me where you got that $3-million number from.

Ms. Heather Lee: Absolutely. I will answer part of it and I'll defer to my colleague as well, who has been well immersed in it.

One of the challenges that we face here in the north—I don't think in southern Ontario, and I don't know that for a fact, but I don't think you face as much. We don't always get paid the copayment. We have a lot of challenges getting that. Part of that is based on the treaty rights of the First Nations, feeling that the federal government is responsible within their treaty rights for their health care. So having to pay that copayment, which we charge—we don't always get that. That's one of the reasons.

Dean, I'd be happy if you want to add to that.

Mr. Dean Osmond: Sure. Taking a look at our labour force, in most long-term-care facilities, the staff are paid a different rate. We, of course, are not able to offer a lesser pay for RPNs and PSWs to work within a long-term-care facility. We have recruitment and retention challenges all the time for our staff. By offering a lesser wage for long-term care, we would not be able to get any staff whatsoever.

The other issue, of course, is for small organizations such as us—we don't have enough beds, even with the 96 beds. It would not constitute breaking even under the long-term-care funding formula. Even if all the stars aligned and we got all our copayments and working on that very complicated funding formula, we would not be able to break even. As Heather mentioned, we'd be in a $3-million deficit.

We need to have some form of funding agreement where something similar to our EldCap, which was a 90%-10% cost share with the ministry for the build, and then the funding to provide services; operating goes under our base budget.

Mr. David Piccini: Thank you. Quickly on mental health: With the announcement of the new centre of excellence here in Ontario, I certainly see an area of northern and specific Indigenous services following our trip yesterday. Can you speak to us about the announcement of that and what you'd like to see within that centre of excellence that can better cater to your unique needs here?

Ms. Heather Lee: I see mental health on various levels. We definitely need to see it in the communities. There needs to be an attachment to the communities within this. But it's not about just putting out a centre of excellence; it's about making sure that we are consulting with the people who need the care. There needs to be some definite consultation to ensure that what is being provided is—

The Chair (Mr. Amarjot Sandhu): Thank you. Sorry to cut you off. We have to move to the opposition side. MPP Mamakwa.

Mr. Sol Mamakwa: Thank you for the presentation. You spoke about mental health. I know that there are a number of youth and also people later in life who die by suicide in our region. I'm wondering if you can explain to this group how it functions when a person gets into a mental health crisis on-reserve and then when you bring them out to, let's say, ER and Ornge. Can you explain the process of what happens when you're trying to provide care to people from fly-in communities?

Ms. Heather Lee: Absolutely. Do you want to take that one?

Dr. Barbara Russel-Mahoney: A patient presents to the nursing station. The nurse assesses the patient. They're in consultation with a physician. A physician may be in the northern community at the time and able to assess the patient themselves. If the physician is up in the community and they feel that the patient requires acute psychiatric services and needs to be on a form 1, we have to bring that patient to Sioux Lookout, because the form 1 facilities in Kenora and Winnipeg won't accept the patients directly. So they require us to bring the patient to Sioux Lookout.

When they're in Sioux Lookout, currently we have a physician in the emergency department who assesses the patient. We have a gap right now in terms of staffing with our MHAP program, but we do have a counsellor who comes in and does an assessment as well during the day hours. Through that assessment and in discussion with a psychiatrist at the form 1 facility, the patient is then accepted, but then, as Heather mentioned, there is a significant wait time to access that form 1 bed in Thunder Bay or Winnipeg.

Recently, there has been a regional design event where we were looking at how we can enhance psychiatric services to the region and work collaboratively with the different facilities. That has been a really positive initiative. It has been highlighted that Sioux Lookout should have form 1 beds at our facility. We did put in a proposal two years ago to the ministry; it's now outdated. We did not receive any response to it in terms of any finances. But it requested $4.3 million to fund 6.5 FTs of specialist services to support service providers in the Sioux Lookout Meno Ya Win Health Centre. That included counsellors, that included two psychiatrists. We did not get that funding.

We would like to see that funding come through and also, as we renegotiate our mainframe agreement, further funding to come through to support the needs of the patients in our region.

Ms. Samantha Brooks: I think it's also something to note that we can't access CritiCall for mental health and

suicidal ideation. So if we had an emergency where we needed to transfer a patient out urgently for medical reasons—life and limb—we can use CritiCall, but for mental health and suicide ideation, we cannot access CritiCall.

Dr. Barbara Russel-Mahoney: And that has been identified as a gap, and that's an identification that's going to be worked on to create a regional service that we can call, whether it be CritiCall or a partner to that.

The Chair (Mr. Amarjot Sandhu): MPP Arthur.

Mr. Ian Arthur: Just because we are running out of time here, you touched on mental health, the need for home care, the need for long-term care. Just to get to the root of it, you need funding for health care in Sioux Lookout. You need the money to flow.

Ms. Heather Lee: Absolutely. A 1% base increase is not enough. We are looking at at least 4% or more, absolutely. It doesn't even cover the cost of wage increases and inflation.

Mr. Ian Arthur: Thank you so much.

Ms. Heather Lee: Thank you.

The Chair (Mr. Amarjot Sandhu): That concludes our time. Thank you so much for your presentation.

TIKINAGAN CHILD AND FAMILY SERVICES

The Chair (Mr. Amarjot Sandhu): Next, I will call on Tikinagan Child and Family Services. Please come forward. Please state your name for the record. You have seven minutes for your presentation.

Ms. Thelma Morris: Good morning. Thank you for this opportunity to present on behalf of our agency, Tikinagan Child and Family Services. My name is Thelma Morris. I am from Kasabonika Lake First Nation. I am the executive director for Tikinagan. I've brought my associate executive director, Rachel Tinney. She is from Deer Lake First Nation.

I'll get right into it. Our agency serves 30 fly-in and remote First Nations, all north of Sioux Lookout, covering over one third of the area of the province. You can refer to the map in the handout that we provided.

Mamow Obiki-ahwahsoowin is the Tikinagan service model. In Ojibway/Oji-Cree, it simply means, "Everybody working together to raise our children." At Tikinagan, we believe protecting and caring for children is a community responsibility including parents, extended family, elders, chief and council, and local service providers. You can also refer to our agency description in the handout that was provided.

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At Tikinagan, we believe the answer lies within the community, and our overall goal of Tikinagan is keep children with us and within our community. We make every effort to draw strengths from the people who we provide service to and develop skills and resources at the community level to address child well-being.

Geography alone presents an overwhelming challenge for our agency. As mentioned, we serve 30 communities in a third of Ontario. All but three are accessible only by air for most of the year. Unlike other child welfare agencies in Ontario, there is no central urban core to our jurisdiction. We serve an area of several hundred thousand square kilometres. Remoteness hinders the services we can provide, but more importantly, it creates barriers for children and families who need primary care, medical, vision and dental services, just to name a few.

Children in our communities suffer every day from the impact of their community and social environment. Their lives mirror the social dysfunction, the intergenerational cycles of abuse and the legacy of the residential schools and cultural oppression of the past several hundred years.

We have children for whom it is impossible to find resources in their community or in another First Nation, whether it be for counselling, specialized appointments or developmental needs. Doctors and specialists visit, but very infrequently—once a month at best.

Let me give you an example. If I live in the north and my child develops a serious medical condition, I am unable to drive to the nearest hospital for emergency care. Instead, I am flown by plane to an urban area which, depending on where my home is, could be up to a three-hour flight, 700 kilometres away—and that's just to Sioux Lookout. If I am sent to Toronto, it will be another hour to Thunder Bay, plus another plane ride into Toronto. Then I still need to find land transportation to my hotel and appointments. This could just be the first of many trips.

When children are in our care, we cover travel costs. This fiscal year, we spent $5.8 million on travel. You can only imagine what families face. For example, a round trip from one of our communities to Thunder Bay is more than $1,400 for just one person.

We have been underfunded to provide services to our children and families, and as a result, it's difficult to meet ministry standards similar to urban areas. Our child welfare funding has never fully recognized how much higher the costs of providing service in such a large, remote region are.

We serve communities where several years ago, the suicide rate was estimated to be 28 times the national average, and where seven children under the age of 12 were referred to Tikinagan because of serious substance abuse—that's under 12. Providing service in these communities is vastly more challenging and more costly than in communities in other parts of the province.

What can we do? When services are few and far between, what do communities do? Well, they rely on the strength of the people.

Prevention funding allows us to take a proactive approach in our work with children and families, and at Tikinagan, our prevention efforts led to a 10% decline in numbers of children in care. To me, that's significant. But the $1.3 million for 30 communities provided from the province is shamefully inadequate.

We were thrilled to be able to access federal funding for prevention services starting in 2017. However, the criteria for the federal funding quickly changed, narrowing the types of prevention services that were eligible. The new

criteria meant all primary prevention was ineligible and left a huge hole in addressing community well-being, family well-being and even basic parenting skills that we were able to provide. We were told that we could only use federal prevention dollars to help families in crisis. However, our service model is about providing for the community, a holistic approach, whether that be a community feast to bring people together or a workshop for new parents. Everyone works together.

We ask that the province increase prevention funding to Tikinagan so we can build our primary prevention services. This investment would strengthen our families and communities and lead to fewer families needing intervention and fewer children coming into care.

Our communities in the north need access to resources, especially in their own community. They are hungry for opportunities to learn, to get involved and become better families. Much like our service model, we rely heavily on the community to provide the support to children and families. Our communities deserve the same resources available to them as anyone else in the province, and they shouldn't have to travel out to access these services. Thank you.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll go to the opposition side for questioning. MPP Mamakwa?

Mr. Sol Mamakwa: Do you have any more that you can continue on with your presentation?

Ms. Thelma Morris: That's all I had prepared.

Mr. Sol Mamakwa: All right. Perhaps a question: I know that since being involved in my role as an MPP, different people will come to me from the community level. I know that one of the things that we face in the north is of course the jurisdictional ambiguity that exists for our people, whether it's provincially or federally. I know sometimes even some of the services that you outlined, for instance with travel—you spoke about the $5.8 million. I know some families will tell me, "I had to give up my rights to Tikinagan. Is that true?

Ms. Rachel Tinney: No, we don't bring children into care to access services for medical services and such.

Mr. Sol Mamakwa: No, I mean from the family level. Like, these are families that are saying that. I'm just wondering if that's true, if you've heard that.

Ms. Rachel Tinney: Yes, we have heard that. A lot of times it is easier to help families at home, but then sometimes you can't access the resources, so you have to go elsewhere. And then, sometimes even if the family becomes healthy, then it becomes difficult to return a child home; let's say they have medical issues and such, and they can't access it in the community anymore.

The Chair (Mr. Amarjot Sandhu): MPP Arthur?

Mr. Ian Arthur: Thank you so much for your presentation. Can we talk a little bit—I mean, I was struck: You're only supposed to use those federal funds for when it's already in crisis? You cannot use it for preventive?

Ms. Thelma Morris: That's correct. We initially had been allowed to use it for primary prevention; however, it's become very narrow, where we have to identify at-risk-of-coming-into-care children. By that time, it's too late. We need to have prevention dollars for Tikinagan to be able to provide those primary prevention activities for our children. It doesn't make sense that we would, you know—

Mr. Ian Arthur: Wait until they're already—

Ms. Thelma Morris: Yes, exactly, because when you look at the community, you're looking at the whole community for the well-being of a child. It takes a community to be able to look after a child to grow healthy within their community. One example is that even if a child is in crisis, and we move the child to her auntie's placement, they don't approve that, if we want to give the aunt groceries to help support. They said that is not prevention funding.

The Chair (Mr. Amarjot Sandhu): MPP Shaw? One minute.

Ms. Sandy Shaw: I would like to congratulate you on having 10% fewer children in care. It's evidence that prevention services work, and what you're doing is working.

In this one minute we have left, can you talk about what your specific ask would be? I mean, there's the funding, obviously; you need more support for resources to do the good work that this community needs. But the child welfare costs: Maybe that would be something, if that would, as you said, allow people an acknowledgement or compensation for the higher costs in the north. Would that be something that would help you improve your ability to deliver services to these communities?

Ms. Rachel Tinney: I think when we talk about the remoteness quotient, that has never been acknowledged. That's currently on the table being worked on, but we haven't seen anything come through for that yet, so we're being funded, essentially—

Ms. Sandy Shaw: Like you're down in Toronto.

Ms. Rachel Tinney: Much like Toronto CAS.

Ms. Sandy Shaw: So really, specifically, if you had one ask of the government side today, what would that be to help support your services? They might ask you that.

Ms. Thelma Morris: I would suggest we look at the primary prevention services that are required—

The Chair (Mr. Amarjot Sandhu): Thank you. We have to move to the government side now. MPP Roberts.

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Mr. Jeremy Roberts: Thank you so much for your presentation. I apologize for coming in a bit late; a quick trip to the loo.

It was a wonderful presentation. I—

Ms. Sandy Shaw: Not the Soo.

Mr. Jeremy Roberts: Not the Soo. The loo in the Sioux. The things that get into Hansard.

In my capacity as parliamentary assistant to the Minister of Children, Community and Social Services, one of the things I've been tasked with is conducting a province-wide consultation on adoption supports. I know that sometimes the use of the word "adoption" can be difficult in some of our communities, particularly with the focus we're now putting with our Indigenous partners on kinship and also on cultural considerations there.

In the consultations I've completed so far, there have been three issues that keep coming up over and over again: firstly, I would say, the responsiveness of the adoptions process—that when somebody wants to adopt someone, there can be a lot of barriers to making that happen; secondly, the challenge with the complexities of a lot of the kids within the public children's welfare system—that you're not looking at a newborn baby who has no FASD or ADHD diagnosis or whatever it might be; and then the third is the need for further post-adoption supports, whether those be financial or training-wise. Are those three of the challenges that you're also seeing up here, or are there different ones that we might be missing, from a northern context? Any input that you can provide would be much appreciated.

Ms. Rachel Tinney: Many of our First Nations don't believe in adoption, because after many years, when a child was adopted, they were removed from the band list and they were put on a different list. We believe that connection to the community and culture is very important, so that is why it's not supported. The only adoptions that have gone through have been with the full support of the community—and we've had to do extensive work such as flying up, and the children making that ask of themselves. Other than that, we do not support adoption, for those reasons.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: You made a general request for an increase in funding. How much? What do you need? When we go through the budget process, having a dollar amount to work with is much easier than just a generic "we need more money."

Ms. Thelma Morris: Currently, what we get from the province is $1.3 million for our 30 First Nations, which doesn't even cover one full-time employee per community.

Off the top of my head, I would say probably in addition to what we have, we could probably spend $5 million to $6 million annually.

Mr. Dave Smith: So you're looking for $4 million to $5 million more?

Ms. Thelma Morris: Sure.

The Chair (Mr. Amarjot Sandhu): MPP Rasheed.

Mr. Kaleed Rasheed: If I have to ask you to give me one red tape that I could take back to our minister who is responsible for red tape reduction, which can help you do the great work that you are doing—I'm sure there are many, but one that can at least put you on a path towards the work that you are doing—what would that be?

Ms. Rachel Tinney: Acknowledging the remoteness quotient.

The Chair (Mr. Amarjot Sandhu): That concludes our time. Thank you so much for your presentation.

DR. AARON ROTHSTEIN
DR. JUSTIN BELL

The Chair (Mr. Amarjot Sandhu): Next I will call on Justin Bell and Aaron Rothstein. Please come forward.

Please state your name for the record. You have seven minutes for your presentation.

Dr. Aaron Rothstein: My name is Dr. Aaron Rothstein. This is Dr. Justin Bell, one of my colleagues. I'd like to thank you so kindly for coming to Sioux Lookout today to hear us speak. We'd also like to thank Sioux Lookout Meno Ya Win hospital for their presentation. We're going to be continuing along some of the same lines as their presentation.

I'd like to say that we're coming here as individuals, as concerned citizens, as concerned physicians for some of the mental health problems in the region. I think you've heard the word "crisis" before, and I just want to impress upon you the current status of the situation here at the hospital as well as in the community.

I'm going to begin by telling you a little bit about myself and how I feel about the current situation with respect to mental health. I'm trained as a family physician, as well as some extra training in emergency medicine. I've worked in Sioux Lookout as well as Dryden. I've worked in Iqaluit. I've worked in the Owen Sound region, as well as Timiskaming, Manitoulin, London and Hamilton. I'm here to tell you that the situation in terms of mental health support and resources in the Sioux Lookout region is by far less than any of these other regions. It's incomparably less.

We're here to tell you today—and I know you've heard about this—that there is a current suicide crisis, as well as a mental health crisis. We have some numbers there, if you're interested in them, but basically, the rates are 15 to 30 times higher than the provincial and national averages. Other things like youth concerns with mental health, addictions and, as we mentioned, suicides are really at what we could say is basically an all-time high. Our resources continue to be discrepantly extremely low in the region. That's why we're here as concerned physicians, concerned citizens: to let you know what the current status in the hospital and in the region is.

We won't refer to all of these numbers here, but just so you can know, based on some recent research, the amount of mental health visits has increased by 73% from 2009 to 2016. Resources haven't changed at all, unfortunately, in the region that we have. The population itself: We have 32,000 people. It's a young population. They visit the emergency department five times greater than the provincial average in terms of emergency room visits. That's the equivalent to around a population of 300,000, if you're thinking about youth visits and suicidality to the emergency department. Three hundred thousand is Windsor or London almost.

We have here zero psychiatrists. We're expected to see a patient as an emergency physician in a number of minutes and do an assessment that a mental health worker and psychiatrist in a tertiary centre or in these other smaller locations would be doing. We're expected to do that and to assess this patient safely and transfer them to a facility. As we heard from Meno Ya Win, we're often keeping these patients who are at imminent risk to themselves or harming other people for 50-plus hours in our facility without adequate security or safe room.

We're here to tell you how dire the current situation is. This situation has affected physicians. It has affected nurses. It has affected administrators. It has affected communities. It has affected people. So we wanted to tell you, from our perspectives as physicians, what's currently happening. I think you understand more or less the current system. The current system involves transferring patients from these 31 remote communities to our centre. If we place them on a form 1, they're kept at our centre until they travel to Kenora or Thunder Bay. It's Thunder Bay for youth under 16, and Kenora for other individuals. Basically, even if these individuals are deemed extremely high risk in the community, they have to travel through Sioux Lookout, a centre where we have no psychiatrist and no 24/7 mental health support. We're currently in a situation where our hospital is definitely in crisis mode, and all of us are feeling the stress of these decisions in this situation.

I would like to give more specific anecdotes, but I'm going to pass the microphone over to Justin, where he can express from another level what's happening.

Dr. Justin Bell: Thank you, Aaron. Just to go into more detail: I know that the previous talk from Dr. Russell-Mahoney and Meno Ya Win talked a little bit about what it's like when you're trying to access resources up in the fly-in north. So just to go over a situation once more about how disparate our care is: When someone in many of these communities—there are very high rates of suicide, as we talked about—attempts suicide up in the fly-in north, they're seen in a nursing station, which only has nurses, typically; there's usually not a physician in-community.

After a brief assessment, they're in stabilization, assuming that they're medically well. They're flown by Ornge down to Sioux Lookout, and as was talked about, the access to care in Sioux Lookout is so minimal. We have family physicians, such as myself, who will see them very briefly in the emergency department and try to make an assessment as to whether or not this person is at imminent risk to suicide. I have no mental health worker in the emergency department. I have no psychiatrist who is nearby who can see them.

If I feel like someone is at high enough risk, I have to start a very long process that's certainly harmful to my patient as well that involves talking to a psychiatrist over in Kenora, arranging transfer, which often takes 40 to 50 hours to get them just out of Meno Ya Win, let alone the whole procedure to get out of the north, which can also take a couple of days. So now we're several days removed from when someone actually attempted suicide before they even have the chance to talk to a psychiatrist.

This lack of resources in our centre is very harmful to our patients. Oftentimes, people don't want to be going to these larger centres and so, rightly or wrongly, they tell us that they're no longer suicidal and we send them off on their way.

In a larger centre, even a centre like Thunder Bay or Sault Ste. Marie where there is psychiatry in the hospital with a form 1 facility nearby, there are mental health workers who work 24 hours in those emergency departments. They're seen immediately. They're able to get resources. The whole time period of this is so much faster and more effective for these patients. So we're asking for resources to help to bring our standard of care up to that.

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Speaking on how it affects people in the communities, as a physician that works and lives a quarter of my life on-reserve in the fly-in north, I see the burden of unresolved grief up there. Communities have an immense number of youth suicides, and there's no time in between these for people to resolve their grief. Parents are losing child after child to suicide, and it's hugely affecting everyone.

What we're asking for specifically is a form 1 facility—money to construct a facility, a mental health facility, in Sioux Lookout, with funding for full-time-equivalent one or two psychiatrists at the very least, so that we can access care at home.

We're also asking for adequate funding for mental health services at Meno Ya Win so that we can have people in the emergency department for suicide risk.

Dr. Aaron Rothstein: And just to reinforce that we're asking for a standard of care that's seen in other places in Ontario. We're not asking for any special treatment here.

Dr. Justin Bell: In a community that has one of the highest rates of suicide in Ontario, it's mind-blowing that we have some of the lowest resources. Like you said, we're not asking for the moon; we're just asking for what every other place in Ontario has.

Ms. Sandy Shaw: This is Ontario.

Dr. Justin Bell: Exactly. At the end of the day, we need to remind ourselves that these people in the fly-in north are Ontarians, just the same as anyone living in Toronto, and it's absolutely unacceptable that they're getting the standard of care that they are right now.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll move to the government side for questioning. MPP Piccini.

Mr. David Piccini: Thank you for much, Doctors, for being here today—I really appreciate your perspective—and for taking the impetus upon yourselves to come in and testify. This is certainly a theme that we've heard throughout, and a theme all across Ontario, but specifically poignant and exacerbated here, as you've alluded to.

I hear your ask on the form 1, and I'm actually not going to ask a question on that because your ask was succinct and clear.

Being on the front lines—you mentioned that you served in a number of fly-in communities. What are some of the factors—because I think we can get the form 1 facility, and we can look at the downstream, but we have to, at some juncture, start looking upstream at what are some of the factors that are leading to these suicides, and what we can maybe do upstream to tackle that.

Dr. Aaron Rothstein: That's a wonderful question. Thanks for that. In terms of upstream issues—clearly, as you've mentioned, we need to resolve downstream issues. Upstream issues: There are multiple. There has been a long history of mental health and addictions problems in the north, in the communities here, that we're seeing recently potentially being exacerbated by increasing

access to alcohol, increasing access to drugs like opiates, cocaine and methamphetamine. We're definitely dealing with sequelae of former trauma, residential school trauma and other things that were inflicted in the past.

In terms of what upstream things can be done, I definitely think there are things that can be done. There are many members of each community that have many ideas and are willing to work in the community in terms of having a community-based mental health program, with funding for that in each community, which would include local workers to get additional training to work in that facility so that they could be available for individuals in those communities when they are having crises, because they will understand the culture and circumstances better around those situations and be able to help us out. I know communities have been inquiring about that as well.

Mr. David Piccini: Just some follow-up—perhaps a hub-and-spoke model, where the spokes are the fly-in communities taking elders and experts and bringing them all together. I know every community is going to be unique, but informing you of what those unique needs are and then some commonalities, and then—

Dr. Aaron Rothstein: One hundred per cent. I think that's an excellent model.

Mr. David Piccini: Okay.

Dr. Justin Bell: There already are some resources—just to jump in—programs on-reserve, like Choose Life, which is a NAN initiative, I believe, that are trying to do this. I'd recommend also increased funding for agencies that already exist and ideas that are already out there.

You asked what are the upstream causes of all this. It's colonization, right? This is the way it is because of the historical system of colonization for these people, so a time machine is the only thing that's going to make it better. But looking forward, what we can do is talk to people and listen.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: I just want to be clear on this: Have you already put a proposal in to the ministry and you're looking for us to find a way to fund it? Or are you looking for the ministry to come back to you and say, "We want you to do this"?

Dr. Aaron Rothstein: So, for instance, we're piggybacking on Meno Ya Win's request for FTE funding for specialists. Also, in terms of form 1 and psychiatric beds, we're going to be piggybacking on that request.

Mr. Dave Smith: So there is a formal request that has already been made to the ministry, and you're looking for us to find a way to fund that request and that proposal.

Dr. Aaron Rothstein: There is a request for FTE specialist care, yes.

Mr. Dave Smith: Thank you.

Mr. David Piccini: Thanks, gentlemen.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll move to the opposition side. MPP Arthur.

Mr. Ian Arthur: Good afternoon. Thank you for coming in. I had dinner with Dr. Robinson last night—Maija. We actually rowed together in university, and Brent is a good friend. She was talking about how many of you are actually family doctors and the scope of what you're expected to do going so much further beyond what family medicine is in any other part of Ontario. Can you speak to that quickly?

Dr. Justin Bell: Certainly. Of the physicians that are in Sioux Lookout, besides the three general surgeons and one infectious disease doctor, all of us are family doctors. There are about 30 or so family doctors. We do everything. We go to the fly-in north. We run clinics up in the fly-in north, as well as run emergency departments, both in Sioux Lookout and up in the fly-in north. All of us do an immense amount of addictions and mental health work. We prescribe opioid substitution products, like suboxone. We deliver babies. There are some of us who are especially trained to do Caesarean sections even, so surgical obstetricians. The scope of practice of a Sioux Lookout doctor is so immense that sometimes it feels like we're expected to be able to do anything.

I guess what we're trying to say here is that, while we're very happy to help in whatever way we can, we're not psychiatrists. As much as I have a lot of experience providing mental health care up in the fly-in north, I don't have the same training or the same ability to do things as a psychiatrist, so there are certainly limits. Things that can be ameliorated by having a psychiatrist in Sioux Lookout who can help to expand on the work that we're already able to do here.

Mr. Ian Arthur: Just to expand on that, you elaborated a little bit on the application for specialist funding. But you also mentioned the need for an actual form 1 facility. That would be the Ministry of Health and Infrastructure Ontario, in terms of a dedicated facility. What does that need to look like? How many psychiatrists do you need? How many beds do you need in it? How many mental health workers need ongoing funding? What sort of commitment do you need from the government for that?

Dr. Aaron Rothstein: We would be speculating at this point, but we could say we would certainly need at least one to two psychiatrists on the ground. We would probably need upwards of something like—we could definitely use 15 beds or more. We could use those beds for addictions, as well as suicidality and extreme psychosis and depression. We could definitely fill 15. We could probably fill more beds than that.

Dr. Justin Bell: Going off of that, a form 1 facility is only so much, and so if we had more of a mental health facility that could offer services beyond just a crisis bed—looking at upstream effects, as the other member was talking about—then we would be able to prevent these people from attempting suicide and having to end up in a form 1 facility bed. If we could have more culturally appropriate, land-based healing for people to have almost a youth crisis centre, that would stop people from getting to that elevated point.

There are a lot of different ideas out there. I know that SLFNHA, the Sioux Lookout First Nations Health Authority, had some ideas as well and had been looking at funding for a youth crisis centre.

Mr. Ian Arthur: We're going to run out of time fairly soon. In terms of pulling together—you talked about the

NAN initiative that was going on in the community, Choose Life. Can the health centre play that sort of coordinating role between the different groups and bring those together so that you have a unified application and then delivery of services?

Dr. Justin Bell: What I would say is that's a common problem that we have in the north: that there are so many different cooks in the kitchen; that we've got multiple different agencies that are trying to do different things disparately. So I think that that's a great point. If we had one more unified system of mental health deliverance through a facility like what we're talking about that would have, through a hub-and-spoke model, fingers in all of the communities and help to bring people into that, then certainly, that would help to streamline the 10 or so different agencies in our region that are trying to do this kind of work.

Mr. Ian Arthur: So it could actually potentially deliver or use funds more effectively because it's in coordination with existing funds that are already there.

Dr. Aaron Rothstein: Yes, that's definitely conceivable. There are a lot of funds that are going unused right now because of staffing issues. Part of the reason for that is because we're working in such an adverse environment. With these extra resources, I think staffing and other things would become much easier, so those funds would become available then.

Mr. Ian Arthur: Thank you so much for your presentation.

The Chair (Mr. Amarjot Sandhu): Thank you. That concludes our time. Thank you so much for your presentation.

SKYCARE

The Chair (Mr. Amarjot Sandhu): I will now call on SkyCare. If you can please come forward, please state your name for the record. You have seven minutes for your presentation.

Mr. Frank Behrendt: Okay. It's Frank Behrendt. I'll talk fast.

Thank you for the opportunity to meet with you on a critical infrastructure issue that greatly impacts the lives of residents living in the remote communities of northern Ontario, specifically the remote airports managed by MTO.

I'm Frank Behrendt, president of SkyCare, also a pilot with about 15,000 hours of flying experience in the north. My entire 40-year aviation career has been in service to the communities in the north.

Did you know MTO owns and operates 29 airports? Twenty-six of those are at fly-in communities that can only reasonably be accessed by air. Those communities rely on the local airport for access to emergency and essential services, as well as all of the basic needs. It's the access point for groceries, mail, police services, medical appointments, medevacs, evacuations, funerals and weddings. I cannot state strongly enough and often enough that these airports are essential to the safety, the well-being, the economy and social life of remote communities. These airports need to be recognized under the National Airports Policy as essential service airports—and more on that later.

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There are deficiencies at these airports that must be addressed and are unacceptable. Did you know that remote airport runways have a gravel surface and are approximately one kilometre long? That standard was set in the 1970s, and while that runway was sufficient at that time, aviation standards have changed significantly in our continuous drive to improve safety. Airport infrastructure has not kept up. The minimum runway length for essential service airports needs to be increased to 5,000 feet. That is just 1.5 kilometres of runway. The 401 has longer on- and off-ramps.

Airport certification—ooh, this one gets me going. Did you know that all but one of the remote airports are classified as non-instrument? That is shocking. It means the airport has not been assessed for an instrument approach. While the airport may still have an instrument approach, the weather conditions required to land are significantly higher than if the airport was properly classified. Hence, in poor weather conditions, communities are cut off from essential services unnecessarily.

Instrument approaches: All essential airports need to have LPV approaches. These are the safest approaches that can reasonably be set up and must become the standard. The good news for you is that Nav Canada is responsible for that, but it requires the province to get the airports approved and properly classified for instrument approaches.

Runway lighting—I have to thank you. Runway lighting is critical to safe operations at night and in IFR conditions. Thank you for the projects that are already under way to improve airport lighting. Please complete these important improvements as soon as possible.

Weather reporting at the communities: The essential airports need to have at least weather cams and/or a limited weather information system or AWOS. Again, the good news is that it's Nav Canada's responsibility, but it's going to require input and pressure from the government.

At remote sites, there is a need for basic support. These must include de-ice services, or at least de-ice equipment that can be accessed by transient traffic, and something as simple as WiFi so that flight crew can access weather and flight planning information.

It's my observation that the province has been trying to do its part, and it must continue to lead the way. Nevertheless, there is a key partner that needs to be front and centre on the issue of essential service airports that is missing from the table. That partner is the federal government, and you need to pursue them vigorously.

I'm going to quote from a letter that was sent to the Minister of Transport, Marc Garneau, in January of last year:

"(1) National Airports Policy failure to recognize essential service airports: ...

"When the federal government introduced the National Airports Policy (NAP) and outlined its plan for a National

Airports System (NAS) it gave recognition to the significance of national and regional airports. However, it failed to recognize the critical importance of airports at remote air access only communities. These airports are 'essential' to the health, safety and economy of their respective community and need to be designated accordingly.

"The solutions are:

"(1) The federal government needs to amend the NAP and officially recognize the existence of these 'essential service airports' (ESA)....

"(3) The current federal airports funding program must be expanded beyond the ... ACAP program with the formation of an 'essential airports assistance program' (EAAP)."

Conclusion: The province and First Nations organizations need to hold the federal government accountable to deliver on a National Airports Policy that sets standards for essential service airports. The feds are raking in billions from the airline industry through fuel taxes and airport base leases. They have the money and control the NAP, but appear to be taking a nap when it comes to delivering on their obligations to support safe and efficient airports infrastructure. I'm hoping that you can help wake them up and get them to the table.

I strongly believe there is an opportunity to get them to the table, as they have stated a commitment to infrastructure spending, support and respect for First Nations, and a desire to help the economy of the north. Recognizing the important role of essential service airports and investing in improving these airports meets all their stated goals. It ought to be a win for all and will prove there is a real commitment to the words that are being said.

I will close by reiterating that airports at remote communities are critical to the safety, health, well-being and economy of their citizens. The failure to give proper and formal recognition to these essential service airports is simply not acceptable. While we're convinced that this is significantly a federal issue with its roots in the NAP, the province has a key role to play as well. Ontario's First Nations communities need safe and efficient airports and deserve your support. The airline industry is a major contributor to the province's economy and it, too, deserves your support. Please continue to invest in the essential service airports of northern Ontario.

Thank you for your time and consideration of this important infrastructure issue.

The Chair (Mr. Amarjot Sandhu): Thank you. We'll go to the opposition side for questioning. MPP Mamakwa.

Mr. Sol Mamakwa: Essentially, what I'm hearing, I guess, is the fly-in communities that have airports, runways, they're actually lifelines for the communities. You talk about the gravel runways. When I go and visit the riding, I land at gravel airports, especially in the summertime.

What has an impact on, for example, the planes when they're landing at an airport like that? I don't know what speed you land at.

Mr. Frank Behrendt: I think that one of the ways that I've explained it to people is, just imagine here for a second that you're landing on approximately one kilometre of runway. You can't touch down right at the threshold; you have to get past the runway lights. So you've got approximately a kilometre. Most of the airplanes that are going in there—when we're going in on a medevac, I'm landing at 170 kilometres an hour on a gravel surface, and sometimes it's a loose gravel surface; in the wintertime, it's an icy surface because it's hard-packed snow. So you're landing at 170 kilometres.

You're taking off at about those speeds. My challenge to people is, "You take your 4x4 truck. You whip down that runway at 170 kilometres an hour." You're going to look at me and go, "That's crazy." And I go, "Yeah. I'm doing it with my airplane every day and I'm doing it safely," but this is minimal. We would like to have some more room at these runways.

And the other thing you've got to remember too: If you've got a Dash 8 or an ATR 42 or 72 going in with a full load of freight, that airplane is landing there at 30-some-thousand pounds and 170 knots on a kilometre. I mean, you look at it and you go, "Yeah, that's pretty interesting."

The Chair (Mr. Amarjot Sandhu): MPP Arthur.

Mr. Ian Arthur: Just in terms of the specific asks, you've laid out some very specific requests for the government. Frankly, in terms of infrastructure dollars that would be needed to make this happen—I don't know if you have dollar amounts, but it doesn't actually strike me as necessarily that much in terms of overall spending. Some of it is one-off costs—lengthening the runways, maybe improving them a little bit in terms of their structure, the lighting on those runways. To me, that seems pretty straightforward and simple.

Do you have a number in terms of dollars? Is there something specific you're asking for?

Mr. Frank Behrendt: No. That would be a question directly for the MTO folks. I do know that the lighting projects are under way, and I think that's all in the budget already. That was a critical improvement. The other thing that's a critical improvement is getting these airports properly assessed for IFR approaches. I think it's absolutely outrageous that the airports we're flying into are not properly classified for instrument approaches, which affects the minimum that we can fly to on approach. You need to have more visibility and a higher ceiling. But if you had an LPV approach and the airport was properly classified, instead of having to do a missed approach 600 feet above the ground with mile-and-a-half visibility, and anything below that we can't get in, we now can get in when it's three quarters of a mile and 300 feet. So I think it's absolutely shocking that they're not all properly classified. And that's a project that's going to cost a fair bit.

Mr. Ian Arthur: Okay.

The Chair (Mr. Amarjot Sandhu): MPP Mamakwa.

Mr. Sol Mamakwa: Very quickly: I know sometimes you do air ambulance as well. Are there times when

you've missed approaches or you couldn't land and it cost people's lives or their health?

Mr. Frank Behrendt: I might be shaking a little right now because that's one of my pet peeves, that when we're doing an approach to fly in on a medevac and we're doing a missed approach—as a guy who has been flying in the north for 40 years, I'm going, "I'm doing an artificial"—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We have to move to the government side now. MPP Rasheed.

Mr. Kaleed Rasheed: Thank you for your presentation.

I know you mentioned some challenges. Actually, I feel like there were a lot of challenges that you are facing. You had mentioned that it's the federal government, a lot of challenges for the federal government, but then, some of the challenges that you are facing from the provincial side, that we can help you with in making sure that at least it's safe for you to land the plane—if you can further elaborate on those challenges, from the provincial side, please. Thank you.

1210

Mr. Frank Behrendt: Okay. One of the most important projects, or a critical project, for improvement was the improvement to the runway lighting. That's significant in the north, where there are certain nighttime illusions associated with what they call the black hole effect. The runway lighting projects: You already have them under way, and the sooner they're done, the better.

The other is the classification of the airports. The MTO, the owner of the airport, is responsible for that classification, so that's an onus on the MTO. The runway length: Obviously, the owner of the airport is responsible for the runway length, so that would again be the MTO.

The design of the approach is the responsibility of Nav Canada. Lengthening the runways, for example—getting the classification set at some of the airports is not going to be all that expensive, but for some of them it is, because there's survey work, and then there's clearing that they have to do for that. There are going to be some that are easy, and some that are expensive. The runway length issue is going to be expensive.

But what we want to draw out was that, listen, you folks have been trying, and we certainly have appreciated the front-line workers and what the management at MTO is trying to do. They're trying to move ahead, and they're trying to address these things. But who is not at the table, and who ought to be your partner in this, is the federal minister and the federal government, because they are literally collecting billions of dollars. Even under the ACAP program—they haven't increased the ACAP funding for years. ACAP funding is for general—you can get that for some strip in wherever—Timbuktu. That's a community airport where there are a hundred roads into the community. There is no recognition of these essential service airports.

I believe firmly that the root issue for funding for these northern remote airports is giving them recognition for what they are, and that's a critical transportation link, or an essential service airport. They need to be recognized for that, and then a standard needs to be set. We can debate the standard, but it needs to be set. Then that needs to become the basic minimum to protect the community and to provide the best possible service there.

Mr. Kaleed Rasheed: As you know, we announced the aviation fuel tax cut as well, reducing it to 2.7—

Mr. Frank Behrendt: Yes. Thank you.

Mr. Kaleed Rasheed: You're welcome. How is that going to help the aviation industry up north, the reduction of the fuel tax?

Mr. Frank Behrendt: Well, our costs are going through the roof on all fronts because of all of the different things that are going on in aviation. We're always fighting on fuel costs, so that we can survive. I mean, we work on very tight margins, so having a five- or seven- or 10-cent-a-litre increase in your fuel, we immediately have to pass that on.

I wish I had time to get into the carbon tax, because the carbon tax is a tax—how do groceries get into the community? They're coming from how far? It takes way more fuel—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. That concludes the time. Thank you so much for your presentation.

SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY

The Chair (Mr. Amarjot Sandhu): Now I'll call on the last witness of the day. Sioux Lookout First Nations Health Authority, please come forward.

Please state your name for the record, and you have seven minutes for your presentation.

Mr. John Cutfeet: Thank you. Good afternoon, everyone. My name is John Cutfeet. I'm the board chair for the Sioux Lookout First Nations Health Authority. I'll let Mr. Morris introduce himself.

Mr. James Morris: My name is James Morris. I'm the executive director for the Sioux Lookout First Nations Health Authority.

Mr. John Cutfeet: Thank you for this opportunity to speak with you this afternoon. I assume you have our presentation.

I just want to point out the large geographical area that we serve. We serve about 33 First Nations in the Sioux Lookout region. Then out of those, 25 are remote, isolated communities accessible only by air or winter ice roads. This makes things quite difficult in the best of times. The population is over 30,000 and rapidly expanding.

There is, on slide 5, a picture of a ball game. It talks about equality, equity and reality. That's the overall idea of our presentation, to look at some of the inequities that exist in our region. So if you look at the first part, it talks about equality, then equity and then you look at the reality of the situation we sometimes have to contend with on a daily basis.

Service inequities: You're probably aware already that there has been a lot of historical trauma that has occurred

based on colonization. It impacts service provided in all sectors, compounding First Nations health, particularly mental health. But there are other inequities found in all sectors, like child welfare, education, housing, justice, social services etc. Those have been well documented, as well as the shortfalls in funding.

Child welfare: The Canadian Human Rights Tribunal found Canada guilty of racially discriminating against First Nations children by not providing adequate funding for child and family services on-reserve. In 2019, the tribunal issued its eighth non-compliance order for Canada's failure to properly implement the CHRT's orders.

Now, the point I want to make about that is why is it necessary to have to be fighting for a service even though Canada's mechanisms, which would include the province of Ontario—why would we need to have to continue to fight for implementation of rulings that benefit the people? I just wanted to make that point.

Child welfare and service inequities: Of course, we went through a lot of processes that were installed for us, without us. We begin to see the results that followed from those types of policies that have impacted our people, such as Indian residential schools. Now, what we're talking about is looking at maybe it's time we need to do a rethink of how we design those services. If they could be a preventative focus and developed by First Nations, I think that may be helpful in the future, where we don't have to be constantly contending with the inequities of service.

Education equity issues: There's a graph there, on slide 9. It talks about the disparity in funding from provincial schools to First Nations schools. This is only in 2011. I imagine the inequity has gone up. So you're looking at First Nations schools being funded at $7,000, while provincial schools are funded at $10,000—more.

Also, I just wanted to point out, our children have to go out to schools, leave their communities. And you're aware of what happened in Thunder Bay, where we've lost seven students. Jethro Anderson, Curran Strang, Paul Panacheese, Robyn Harper, Reggie Bushie, Kyle Morrisseau and Jordan Wabasse all lost their lives attending school far away from home. The coroner's inquest issued 145 recommendations made in the verdict related to education funding and the need for accessibility to services for First Nations.

A federal piece of legislation was passed in the fall, which came into full effect on January 1. But I think we should look at the fact that it's not just a federal responsibility. The province can also be helpful in getting this right.

Food Secure Canada report: There are some graphs there on page 12. I just want to point out Toronto, Fort Albany and Moosonee, the food expenses that are happening in those communities. In Fort Albany, 56% of the income goes towards food, whereas Toronto is 10.6%—just to get you to look at the differences in terms of what it costs to have good food.

1220

Health issues comparison: I just want to bring your attention to a hospital in the south versus a hospital in the Sioux Lookout area, which is 294 times larger—an area the size of France—and keep in mind that there are no roads in this area.

I'll just leave it at that. I think I'll turn it over to James now. But there are some reports in there. I would point your attention, when you get a chance, to the Auditor General's report from spring 2015. Also, there are graphs on what it takes for us to access health care: six steps in the southern area, and at least 15 in our area.

Now I'll turn it over to James Morris.

Mr. James Morris: If you could just quickly turn to page 20, you will see the chart of the suicides that we've had in our area since 1986. As of today, we've had 528 suicides in the Sioux Lookout zone—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off. We have to move to the government side for questioning now. MPP Skelly.

Ms. Donna Skelly: Thank you for your presentation. Unfortunately, it's limited in time. I want to go back to page 10: "In June 2016, the Office of the Chief Coroner of Ontario issued a verdict of the coroner's jury" regarding the deaths of the seven First Nations youth. What did they find, and what has happened since?

Mr. John Cutfeet: I'll turn it over to James Morris for that.

Mr. James Morris: What was that?

Ms. Donna Skelly: What were the findings? Were any changes implemented? Because we're hearing that the suicide rate amongst First Nations youth continues to soar. Page 10.

Mr. James Morris: This is where the recommendations were made. I think that the principal groups that were asked to respond to the recommendations were the city of Thunder Bay and NAN. What they've done, I don't know.

Ms. Donna Skelly: Has anything been put into place? Have there been any changes implemented to address what happened and why these youth took their lives? Do they know? Do we know what happened, what triggered this? Because it was obviously an unusual time period as well, right? Was it not a condensed, short period of time? These children came from a specific area. Why were they highlighted in this particular investigation? What was it about this that made it—that you've raised it today?

Mr. James Morris: There are many reasons why these things happen. For starters, our children have to leave their homes to go to school. That's the first thing. So one of the things that was recommended was building high schools in the communities, so that kids wouldn't have to leave their homes.

Then, once they get to urban areas, they face not only a different culture, but in many cases, a very hostile environment. They face a lot of racism. So in addition to just struggling to get through the academic portion of an education schedule, like everybody else does, they also have to battle the system, the society, which is not very friendly for First Nations people in Thunder Bay.

Ms. Donna Skelly: My colleague across the floor has shared and has raised these concerns consistently throughout when the House sits in the Legislature. Is there something that we can do now that you think can be done immediately to start to address this particular crisis?

Mr. James Morris: In the area of mental health, one of the biggest problems is the lack of a formal mental health policy for status Indians living on-reserve. There is none. We thought that there could never be a comprehensive program in mental health on-reserve. All we get is the hard parts of programs every time there's a crisis. They could never get consistent funding long enough to put programs together. For example, the trauma teams are one of the most successful ways that we developed to assist people in the community to deal with the issues. But we lost the funding last year. There's nothing I can do about it, because there is no policy or program in place to support those type of developments.

The Chair (Mr. Amarjot Sandhu): MPP Smith.

Mr. Dave Smith: I have a very short period of time. Basically, everything that you're presenting to us right now is federal jurisdiction. How do we get around the federal jurisdiction issues? What would you suggest on that?

Mr. James Morris: Well, I've been listening to that argument for 40 years. What I've learned is that jurisdictions—

The Chair (Mr. Amarjot Sandhu): Thank you; I apologize to cut you off. We have to move to the opposition side now. MPP Mamakwa.

Mr. Sol Mamakwa: You can finish that answer, if you like.

Mr. James Morris: The only result that you get when you talk about jurisdictions is that nothing happens, and that's what has been happening for 40 years: Nothing happens. The federal government says, "We have no jurisdiction for mental health." The province says, "We have no jurisdiction for status Indians living on-reserve." That's the dilemma that you guys have to resolve, because you're in power. I can't do that for you. I can only tell you about it.

Mr. John Cutfeet: Can I just add that Ontario is responsible for people living in Ontario? I think if people want to be in government in Ontario, they should exercise that responsibility for all people in Ontario.

Mr. Sol Mamakwa: I know that on slide 20, you outlined the number of suicides that have happened since 1986. At Queen's Park, I've been trying to address some of the mental health and suicide crises that have happened in our communities. One of the things that I always get played with is the jurisdictional Ping-Pong on people's lives, whenever we talk about suicide. I'm not sure if there is any provincially funded programming that you guys had before that was perhaps cut or that was working.

Mr. James Morris: Yes, the trauma teams that we had were cut last year, and the communities are asking me to try and get those going again. To run trauma teams properly, I need $5 million a year—and that's not for all of the communities; that's to service three or four communities. But we reserve that for high-risk communities like Pikangikum.

The Chair (Mr. Amarjot Sandhu): MPP Arthur.

Mr. Ian Arthur: Just very quickly: If the province was to go into these communities and physically build some high schools and hire some teachers, do you think the federal government is going to sue them for doing that?

Mr. James Morris: Why?

Mr. Ian Arthur: Do you think if they just went ahead and actually built the high schools, if the province just said, "We're going to do it. Regardless of jurisdiction, we're going to build the physical facilities, we're going to make sure they incorporate mental health supports, we're going to make sure they incorporate culturally appropriate learning throughout the high school process so you could keep students in the town"—if the province decided to just do that, started breaking ground and started building these things, do you think the federal government would sue them for doing that?

Mr. James Morris: No, they wouldn't. I think you have to stop thinking of high schools as having four walls. There are other ways of educating children that could be different. You have to know the environment in a reserve to really know how you can go about doing that. I don't know if any of you have been inside the northern reserves. Sioux Lookout is not the north, okay? You have to go north.

Mr. Ian Arthur: Yes, of course. I wasn't necessarily speaking about a physical structure, but the delivery of services and funding those services. If the province just stepped up and actually did it, I do not believe it would be actually a problem for the federal government.

Mr. James Morris: Based on what I know, based on what I said earlier about kids having to leave their homes to go to school, I think people would welcome having more high schools and better high schools in their communities.

But everything is underfunded up north. Everything is second-class. It's like our community. They have running water, but they can't drink the water, they can't wash with the water. They have telephone service and cell service sometimes. They have TV service sometimes. Everything almost works all the time. That's the kind of lifestyle we have up north.

Mr. John Cutfeet: I have to get going. I have to go catch a flight now, but thank you for your time. Thank you, MPP Sol, for making this happen for us. We really appreciate it.

But I just want to point out, on slide 20, that from 1986 until the present time, there were 528 people who have committed suicide in the region. That's a whole community—

The Chair (Mr. Amarjot Sandhu): Thank you. I apologize to cut you off—

Mr. John Cutfeet: A whole village is gone. I just wanted to leave that with you.

The Chair (Mr. Amarjot Sandhu): Thank you so much. That concludes our time. Thank you so much for your presentation.

That also concludes our business today. Thank you to all the witnesses for their presentations. The committee is now adjourned until 9 a.m. tomorrow in Thunder Bay. Thank you.

The committee adjourned at 1229.

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