



Legislative Assembly
of Ontario
Second Session, 38th Parliament

Assemblée législative
de l'Ontario
Deuxième session, 38^e législature

Official Report of Debates (Hansard)

Monday 15 May 2006

Journal des débats (Hansard)

Lundi 15 mai 2006

**Standing committee on
justice policy**

Emergency Management
Statute Law
Amendment Act, 2006

**Comité permanent
de la justice**

Loi de 2006 modifiant des lois
en ce qui a trait à la gestion
des situations d'urgence

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Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



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

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
JUSTICE POLICY**

**COMITÉ PERMANENT
DE LA JUSTICE**

Monday 15 May 2006

Lundi 15 mai 2006

The committee met at 1632 in room 228.

**EMERGENCY MANAGEMENT STATUTE
LAW AMENDMENT ACT, 2006**

**LOI DE 2006 MODIFIANT DES LOIS
EN CE QUI A TRAIT À LA GESTION
DES SITUATIONS D'URGENCE**

Consideration of Bill 56, An Act to amend the Emergency Management Act, the Employment Standards Act, 2000 and the Workplace Safety and Insurance Act, 1997 / Projet de loi 56, Loi modifiant la Loi sur la gestion des situations d'urgence, la Loi de 2000 sur les normes d'emploi et la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail.

The Chair (Mr. Vic Dhillon): Good afternoon, everybody, for the second day of our meeting of the standing committee on justice policy. We're here today for Bill 56, An Act to amend the Emergency Management Act, the Employment Standards Act, 2000, and the Workplace Safety and Insurance Act, 1997.

POLICE ASSOCIATION OF ONTARIO

The Chair: Today, we'll hear firstly from Bruce Miller, who is with the Police Association of Ontario. Good afternoon, Mr. Miller. You have 20 minutes. I'm sure you're aware of the procedure. You may begin at any time.

Mr. Bruce Miller: Thanks very much, Mr. Chair. My name is Bruce Miller, and I'm the chief administrative officer for the Police Association of Ontario. I was also a front-line police officer for over 20 years for the London Police Service prior to taking on my current responsibilities.

The Police Association of Ontario is a professional organization representing 30,000 police and civilian members from every municipal police association and the Ontario Provincial Police Association. The PAO is committed to promoting the interests of front-line police personnel, upholding the honour of the police profession, and elevating the standards of Ontario's police services. We have included further information on our organization in our brief.

We appreciate the opportunity to provide input into this important process. We would like to focus our atten-

tion on the importance of these proposed legislative changes to community safety.

As you know, the government's current emergency response powers and responsibilities are set out in the Emergency Management Act, but that act is designed primarily to ensure that appropriate municipal and provincial infrastructures are in place to deal with a local or provincial emergency. It helps to ensure that communities and provincial ministries have emergency programs and plans in place and that they are tested and updated on a regular basis.

The primary purpose of Bill 56 is to provide emergency powers to the Lieutenant Governor in Council and to the Premier to deal with emergencies in a timely and effective manner. The bill will amend the Emergency Management Act, and we believe that it will further improve the province's ability to respond to all types of emergencies. The bill will also help clarify under what conditions the province can declare an emergency.

More importantly, from the perspective of front-line police personnel, the legislation clarifies the powers available to our members in an emergency, and it will allow them to act quickly and in the best interests of community safety.

In an ideal world, there wouldn't be a need for this legislation, but unfortunately, as everyone knows too well, the world as we know it is now far from perfect. The tragic events of September 11, as well as SARS and the electricity blackout in 2003, clearly showed that a review of the provincial emergency powers legislation was needed. We need this bill because we must be prepared for emergencies.

As you're aware, the legislation would authorize the use of some far-ranging powers, which include:

- restricting travel or ordering evacuations;
- establishing facilities for the care, welfare, safety and shelter of people, including emergency shelters and hospitals;
- closing any place, public or private, including any business, office, school, hospital or other establishment or institution;
- putting into effect other measures deemed necessary to prevent, respond to or reduce the emergency.

The argument is always put forward by some that the powers are too broad and open to abuse. However, all of us can think of unique situations where the powers would be of great value in the event of a provincial emergency.

It is our understanding there have only been two declared provincial emergencies in the history of the province. The declaration of an emergency is something that is needed only in the most extraordinary circumstances. We believe that this legislation contains more than adequate safeguards.

Elected members are rightly put in positions of great trust by the public in a democratic society, and you must have the power to act quickly in times of emergency in order to safeguard our communities.

Police personnel also need to act quickly and decisively to protect Ontarians. Some have argued that current common law provisions and other legislation can be used to meet the same goals. Our members should not be expected to be creative or to explore other avenues during a crisis. The legislation must be clear and transparent so that police personnel and other emergency responders can react quickly to both limit and end the emergency. The legislation must be clear and transparent to members of the community as well.

We would like to take the opportunity to highlight one area that pertains to safety equipment. It may be outside the scope of this legislation, but relates closely to it. I think that many, if not most of us, tend to think of the need for very elaborate equipment to deal with emergencies. Certainly, there is a requirement for this, and we believe that it is in place. However, the same cannot be said of very basic protective equipment for police personnel in some jurisdictions.

In November 2000, the then Ministry of the Solicitor General issued a communicable disease policing standard. This standard, or guideline, was developed by policing stakeholders, ministry staff and other experts in the field. The standard, which has been copied for your information, also contained a ministry-designated equipment list. Many police services were quick to follow the guideline. Unfortunately, some other police services ignored it.

Our members have been actively involved in responding to suspected incidents of bio-terrorism since September 11. The vast majority of these calls were anthrax-related. Front-line police personnel were also actively involved in the SARS crisis and many were quarantined as a result. The ministry circulated bulletins on both anthrax and SARS, advising the policing community that the disposable masks and suits contained in the designated equipment list were adequate equipment to prevent them from exposure. Unfortunately, some police services had failed to provide this inexpensive equipment. Both the mask and the suit, which an officer might need only once in a career, cost less than \$10 each. However, both items could save his or her life.

Our members responded to the calls whether they had the equipment or not. That is the nature of their professionalism. However, we believe that this equipment needs to be in place and that this should be enshrined as a regulation, as are many of the other standards, to ensure compliance and officer safety across the province.

In closing, we'd like to thank the government for their continued support for community safety. The Police

Association of Ontario hopes, as you do, that this legislation is never needed. However, in the event of a significant emergency, the government must be able to act in a timely and effective manner. We believe that Bill 56 will enhance this ability, and we would urge its speedy passage.

We would like to thank the members of the standing committee for the opportunity to appear before you once again, and for your continued support for safe communities. We'd be pleased to answer any questions that you may have.

The Chair: Thank you very much. There are about four minutes remaining for each side. We'll start with the official opposition.

Mr. Garfield Dunlop (Simcoe North): Thank you very much, through the Chair, to Mr. Bruce Miller. First of all, I want to just put on the record our condolences to the PAO family. They've had a fairly difficult time in the last two weeks, with the wall of honour dedication and then of course losing two officers. We acknowledged both those officers in the House last week, and then again today. I wanted to put that on the record, because I know that when anything like that happens, it wears on all your members. Of course, police funerals, police memorials, are very important to the police family. So I thought that should be put on the record to begin with. Thank you for being here. I know it can't be the easiest day, when you're head of the PAO, to know that you lost one of your members late Saturday night.

1640

Bruce, I know that you're fairly supportive of this bill. I'm curious about some of the other types of amendments we've seen groups ask for. Last week, I know, for example, the Canadian Blood Services had asked for an exemption; the Ontario Society for the Prevention of Cruelty to Animals asked for some changes as well to include animals. Have you put any thought into any of these—maybe I should put it this way; maybe you haven't even heard of some of the other recommendations or amendments that people have asked for. But strictly from a policing perspective, though, you're fairly happy with the bill right now, I take it.

Mr. Miller: Yes. First of all, we'd like to thank you for your words of support and also thank all three parties for their support. I know that all three leaders were out last week to the funeral in Windsor, and it was greatly appreciated.

Certainly, this bill, to us, makes sense. As we understand it, there's similar legislation right across the province. Our members, police officers, need some clear direction and some clear powers to be able to deal with things in substantive emergencies. We believe that there are adequate safeguards put in place. Certainly, human rights are a huge issue for our organization, as they are with others. But to us, this legislation makes sense.

Mr. Dunlop: If I could just have a moment more, as we go through clause-by-clause and listen to the details and the recommendations from all the different stakeholders who are here to listen, and from people who write

in as well, I guess you'd be prepared to listen to their amendments in the areas that would make them satisfied and supportive of the legislation as well?

Mr. Miller: I think everybody's goal is to get the best legislation. But in terms of exemptions, I didn't have the opportunity to review other positions because, unfortunately, as you know, committee proceedings are not always posted on Hansard as quickly as they are in the Legislature, so I'm not familiar with some of the other requests.

Mr. Dunlop: That's fine for now. Thank you.

The Chair: Mr. Kormos.

Mr. Peter Kormos (Niagara Centre): Thank you kindly, sir. First, responding to your observation that there will be those who put forward the argument that the powers listed here are too broad and open to abuse, it may surprise you that I'm increasingly being persuaded of the McMurtry argument of "Be careful what you wish for"; that listing powers, in contrast to using common law powers, makes the powers that can be exercised restrictive and overly narrow. As a fan now, through Bill 138 and now Bill 56, of the observations made by then-Justice Minister Roy McMurtry, I have come closer and closer to the camp of, as I say, his admonition of "Be careful what you wish for" when you start listing powers, as compared to relying on the common law, because the common law, of course, is flexible; from time to time, it does utilize common sense as its base. So my concern is that, by statutorily defining the powers, it's only those things that can be done then. I, for the life of me, am not going to start to think of circumstances where these powers may not be adequate. But you can bet your boots, because life never ceases to surprise us, that something will happen where a police officer, in good faith and historically within the scope of the common law, may want to exercise a power, or rather the emergency czar may want to exercise a power. That's just an observation.

I think there's going to be some concern and debate around the restrictive nature of the powers and the fact that, by codifying them, you then remove yourself from the common law jurisdiction.

Most interesting at the moment are your observations about safety equipment. I think some of the submissions we're going to hear later today may well address that too, I suspect, because nurses, as you know, and other health professionals have a lot of concern about the availability of safety equipment in keeping workers safe.

I've taken a look at your appendix with the sample board policy—that's part of what you're speaking of, the ministry policing standards manual—and then the equipment and facilities list for communicable diseases. Can you tell us how many police services boards have enacted the sample board policy that you've included with your material?

Mr. Miller: I can't give you an exact number there. I can advise you that I canvassed 12 associations last week, and three of them were not in compliance.

Mr. Kormos: Can you identify them, not by name—by name, if you want to—but just by description? Are they big police services, small-town police services?

Mr. Miller: It ranged. I had a response from one large police association, one medium-sized and one small police association.

Mr. Kormos: That's pretty shocking stuff, isn't it, Garfield, that police services boards wouldn't be enacting that recommended board policy?

What about the designated equipment list? The mobile kit would be the most relevant one. Is that fair?

Mr. Miller: The mobile and the personal would be the most relevant.

Mr. Kormos: Presumably, you'd want them in the trunk or somewhere under the back seat of a police car or other police vehicles.

Mr. Miller: That's correct. I can tell you that the Ministry of Community Safety and Correctional Services brought this forward to the police stakeholders, and they were advised by the OACP, the chiefs and the police services boards that everybody had this equipment, so those discussions on regulation ended a couple of weeks ago. It's just recently, when we surveyed our members, that we found that this is not the case, so we're bringing it before committee to try and get the regulation enacted. But we've certainly been disappointed in the reluctance from both the chiefs and the service boards to move in this area.

The Chair: Thank you very much. The government side?

Mrs. Maria Van Bommel (Lambton-Kent-Middlesex): Thank you for coming in today.

Going through your presentation, you mentioned things such as terrorism, the SARS episode and that sort of thing, but one of the things that we're faced with in my riding and in the agricultural community in general is emergencies around other communicable diseases within livestock. We've certainly seen things like hoof and mouth in England, and not that long ago we had avian influenza in BC. I'm wondering, have you discussed with your colleagues the role that the police might play, especially in rural communities, in terms of helping us to contain such outbreaks, should they happen? Have you consulted with your colleagues in BC or with other provinces or other countries that have experience with these kinds of outbreaks?

Mr. Miller: Certainly, Ontario has taken a real lead on this issue. We've been involved in discussions with the Ministry of Community Safety and Correctional Services to ensure that proper precautions and information are in place. We're certainly satisfied that that's covered off on today's date.

Mrs. Van Bommel: So you feel that your officers in rural communities would be able to deal with something if it were to come up?

Mr. Miller: I think that policing is a very resilient profession and that our officers will always be able to deal with it, but certainly these powers in Bill 56 would be crucial to both limiting and ending any emergency of that nature in Ontario. That's why we're urging the speedy passage of the legislation.

Mrs. Van Bommel: I know in my own community, knowing the officers in my area, I have great confidence

in their ability to work with the farmers and deal with an issue like this.

The Chair: Thank you, Mr. Miller. Once again, on behalf of the committee, our condolences on the loss of one of our police officers.

Mr. Miller: Thank you very much, Mr. Chair. We appreciate the support.

The Chair: Thank you for your presentation as well.

ONTARIO MEDICAL ASSOCIATION

The Chair: The next presentation is from the Ontario Medical Association. Please come up and state your name for Hansard.

Ms. Barb LeBlanc: Barb LeBlanc.

Mr. Patrick Nelson: Patrick Nelson.

The Chair: Thank you very much. You have 20 minutes. You may begin.

Ms. LeBlanc: Thank you, Mr. Chair. I'm the executive director of health policy with the Ontario Medical Association, and Patrick, beside me, is the OMA's director of public affairs. Unfortunately, our past president is unable to be with us today as there's been a death in his family.

1650

We appreciate the opportunity to make our views known about Bill 56. I'm going to begin my remarks today by acknowledging the need for the government to be able to marshal resources in the event of a declared emergency. I think it's important, though, to recognize that we must, by necessity, view human resources in a different light than commodities such as food, water and electricity.

As some of you may know, there's been a significant level of concern in the physician community about the potential for conscription of physicians under Bill 56. It was very helpful, back in March of this year, when we received a letter from Minister Kwinter stating in very clear and unequivocal terms that "it is not the intention of the proposed legislation to conscript any individual during a provincially declared emergency." Having this very clear statement of government intent helped our president of the day to calm concerns and to allow us to focus instead on a constructive approach to ensuring that the legislative language accurately reflects government's intent. So we'd like to focus on that today.

Before I get into possible approaches to amending Bill 56, I'd like to take a moment to outline for the committee the sections that we believe make it possible to conclude that conscription could occur under Bill 56.

The definition of "necessary goods, services and resources" at the start of the bill includes a variety of commodities, plus medical services. The order-making authority includes a list of matters upon which the government may make orders relating to the necessary goods, services and resources. Of interest to the OMA are numbers 9, 10 and 11, since, when taken together, they permit the government to make orders with respect to the use of medical services; the procurement, availability and

distribution of medical services; and the fixing of prices for medical services. In short, individual physicians could be ordered to make themselves available at any time and in any place in the province, and may not be paid at the customary rates, let alone providing for danger pay. That sounds like conscription to us.

We'd argue that this power is both inappropriate and unnecessary. It is inappropriate because physicians are not commodities like all of the other items listed in the definition of goods and services, and therefore should not be treated in the same manner. It's unnecessary, in our view, because physicians have a long and proud tradition of volunteering to put themselves in harm's way in the service of their patients and the general citizenry. Most recently, in the case of SARS in Ontario, physicians and other health care providers worked tirelessly to contain the outbreak and protect patients. Physicians are healers and helpers. They've always been there in times of need, and there's no reason to believe that would change. However, each individual physician, like every other citizen, must be free to make decisions about his or her own safety risks and act accordingly.

I'd now like to turn now to possible means of amending the legislation in order to ensure that the minister's commitment not to conscript physicians is reflected in the legislative language of the act.

The first way of doing this would be to simply revise the definition of "necessary goods, services and resources." This would be achieved by adding a paragraph which states that the definition does not include the human resources associated with the goods and/or services subject to an order.

Alternatively, we think it's also possible to achieve the desired outcome by adding a clause at the end of the order-making authority at paragraph 1 of subsection 7.0.2(3), which states that "nothing in the powers above is intended to apply directly to the individuals associated with the provision of the goods or services."

We believe that either one of these amendments would serve to better reflect the government's stated intent with regard to Bill 56. It would give the government the broad powers it needs in times of emergency to commandeer supplies and services, but would allow decisions to be made at the local level as to how and by whom medical services will be delivered.

Thank you, and we'd be happy to use our remaining time to answer any questions you might have.

The Chair: Thank you very much. There is a little bit more than four minutes remaining for each side. We'll begin with the third party, Mr. Kormos.

Mr. Kormos: Thank you, sir.

Thank you kindly. That's been a concern of ours as well, and Mr. Fenson of legislative research has provided us with a cleverly researched brief. In particular, he discovered a case from the Los Angeles Superior Court—Vail and Hayes—in which the observation is made by the court that "‘negotiating’ means the manager is haggling over the star's rate for a part or appearance or arguing over when the star will show up—and anything else is

procurement.” He there understands the word “procurement” to be something beyond the normal process of negotiating, tendering, because obviously the government may want to say that all this is doing is referring to government procurement in the usual sense where they tender and they get bids and they pick the highest bid or the lowest bid, because—take a look at this: 7.0.1(3)2, the preconditions that have to exist before an emergency can be declared:

“One of the following circumstances exists:

“i. The resources normally available to a ministry of the government ... or an agency, board or commission ... including existing legislation, cannot be relied upon without the risk of serious delay.”

Do you understand what I’m saying? One of the preconditions has to be that the services that are within the government’s direct control are inadequate in and of themselves. So then it can’t mean anything but the pressing into service of. Because there is yet another section that talks about how Lieutenant Governor in Council may determine compensation. Again, the fact that it may determine compensation suggests that it can decide that there’s no compensation or that, if there is compensation, it’s whatever they happen to say it is. Once again, that is not the process of negotiating, to wit haggling, over a movie star’s rate for an appearance, as in that Vail and Hayes judgment out of the Los Angeles Superior Court which Mr. Fenson found. I have no idea how he found it, but it’s one of those things that researchers know how to do.

Canadian Blood Services said they wanted this because they had similar concerns to yours. They said they wanted specific exemption. I don’t know; legislatively we’d have to get some counsel, but when you start doing that, that means anybody who isn’t exempted is, by nature of not being exempted, included. So that’s dangerous stuff too. What are you suggesting by way of amendment?

Ms. LeBlanc: As I outlined, we think that we can accomplish the government’s intent by simply distinguishing between being able to make orders with respect to the service broadly speaking versus inserting the government powers into decisions about how individual persons will be utilized. So in the case of medical care, it may be the case that the government makes a decision that it wishes to have the resources of all the downtown Toronto hospitals, for example, but it does not need to then take that next step and say that persons A, B, C through ZZ are necessarily required to act at any given shift for any given service.

So we think that by being able to have the power to compel services broadly, the service itself will then determine through its usual course of labour and other activities how it will deploy its human resources.

1700

Mr. Kormos: The other new power is of concern as well, and that’s paragraph 12: “The authorization of any person ... to render services of a type that that person ... is reasonably qualified to provide” but not authorized to

provide. Again, Mr. Fenson, without making any overt statement, has drawn us to the references that could lead us to believe that this isn’t just about out-of-province people who aren’t licensed to practise in the province of Ontario, because the bill talks specifically about, “The employment of a person ... shall not be terminated....” That presumably only applies to Ontario people. So paragraph 12 is of similar concern, where people are going to be called upon, forced to do things that they may not be qualified to.

The Chair: Thank you, Mr. Kormos. The government side.

Mr. Bas Balkissoon (Scarborough–Rouge River): Let me say thank you for being here and giving us your input. Before you received the minister’s letter, your association and the ministry staff met extensively over this. You’ve received the minister’s letter explaining his position. Did your association accept his position at the time, or did you continue to pursue discussions?

Ms. LeBlanc: We accepted that, and as I alluded to in my remarks, it was very helpful to receive that letter, because that allowed us essentially to step down, and instead of pursuing a public response, to start to think about how we might help to make the legislative language reflect the stated intent. So it was extremely helpful to get the minister’s letter.

Mr. Balkissoon: Okay. The sections you identified here as 9, 10 and 11—I’m assuming that’s out of 7.0.2.

Ms. LeBlanc: That’s correct.

Mr. Balkissoon: Can you expand on number 11?

Ms. LeBlanc: Sure. Of course, the fixing of prices for commodities makes perfect sense, depending on the nature of the emergency. In the case of substituting the term “physician services” into this, you can now read, “The fixing of prices for medical services.” And then, the physician may or may not be able to charge the standard OHIP rate, never mind being able to get any incentives for danger pay or anything like that. The concern there was simply that probably price-fixing doesn’t apply to human resources in the way it does to the other things that are listed in the definition.

Mr. Balkissoon: If I were to explain to you that the government’s intention here is as a result of the experience during SARS, that after the outbreak there was a lot of price gouging of the public, and this is to allow the Premier and the Lieutenant Governor in Council to prevent that from happening in the future, would that put you at ease?

Ms. LeBlanc: Certainly it would, as long as it’s attached to supplies and services. We think human resources generally just have to be dealt with a little bit differently.

Mr. Balkissoon: Okay. Thank you very much.

The Chair: Mr. Dunlop.

Mr. Dunlop: Thank you so much for being here today. A couple of things I want to put on the record to begin with: I thought we would have learned something from SARS in 2003. I can hardly believe that here we are, almost three years later to the day, finally getting

around to doing clause-by-clause on a bill. I just want to ask you one really simple question. The bill in its present form: Would the Ontario Medical Association support it?

Ms. LeBlanc: I don't believe it would, given that there does seem to be some ambiguity on the question of whether medical services might be subject to clauses 9, 10 and 11.

Mr. Dunlop: So I can safely say, then, when I go into the House and do third reading debate, that if the government does not plan on amending this bill, the Ontario Medical Association would not be supportive of the legislation?

Ms. LeBlanc: That's correct.

Mr. Dunlop: Thank you very much.

The Chair: Thank you, Ms. LeBlanc and Mr. Nelson, for your presentation.

ONTARIO PUBLIC SERVICE EMPLOYEES UNION, LOCAL 106

The Chair: The next group is the Ontario Public Service Employees Union, Local 106, London Health Sciences Centre. Good afternoon. Can you state your name for Hansard.

Ms. Sandi Blancher: Sandi Blancher.

Ms. Mary Ing: Mary Ing.

Mr. Tim Little: Tim Little.

The Chair: You have 20 minutes. You may begin.

Ms Ing: Good afternoon. Thank you for this opportunity to present our position on Bill 56 on behalf of the Ontario Public Services Employees Union and our Local 106 from Victoria Hospital, University Hospital and South Street Hospital of the London Health Sciences Centre, St. Joseph's Health Centre of London and Alexandra Hospital in Ingersoll.

I am Mary Ing. I am an executive board member of OPSEU, representing our members in southwestern Ontario, and I'm a health care professional. I've been a medical lab technologist in the London Health Sciences Centre, LHSC, for over 20 years.

With me is Tim Little, our legislative liaison from OPSEU, and Sandi Blancher. Sandi is the vice-president of OPSEU Local 106 and has also been a medical lab technologist for 31 years.

There are over 700 OPSEU members who work on the front lines of health care in the London area hospitals. LHSC is one of Canada's largest teaching hospitals dedicated to excellence in patient care. With a staff of over 8,000 compassionate professionals, we care for over 650,000 patients each year, and we're a referral centre for over 35 hospitals in the province.

Last week, the committee received OPSEU's central brief and recommendations on this legislation. Patty Rout, my board colleague at OPSEU, outlined for you the scope of health care and emergency service workers we speak for. Whatever future health or safety threat the province may face, OPSEU members will be involved.

We wish to remark on certain aspects of the current reading of the bill in hope of seeing it significantly improved before it becomes a law.

Although SARS was a major crisis in the lives of the people of Ontario, it was merely a test run. The Minister of Labour dealt with the SARS crisis as if it were a hospital problem, and it was not recognized as a health and safety issue. The Ministry of Labour inspectors were egregiously absent from our workplaces, and in fact were not sent to deal with hospital complaints.

It is our view that there should not be compromises in Ministry of Labour procedures, regardless of the emergency. The Ministry of Labour should be responding, as it normally would, to infectious diseases, concerns and all complaints. Ministry inspectors should be working where the workers are.

We are front-line hospital workers and we deal with any emergency that comes our way, regardless of the threat to our own lives and the possible threat to our own families. Acts and regulations should be respected and enforced because health care workers need and deserve the protection of provincial legislation, the same as any other workplace.

As a response to the SARS crisis, the Ministry of Health directives limited the movement of staff. In a multi-site hospital such as LHSC, this meant the cancellation of all meetings. Most unfortunately, this included the meetings of the joint health and safety committee. Can you believe that? In the height of a crisis, health and safety committee meetings were cancelled. This was a blatant contravention of the Occupational Health and Safety Act, indicating that although the province was in the midst of an emotional and traumatic crisis in the lives of health care workers, the very legislation that provides for safe workplaces was being violated. Any emergency legislation should require that both parties in the workplace and the Ministry of Labour satisfy their obligations under the Occupational Health and Safety Act.

For Bill 56 to be successful, it will also need to ensure that there is respect for the workplace rules, and this means our collective agreements. We do not believe the safety of Ontario's residents can withstand a repeat of what occurred during the SARS crisis. At that time, the rights of committed front-line workers to reasonable protection under the law and as bargained with our employers was simply pushed aside.

OPSEU represents over 30,000 health care workers and thousands of others in critical services who would be called on during an emergency. We are all relying on this bill to get it right so that they do not have to face chaos and an inappropriate level of risk again. We do our jobs to protect workers and the public and, unless this legislation actually sets out to protect all workers and the public, we will have precious little chance of avoiding the pandemonium that was SARS.

In a pandemic, health care workers will be on the front line, but the focus of much of the planning is not on protecting the front line. This bill needs to identify workplaces that could be affected by an emergency order and direct the planning and negotiations to the provisions of the collective agreement. The legislation needs to support this direction.

1710

Ms. Blancher: This is what we've heard from our members:

There are many areas that are currently ill-prepared for another SARS situation, pandemic or other major catastrophe. Our members are concerned and frightened that the government has not learned from previous mistakes.

No one seemed to be in control. There was confusion from management, and therefore on the front lines, as to who was setting the direction to protect the public and health care workers.

The joint health and safety committees that did meet and which had action committees were often left wondering who was in control of the situation.

Health care workers are often in a situation where they must make a choice to protect their own health and safety, as well as their own families, or save the life of a patient. If resuscitation is required and the patient has a suspicious illness, there is often a need to hesitate, to consider the need to protect themselves. One of our members said, "I don't want to die. By the time I put on that suit, the patient could be dead ... but I would go in to resuscitate that mom to save her unborn child."

Workers have to make this choice and then have to deal with not only the emotion of making it but the possibility of having to defend their actions, as well as losing their livelihood or possibly losing their own lives. Employees acting in an emergency should not be faced with the risk that their actions may involve them in a costly lawsuit.

These decisions are even more complicated and difficult in the face of chronic understaffing, contracting out, unfilled vacancies and increases in the use of part-time workers. This exasperating situation clearly demonstrates the need for extensive training and planning. We experienced fear and uncertainty because proper precautions were not in place.

The provincial government has provided funds to purchase some special supplies and equipment, such as hazmat suits for chemical, biohazard and nuclear radiation containment, but training and the continued readiness is up to the hospital. But these same hospitals are chronically underfunded and understaffed.

Ms. Ing: Among the military, police and firefighters, training is done to the extent that preparations happen without thinking and second-guessing. Those sections of our public services are trained and trained, and trained some more.

We wouldn't think of sending troops into battle, SWAT teams into a rioting jail or firefighters into burning buildings untrained or without the proper equipment, yet we all expect this of health care workers. Advanced planning and coordination with employees need to be enshrined in this bill. All we have between us and the next SARS or pandemic is a sign on the door and universal precautions.

This government, as it was campaigning for our votes, said that they respected and valued our work and wanted

to work with us to provide better services to our public. We take our role in serving and protecting the public very seriously. We take our role as a trade union very seriously. In the latter capacity, it is our duty to see that workplace rules are followed, especially when there are lives at stake.

To avoid chaos during the next provincial or local emergency, we must see changes that ensure employers respect our rights. That's what allows us to have confidence in one another—employer to employee and union to government.

Our experience tells us that serious emergencies are the time to be guided by the rules of work which are carefully negotiated in organized workplaces. A crisis condition is not the time to experiment. We need to be prepared. For the Ontario public and for your health care employees, there is far too much at stake to do otherwise. Thank you.

The Chair: Thank you very much. We'll begin with the government side, with about four minutes for each side.

Mr. Balkissoon: Thank you very much for coming here and giving us your input. Your counterparts were here earlier and basically outlined the same conditions, but I just wanted to pursue one particular interest of mine. During the SARS outbreak, I guess your major complaint about the Occupational Health and Safety Act is that the Ministry of Labour was not there to help you and enforce the act. Is that what it is?

Ms. Ing: That's fair, yes.

Mr. Balkissoon: So if enforcement was present and the act was enforced as it's written, would you say we would have had a better situation?

Ms. Ing: And collective agreements followed.

Mr. Balkissoon: So, really, the Occupational Health and Safety Act, the legislation, is there to protect you, but at the time of SARS, enforcement wasn't there, and we need to ensure that happens.

Ms. Ing: Yes, we do.

Mr. Balkissoon: Okay.

Mr. Little: I would just add to Ms. Ing's comments with regard to the Occupational Health and Safety Act that, particularly in a crisis, it's not sufficient to simply have an act and enforcement; it needs to be posted that it is enforced. That at every workplace encountering an emergency the Occupational Health and Safety Act is in effect should be a particular posting in that workplace. As well, the Ministry of Labour should advise and consult with both the employer and employee representatives, ensuring that the joint health and safety committees are in effect and are to meet.

Mr. Balkissoon: Okay. But that would be all part of the Occupational Health and Safety Act. That's the point I was driving at. Are you happy, then, that this act clearly states that this act does not override the Occupational Health and Safety Act and that that would remain in place and supersede this in the next emergency, if there is one? Does that make your organization happy and pleased?

Ms. Ing: We're saying that during the SARS crisis, the Minister of Labour did not send Ministry of Labour inspectors.

Mr. Balkissoon: I can't hear you; you're going to have to speak up a little louder. Somebody's talking behind me.

Ms. Ing: Okay. We're saying that during the SARS crisis, there were no Ministry of Labour inspectors in our hospitals, in our workplaces. I believe they thought that maybe the level of risk was too high or that they didn't recognize it as a health and safety concern. We need to work within the legislation and our collective agreements, and we need to be able to assure our members and all the public that we're working together on this.

Mr. Balkissoon: The next point I'd like to clarify is that I understand the Ministry of Health is currently in discussion with all the stakeholders and within the ministry staff itself in preparation for a pandemic in the future. So therefore, would your organization not be a stakeholder in those discussions that are going on right now?

Ms. Ing: You mean OPSEU or our hospital?

Mr. Balkissoon: Well, the hospitals. I would think the unions would be too, at some point in time.

Mr. Little: I think you've hit the nail on the head: the assumption that because a hospital is consulted, the front-line bargaining agents of the employees there are being consulted. And that's a leap of faith, if you're making that assumption. I think what our recommendations go to in this regard is that it has to be explicit in the legislation, that the bill will be inadequate if it doesn't explicitly state that consultations with the bargaining agent and the sanctity of the collective agreements are expressly part of the bill.

The Chair: Thank you very much. Mr. Dunlop?

Mr. Dunlop: So I take it you're not supportive of the bill in its present form.

Ms. Ing: In its present form, no. We have submitted several recommendations.

Mr. Dunlop: I guess I've got to ask you, and I'll say this to you, because obviously we heard from the Ontario Medical Association a few minutes ago: I thought all this consultation was done for the last three years. Here we are, three years after SARS, and we've got half a bill. Almost everybody who's walked into this room so far has said that major work has to be done on the bill. When I asked a question today—I'm going to tell you, read Hansard from this afternoon. I asked a question on behalf of the Ontario Society for the Prevention of Cruelty to Animals, the OSPCA. You've seen them around. I asked the Minister of Finance, and he comes back and insults me by calling me the name of a dog when I asked if he'd make amendments to the bill. That's what you're up against here. I don't know what's going to happen.

So you're against the bill. I'm certainly never going to support this bill unless there are major amendments made to it. I'll tell you that right now. I support what you're saying. After three years, I cannot believe that we've got to this stage where everybody coming in here is opposed to this piece of legislation.

Ms. Ing: I would agree with you, because after three years, and consulting with my members on the front line, we're still not ready. As we said in our brief, we're not ready. There are a number of things that haven't taken place, the follow-up isn't there, and this is of grave concern to our membership.

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Mr. Dunlop: But we're told—I'm sorry, Mr. Chair—over and over again that all this consultation has been done. Who have they been consulting with? The minister's office? That's all I can see, because the key stakeholders are not supportive of this bill.

Thank you.

The Chair: Mr. Kormos?

Mr. Kormos: Thank you, Chair. I'm loath to correct my colleague Mr. Dunlop, but the Police Association of Ontario supports the legislation.

Ms. Ing: We heard that.

Mr. Kormos: Yes. They were here earlier today. But there's been concern after concern expressed about it.

There's no section in here that guarantees that collective bargaining agreements will prevail, is there? Have you found one, Mr. Little? You're a lawyer. You're well paid. You're a smart, experienced barrister and solicitor.

Mr. Little: Well, to correct the record, I did one term at law school. I have looked in detail at the legislation, though, and neither our legal counsel nor I can find any reference to collective agreements remaining in force.

Mr. Kormos: Take a look at 7.0.13, the penalty section: plus up to a year in jail. We're not talking about parking tickets here; we're talking about going to jail.

And you've heard the concerns expressed around procurement of services in paragraph 11 of 7.0.2: "The fixing of prices for necessary goods, services and resources...." I don't know what it means but to say services are things provided by people. I know what it is to fix the price on gasoline; that means you determine a price and that's the price. When it says, "The fixing of prices for ... services," I can't understand what that means, Mr. Berardinetti, other than the prospect of opening up a collective bargaining agreement. I've seen that happen before. Trust me. I watched.

Mrs. Carol Mitchell (Huron-Bruce): You were in government then.

Mr. Kormos: Yeah, and which one of you people will have the gonads to vote against this bill because it permits contract opening, like New Democrats voted against the social contract? Which one of you?

Interjections.

Mr. Kormos: Check the record, Ms. Mitchell.

The Chair: Order.

Mr. Kormos: Which one of you will have the moral courage to vote against this bill because it violates collective bargaining agreements? Or will you surrender to your whip?

Interjections.

Mr. Dunlop: After your Minister of Finance—

The Chair: Mr. Dunlop, Mr. Kormos has the floor.

Mr. Kormos: This is getting raucous, Chair.

Interjections.

The Chair: Order. Mr. Kormos has the floor.

Ms. Ing: And that's what we're saying: We need to negotiate these terms and conditions of employment prior to the next emergency.

Interjections.

Mr. Kormos: Mr. Berardinetti is provoking Mr. Dunlop.

Mr. Mitchell: I expect you to withdraw that statement.

Mr. Dunlop: I would never withdraw. After what—

Interjections.

The Chair: Ms. Mitchell.

Mr. Kormos: Let's get some mics turned on here.

The Chair: Order. Mr. Kormos has the floor.

Mr. Dunlop: You should be ashamed of yourself.

The Chair: Mr. Dunlop.

Mrs. Mitchell: You should be ashamed of yourself. Actually, I'm concerned about all of—

Mr. Kormos: This is making me very apprehensive and nervous and intimidated, in the context of this mud-slinging going on here.

Look, I have some real concerns about the prospect of opening contracts, especially when it will require people to do things that they may not believe they are qualified to do, that they may not believe they are authorized to do, because the legislation specifically says you can be not only deemed to be authorized but then you can be procured. That creates a double dilemma, forcing health workers into really problematic ethical situations. Part of the answer—you made reference to this—is for these employers to sit down with health workers and negotiate, as part of their collective bargaining agreements, the emergency management protocols. Is that fair?

Ms. Ing: Yes.

Mr. Kormos: Has that happened?

Ms. Ing: I would say not. We're asking for that in our recommendations.

Mr. Kormos: Why not? Have you people been been dilatory and not eager to sit down with your employers to discuss and negotiate emergency management protocols as part of the contract?

Ms. Ing: No.

Mr. Kormos: Well, where's the stumbling block? Who's been stalling?

Ms. Ing: I'm not sure what your question is, but yes, we would like to negotiate everything ahead of time. We don't want to wait until there's an emergency.

Mr. Kormos: But employers have shown no interest in engaging in those negotiations?

Mr. Little: Not in our experience.

Mr. Kormos: That's all I wanted to know.

The Chair: Thank you very much. Time's up.

Mr. Kormos: Thank you, folks.

ONTARIO NURSES' ASSOCIATION

The Chair: Next we have the Ontario Nurses' Association. Good afternoon.

Ms. Linda Haslam-Stroud: Good afternoon.

The Chair: If you folks can state your names for Hansard.

Ms. Haslam-Stroud: I'm Linda Haslam-Stroud, and I'm president of the Ontario Nurses' Association. Joining me today is Lawrence Walter, who is involved in legislative research at ONA, and Dan Anderson, who is our director of labour relations.

The Chair: You may begin.

Ms. Haslam-Stroud: Thank you very much for having me. As I said, my name is Linda Haslam-Stroud, and I am a registered nurse and president of ONA, or the Ontario Nurses' Association. I'm speaking on behalf of 52,000 registered nurses and allied health professionals who deliver care to Ontarians. We represent nurses in long-term-care facilities, in public health, in hospitals, in community, in industry and in home care.

I'm really pleased to have this opportunity to provide recommendations to your standing committee regarding the structure for emergency management as set out in Bill 56. I believe you all have a copy of ONA's submission. You'll see that there are nine actual recommendations. I'm just going to give you a bit of context and then briefly go through what each of those recommendations looks like. I'll then leave it to you.

ONA members work on the front lines of health care every day. Ontarians depend on us to care for them in their times of need, and it is a call that our members readily accept, whether it is in routine times or exceptional circumstances. Our public health nurses, for example, work to ensure compliance with the mandate of the Health Protection and Promotion Act, which takes on an additional urgency to prevent the spread of disease and to protect the health of Ontarians in a health emergency.

The health of Ontarians suffers, however, at the best of times when there are not enough nurses to provide the quality care that our patients expect and deserve. When you remove a nurse from the bedside or the front line, people may not get the care they need and are needlessly put at risk. It's against that backdrop of the central role that ONA members play in the delivery of health care that we've put forward our recommendations related to emergency management as proposed in Bill 56.

Our position is that effective emergency management requires clear rules within the health care workplace to guide employment during an emergency and processes to provide for the nurses' health and safety. We believe these considerations are absent from the emergency management structure set out in Bill 56, even though Justice Campbell, commissioner of the SARS commission, clearly recommended such additions in his second interim report.

When the health and safety of our nurses who provide care, especially in the charged atmosphere of an emergency, is compromised, or when working conditions are inadequately clear to ensure our nurses keep working throughout an emergency, care will suffer. It is our view that Bill 56 must contain clear assurances to nurses and

to other health care workers that their employment rights will be enforced during and after an emergency. I just walked in on the last part of the discussion, but it appears that you've already had some debate on that prior to us arriving. We also request clarity that precautions and processes will be in place to protect and enforce our members' health and safety.

I just want to turn now to the details of our concerns. There are about 85,000 practising registered nurses in Ontario today, and within the next two years, one in three, or more than 30,000 of those nurses, are eligible to retire. I think it's important to understand this in the context of emergency measures, especially with the potential of the flu pandemic. If these nurses retire at the rate that they can, our current nursing shortfall will become a major threat to the delivery of routine care in our health care system. In the event of a health emergency, measures that might conceivably be initiated, such as extensive quarantine and restrictions on employment in more than one health care facility, will magnify the inability of the front-line nursing staff to provide quality care to our patients.

This was our experience during SARS; I think SARS isn't too far past, and we all remember what happened there. The deployment of registered nurses was affected by the existing nursing shortages. There was the casualization of nursing positions working part time, and fewer nurses were available to work because of the home and work quarantines that took place during SARS.

We raise those issues in the context of Bill 56 to heighten the awareness of the need to put planning in place now for a health care workforce to be there when an emergency strikes. We believe there is a need to recognize and to support the central role of front-line health care professionals in any emergency.

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For this reason, we recommend that Bill 56 be amended to provide that emergency orders and plans set out a process for front-line health workers and their unions to be effectively informed, consulted and able to report their concerns during an emergency. This was one of the major gaps, obviously, with SARS, if you're familiar with what happened there.

This also requires that we have effective whistleblower protection that allows us to raise urgent matters related to public health issues and patient/worker safety without repercussion during this emergency. You'll know, through SARS, that this was another issue that came to mind, that we the nurses on the front lines knew what was going on, and we're concerned regarding the fact that we did not have any whistleblower protection. As you know, how SARS ended up transpiring to get attention was actually through front-line nurses, but it took too long through the processes that were in place.

Bill 56 sets out the authorization of any person to render services of the type the person is qualified to render. Minister Kwinter's parliamentary assistant has reassured health care stakeholders that the power in this section to authorize does not mean that nurses and others

would be forced to work in an emergency. Our concern is that Bill 56 does not clarify that current workplace terms and conditions are in effect so that health care workers are able to do their jobs in an emergency.

While we take the view that Bill 56, as drafted, does not override collective agreements, we endorse the comments from Justice Campbell that it would be preferable to have express clarity on that point written in the legislation. We wish to avoid any disputes with employers when the next emergency strikes, and we want that taken care of prior to that.

It is also our position that every emergency plan should provide for the advance collective bargaining of principles related to all employment issues that might affect health care workers. We believe that will go a long way to having a concrete process in place in the event of an emergency so that we all know where we're going with it.

We are pleased that Bill 56 does contain an override that the Occupational Health and Safety Act prevails in the event of a conflict with an emergency order. We commend the government for this acknowledgement of the importance of protecting workers' health and safety in an emergency. However, ensuring occupational health and safety statutory protections, while necessary, is insufficient during an emergency. Health care workers, while protected under Ontario's Occupational Health and Safety Act, are among those workers who have limited rights to refuse unsafe work.

It's our conviction that the current structures and processes associated with joint health and safety committees in health care workplaces must be operational and effective in emergency situations. Bill 56, in our view, does not provide sufficient clarity around the critical role and responsibilities of joint health and safety committees, especially during a health emergency, to deal with ongoing issues such as proper fit-testing of respirators, or masks, for the layperson. We recommend that unions and joint health and safety committees be immediately notified, activated and consulted when an emergency is declared, and that there be an ongoing requirement to consult with joint health and safety committees throughout an emergency.

In addition to effective processes for health and safety decisions to be made within health care workplaces, it is our view that it must be crystal clear which ministry has overriding authority on health and safety matters during an emergency. We believe that it should be clearly specified that it is the Ministry of Labour that is to take the lead and has overriding authority in workplace health and safety matters.

Most importantly, particularly during a health emergency, it is our firm belief that adequate supplies of proper protective equipment must be secured and the precautionary principle approach should be adopted. The precautionary principle means to err on the side of caution, so that we don't have any further deaths of our nurses on the front lines. As you know, two of our nurses did die during SARS. These points are essential in order to offer our members and all health care workers greater

workplace protection when determining measures to protect workers from infectious diseases with uncertain routes of transmission. We believe that presently we are still uncertain on the routes of transmission regarding the pandemic flu.

Finally, in our view, Bill 56 fails to provide sufficient clarity on a number of additional employment issues. We believe that voluntary compliance with emergency orders is contingent on advance planning. Loss of income during an emergency is a serious issue that must be contemplated in advance in Bill 56. We agree with Justice Campbell's view that a blueprint for compensation packages to replace lost income is a worthy consideration, and we ask your committee to take that into consideration. In addition, it is important to clarify in Bill 56 the precise duration of leaves of absence and protection to return, not only to employment, but to your job held prior to the emergency. We believe Bill 56 will offer better guidance to all with these types of additions that we have recommended.

We certainly welcome this opportunity to provide our recommendations relating to effective emergency management to you, the standing committee. Our members will never forget their experience during SARS. It is our sincere hope that the hard lessons we learned will also not be forgotten as we plan for the next emergency. Thank you very much for listening to the nurses, and we hope that you've been listening, before it is too late.

The Chair: Thank you. We'll begin with Mr. Dunlop.

Mr. Dunlop: Thank you very much, and congratulations on your presentation and on Nursing Week last week.

Ms. Haslam-Stroud: Thank you.

Mr. Dunlop: A lot of us met with nurses throughout the week and—

Ms. Haslam-Stroud: Did you have fun?

Mr. Dunlop: —got quite an earful.

Ms. Haslam-Stroud: I bet you did.

Mr. Dunlop: As typical nurses do on a regular basis.

After three years, I thought the consultation had taken place so that we would get this bill right. I hope we don't pass this bill and call it an emergency management act unless we get it right. You've got a number of recommendations that you've made. Clearly, you need a number of amendments. I guess all I want to say is that we won't be supporting this bill until those recommendations are made, because I think we should get it right or not pass it at all. We've had three years since SARS. We were under the impression that massive consultation had taken place to draft the bill we see in front of us today. Clearly, that hasn't taken place, because you're here making a number of recommendations. Other than the Police Association of Ontario, everyone else has had those recommendations as well. So I thank you for that, and we'll see. I'm hoping that the government will proceed with amendments that would address the concerns you have. Thank you.

Ms. Haslam-Stroud: Thank you.

Mr. Kormos: Thanks kindly, folks, all of you. First, if you don't mind, I want to apologize to Mr. Little for suggesting that he was a lawyer. No slander intended, sir.

One of the shocking things that we heard earlier today from the police association is that the designated equipment list for them to carry in their cars—this is why I'm mentioning it to you, because this is an issue that nurses and other health workers had and continue to have, the designated equipment list. He says it's worth around 10 bucks—still isn't in every police car in Ontario. Those are things like the gloves and the masks that allow them to more safely deal with biohazardous materials etc. One of the observations made over and over again during Judge Campbell's inquiry prior to his report was around health workers and nurses accessing that material. What's the status of that?

Ms. Haslam-Stroud: We are still in dispute with the Ministry of Labour and Minister of Health in relation to the minimum requirement for respirators, or mask protection. We're having ongoing discussions daily at this point in time. It is our belief that N95 masks must be the minimum requirement because the science is not clear on how this is transferred, and you'll see that in the document there. As far as the supply issue with SARS, that was an issue in relation to supplies.

But more importantly, The real issue was when the mandates came down from the government during SARS, what ended up happening was that the mandate may have come down to the employer; however, it wasn't coming down to the front-line nurses. So there could be a two- or three-day delay in a very urgent mandate coming down. That's why we're suggesting that, as far as protective equipment goes, Mr. Kormos, we need to basically err on the side of caution, which is in our submission, and we also need to make sure that there is adequate supply available. The cost of the different modules doesn't seem to be the issue at the present time in discussions with the ministry, according to my most recent communication with the ministry—actually, yesterday, on Mother's Day. However, we have not had a firm commitment from the government at this point in time that the minimum standard that we believe is necessary for the nurses in Ontario is going to be mandated. Presently, the employers have a very weak mandate as far as the supplies that they have to have available to us.

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Mr. Kormos: What is the status of negotiations with employers around emergency management protocols and inserting them into the collective bargaining agreement itself?

Ms. Haslam-Stroud: We're in central negotiations in the hospital sector. We have not commenced homes negotiations; that will be taking place in September. The hospital collective agreement is for 45,000 registered nurses. We have broken down in bargaining, and we are going to mediation.

In the discussions to date, the employer has suggested that we basically wipe out any type of security provisions in the collective agreement so that they can have a full,

100% lead in the case of an emergency. Obviously, that is not to the best benefit of our patients and nurses or the health of our patients and nurses. We have suggested to them that we meet at a provincial level as a coordinated group. Actually, our recommendation here is talking about principles in which we can put this forward, so that when the flu hits, we will have some principles in place that we can work through down to the 550 bargaining units in the province that we represent.

The Chair: Mr. Balkissoon.

Mr. Balkissoon: Just to expand on what you were just talking about, the planning you're doing for the next pandemic, which everybody is thinking will be a flu, you're working with the Ministry of Health on that?

Ms. Haslam-Stroud: Yes. It's been a very clear struggle between the Ministry of Health and the Ministry of Labour, because both groups are involved in a number of different committees.

Mr. Balkissoon: So you're clearly working with them to improve the legislation that comes under the Ministry of Health and the Ministry of Labour in terms of there being another pandemic.

Ms. Haslam-Stroud: We've been trying to work with the ministry. At this point in time, we have not been successful.

Mr. Balkissoon: Would you agree with me that this piece of legislation is umbrella legislation to deal with all emergencies, not necessarily medical, and therefore it should not be specific to medical cases, but that the Ministry of Health and the Ministry of Labour should look at their legislation to do amendments that are specific to an emergency of that nature?

Mr. Lawrence Walter: I would agree that it's an umbrella piece of legislation for emergencies, but I think you would also agree that almost any emergency would involve health care workers. I don't think we can imagine an emergency that wouldn't involve health care workers in some way. So I don't necessarily agree that broader principles shouldn't be incorporated into this legislation. That's really what our submission is talking about: broader principles that collective agreements would apply in an emergency, that health and safety legislation would apply in an emergency, and that joint health and safety committees would apply in an emergency.

Mr. Balkissoon: Would you agree, though, that in this piece of legislation that the minister is contemplating,

because he's the Minister of Community Safety, that he is basically looking at that umbrella, and that he will rely on the other ministries dealing with you on those specific cases, because it's absolutely necessary, and that this is the overriding piece of legislation? This is why, in this legislation, if you note carefully, the medical officer of the province still has all the powers she has under normal legislation. That's why the Occupational Health and Safety Act was also not affected by this act.

Ms. Haslam-Stroud: I think it's important that the recommendations that we have put forward—there are nine in total. We believe they need to be incorporated.

I have to say that the ministries have been very positive in trying to work with us. But to be very clear, we've been banging our head against a brick wall for some time in relation to emergency measures and protective devices between the two ministries. I don't think, frankly, as we move into this pandemic, there's really enough time for us to be continually meeting with all the different ministries to get it right. I think the government wants to get it right, and that's why you have offered up these committees for us to give our presentations. I would suggest that we need these overriding principles incorporated in the bill, and then whatever ministry is involved with the liaison for whatever the emergency might be, we'd obviously be liaising with that group of people.

I believe that the principles we've put forward should be incorporated in the bill and not left to another ministry to try to interpret, because the fact of the matter is, we believe the timing of this will be such that we will end up having further deaths of our nurses if we do not have these overriding principles incorporated into the bill. Give us something to work with so we can work with the different ministries involved. Specifically, for us, obviously, it would be the ministries of labour and health.

The Chair: Thank you for your presentation.

Ms. Haslam-Stroud: Thank you, Chair, for having us.

The Chair: That concludes our meeting for today. This committee stands adjourned until 10:20 on Thursday, May 18, because the first presenters have cancelled.

The committee adjourned at 1745.

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