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# Standing Committee on Justice and Human Rights

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Chair: Ms. Lena Metlege Diab





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• (1545)

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin (Rivière-du-Nord, BQ)):** I call this meeting to order.

Good afternoon everyone.

Welcome to meeting number 80 of the House of Commons Standing Committee on Justice and Human Rights.

You're all in luck today to have a member of the Bloc Québécois chairing the meeting.

Pursuant to the House order of June 21, 2023, the committee is meeting to begin its study of Bill C-321, an act to amend the Criminal Code (assaults against health care professionals and first responders).

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022. Members participating remotely must use the Zoom application.

I have a few reminders for the benefit of the witnesses and members. Please wait until I recognize you by name before speaking. If you are participating by video conference, please click on the microphone icon to activate your mike and put yourself on mute when you are not speaking.

If you are on Zoom, you can access the interpretation by clicking the button on your screen. You have the choice of floor, English or French. For those in the room, you can use the earpiece and select the desired channel.

A reminder that all comments should be addressed through the chair. For members in the room, if you wish to speak, please raise your hand. For members on Zoom, please use the raise hand function. The clerk and I will manage the speaking order as best we can, and we appreciate your patience and understanding in this regard.

The clerk has advised me that the three members on Zoom have successfully completed the sound checks, so Mr. Garrison, Mr. Moore and Mr. Housefather. However, if there are any issues with the audio, please let me know and I will suspend the meeting so we can get them fixed.

I would now like to welcome Mr. Doherty, the member for Cariboo—Prince George and sponsor of Bill C-321. He will be with us for the first hour of our meeting.

Mr. Doherty, you will have five minutes for opening remarks, and then, we will go to the first round. Each party will have six

minutes in the first round. In the second round, the Conservatives and Liberals will have five minutes each, and the Bloc Québécois and NDP will have two and a half minutes each. After that, we will meet with another panel for the second hour.

Mr. Doherty, please go ahead.

[*English*]

**Mr. Todd Doherty (Cariboo—Prince George, CPC):** Thank you, Mr. Chair.

If I might, before my time starts, I would like to first offer our colleague, Mr. Housefather, condolences. I overheard his sound test, and if I heard him correctly, he has just come back from attending a funeral of a constituent who lost her life in the original Hamas attack on October 7. Through you, Mr. Chair, I'd like to offer my condolences to him.

I also would like to send my heartfelt condolences to the families and friends of the victims of the horrible mass shooting that took place in Lewiston, Maine, as well as the first responders—hundreds of first responders who attended and witnessed horrible events, who are out searching for the shooter. Some of them I know personally, as I was just informed prior to this testimony.

Also, Mr. Chair, through you, I would like to offer to my colleagues—I know we are starting late—that we have witnesses with lived experiences, and the reality is that we're here to hear them, not me. If any testimony is to be cut short because we are starting late, if there is any time to be cut short, I wish it to be mine, so that we give our witnesses the full hour for you to hear truly why this bill is so important.

I'll leave that with you and the committee, Mr. Chair, and with that, I'll start.

Mr. Chair and committee members, guests and fellow witnesses, I want to thank you for the invitation to speak to my private member's bill, Bill C-321.

You've probably all heard me say this before, but it bears repeating today. In my mind, real heroes don't wear capes. They wear arm patches that say "paramedic", "nurse", "firefighter", "police officer", "corrections". They're our brothers, our sisters, daughters, families, family friends and neighbours. They leave their houses each and every day knowing there is a very real possibility that they may never come home.

When others run from danger, they run towards it. They run into burning buildings, they run towards gunfire. They have our backs at our most desperate moments. They hold our hand when we take our last breath. They're on the other end of the line when we mutter our last words. They're on the front lines taking care of us, making sure that we get the help we need when we need it.

Often, their service comes at great sacrifice to themselves. They are true heroes, in every sense of the word, and they need to know that we have their backs.

How far we have fallen where it has become okay to hunt police officers or paramedics, to hurt a nurse when they're simply trying to take our blood.

Mr. Chair and colleagues, in the last year alone, we've lost 11 police officers, 11 brave men and women who were only trying to do their jobs, who were there to serve and protect us. They gave their lives in service to each of us.

The police have their own section of the Criminal Code that deals with assaults and makes it an aggravating factor for sentencing. It is the same code as for transit operators. But sadly, paramedics, nurses, firefighters, frontline health care workers, don't have the same protections. They deserve the same protections. Firefighters, first responders, do not have the right to refuse dangerous work.

Mr. Chair, there have been a number of studies that have shown an increase in the types of incidents of violence against our health care workers. The Canadian federation of nurses' discussion paper, "Enough is Enough Putting a Stop to Violence in the Health Care Sector", clearly lays out the need for legislation such as this.

The number of violence-related loss claims for frontline health care workers has increased by almost 66% over the past decade. Two-thirds of nurses report considering or wanting to leave their jobs due to the threat of violence they face each and every day.

I recently visited a hospital and had a supervisor come to my side in tears to thank me for putting this bill forward. She told me the story of a nurse in her charge who was recently thrown to the floor and kicked by a patient.

This bill was born out of the countless stories that I, and well all, have heard. Far too often, violent attacks against paramedics, nurses and firefighters go unreported. They go unpunished. How many times do these incidents go unreported? How many times does someone say to themselves, "It's not that big of a deal, it's not worth reporting, it won't matter anyway"?

● (1550)

We need to stop the complacency. We need to stop violence in the workplace. We need people to know that it's never acceptable and it's not part of their job.

Some time ago I received a message from a paramedic who was simply responding to, by all accounts, a routine 911 call. When they tried to help, they were thrown down a flight of stairs. They were viciously stomped. Their ankles were broken and their arms were broken.

There's the story about the Ottawa paramedic who was punched in the stomach so hard that it left an open wound, and also kicked in the groin when trying to lift a patient off the floor.

Julie was sexually assaulted in the back of an ambulance, and then told it wasn't worth prosecuting because the assailant would never get convicted or, if they were, it would be a slap on the wrist.

What about the Saskatoon paramedic who was punched in the face with a closed fist and suffered a concussion and was encouraged to drop the charges because his assailant was going to anger management classes?

What about Jennifer? She is a paramedic who was attacked on New Year's Eve by an intoxicated man as she tried to help him onto a stretcher outside of a bar and was then told that the Crown was dropping the charges because her injuries weren't sufficient for a conviction. What message does that send to our frontline personnel?

Alex was attempting to help an intoxicated teenage female in the back of an ambulance who then broke free from restraints and heel-kicked him in the face before punching him repeatedly.

Crystal is a nurse who was walking down a corridor when a patient being pushed in a wheelchair from the opposite direction lunged from the chair and attacked her without warning.

These are just a few of the stories that have touched my life. These stories are why this bill needs to pass.

I know that my bill is not the be-all and end-all, but it's another tool in the box and it forces the justice system to look seriously at these crimes. Simply put, Mr. Chair, Bill C-321 would act as a deterrent and save lives. The bill has brought support from many first responders.

I'm proud to say that the IAFF is here. We have members from the Peel Regional Paramedic Services. As a matter of fact, we have representation from the IAFF from Washington, DC. That's why this bill is so important.

Mr. Chair, I'll cede the floor.

I'm ready for any questions you may have.

● (1555)

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Doherty, for your presentation.

We will now begin the first round.

Mr. Van Popta will start things off with six minutes.

[English]

**Mr. Tako Van Popta (Langley—Aldergrove, CPC):** Thank you.

Mr. Doherty, it's a real honour to have you here as a witness today. It's always great to have one of our colleagues present draft legislation. Thank you for the work you're doing.

I think this is a very important piece of legislation. If passed, it will certainly send a very strong message to our health care workers that Canada's Parliament has their back, as you say.

I have a couple of specific questions.

**Mr. Todd Doherty:** All right.

**Mr. Tako Van Popta:** First of all, your bill would amend section 269 of the Criminal Code—

**Mr. Todd Doherty:** That's correct.

**Mr. Tako Van Popta:** —to require judges to take into consideration, when sentencing, a person who is convicted of assaulting a health care worker.

I notice that in your draft bill, you do not actually have a definition for “health care professional” or “first responder”. I wonder if there was a reason for that, if you wanted to keep it more general, or if you think the bill would be improved by having a clear definition.

I would say that your legislation mirrors legislation that already exists relating to offences against public transit workers, and there is a definition for “public transit workers”.

Why is there not a definition?

**Mr. Todd Doherty:** I take that comment to heart; I understand it, and I agree. I'm at the will and whim of the committee, if they so choose.

I had the same conversation with our colleague from the NDP regarding “health care professional” and “health care worker”, and I'm amenable to these changes, if they are needed.

**Mr. Tako Van Popta:** Do you have any proposed language for a definition, or is this something we should ask the experts?

**Mr. Todd Doherty:** We actually do have legislation on that.

It's interesting. When we first dealt with my other bill, Bill C-211, “first responder” actually wasn't defined in Canadian legislation. Through our work, we managed to get that defined to a certain extent.

A first responder can be police, fire, ambulance, corrections, nurse or emergency room personnel. We can get you the definitions. I'll submit to the House that we'll get you the definitions by the end of tomorrow.

**Mr. Tako Van Popta:** Good. Thank you very much. That would be helpful.

I also notice that your draft legislation covers assault, death and bodily harm, assault with a weapon and aggravated assault, but it does not include sexual assault. Was that also an oversight, or is there a specific reason for that?

**Mr. Todd Doherty:** That's a great question. Again, I think we'll leave it to the experts. If the committee so chooses—we definitely heard from first responders, especially paramedics or nurses, that there is that as well—then absolutely.

**Mr. Tako Van Popta:** Good.

Now, you've said that your bill, if it becomes law, will definitely make a difference in protecting health care workers and in perhaps even preventing death. Do you have statistics that we could look at?

**Mr. Todd Doherty:** We do. We'll send those to you.

**Mr. Tako Van Popta:** Yes, please send that. Is it Canadian data?

**Mr. Todd Doherty:** It's Canadian data. The Canadian Nurses Association as well as the B.C. nurses association have submitted documents to us on that—reports on that.

**Mr. Tako Van Popta:** Good. Thank you.

I have just one more question. I'll go back to existing Criminal Code section 269.01, which is similar to your proposed legislation but refers to transit workers. That has been with us for some time. Do you know if that has actually made a difference in sentencing when the assault was against a transit worker? What positive effect might we expect from your draft bill when it comes to sentencing?

**Mr. Todd Doherty:** That's a good question. I guess what you're simply asking is, what's the result if we do nothing?

I think rather than asking me that question, you should ask the other witnesses who are here. Whether it's the IAFF, the B.C. nurses association, the Canadian Nurses Association, the police chiefs of Canada or our frontline forces, they have all come on board and said that this bill is needed to send a clear message that as legislators we value the service and the sacrifice of our frontline personnel, and we will not tolerate any acts of violence against them.

• (1600)

**Mr. Tako Van Popta:** Good. Thank you very much.

I believe I'm out of time.

[Translation]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** You have a minute and 15 seconds left, but you can yield the floor, if you wish. That's fine.

[English]

**Mr. Tako Van Popta:** I have just one quick question, then.

Going back to statistics and data, has there been a negative trend in the last couple of years, and to what would you attribute that? Might the pandemic have something to do with it, or the opioid overdose crisis? Are these factors?

**Mr. Todd Doherty:** I think with the prevalence of social media, these reports are becoming more and more noticeable. We're seeing it more often. Obviously, we're just coming out of a pandemic, where people were locked up and where people were frustrated and angry. There just seems to be....

I don't know what it is, honestly. I'm at a loss for words. As I said in my opening remarks, when did it all of a sudden become okay to strike a nurse who was trying to take your blood? When did it become okay to hunt and target paramedics, or the firefighters who are simply trying to fight a fire?

To your question, it sure seems that in the last two to three years there has been an increase in this. When you talk to our witnesses who are here, I think you'll hear the same.

[Translation]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Van Popta.

Mrs. Brière, you may go ahead for six minutes.

**Mrs. Élisabeth Brière (Sherbrooke, Lib.):** Thank you, Mr. Chair.

Thank you, Mr. Doherty, for being here today to discuss the bill.

We worked together when I was the Parliamentary Secretary to the Minister of Mental Health and Addictions, so I understand how sensitive you are to this issue.

The preamble to the bill says that assaults on health care professionals and first responders have both a physical and a psychological impact.

Do you have any data on that impact? Are health care professionals and first responders assaulted at higher rates than workers in other fields?

[English]

**Mr. Todd Doherty:** The data we have on the rates of violence against nurses or health care workers show that it's 66% higher than with their counterparts in frontline services. That's 66% higher.

I'll bring our committee back to another area that our bill was born out of. That was the study done by the Standing Committee on Health in June of 2019 entitled "Violence Facing Health Care Workers in Canada". I can submit it to the committee as well. Their third recommendation is exactly what our bill is prescribing. So they studied this as well.

[Translation]

**Mrs. Élisabeth Brière:** Thank you.

As you are no doubt aware, subparagraph 718.2(a)(iii.2) of the Criminal Code stipulates that "evidence that the offence was committed against a person who, in the performance of their duties and functions, was providing health services..." is considered an aggravating or mitigating circumstance.

What does your bill add to the provision, since it already refers to people who provide health services?

[English]

**Mr. Todd Doherty:** Our bill complements that very clearly. I believe that's from Bill C-3. Our bill, and Bill C-3 and Bill C-345—I believe by our colleague in the NDP—are all bills that complement each other. There isn't just one tool in the tool box that legislators or our legal society need.

Our bill doesn't.... The victim is not doing a job at that time, but the bill recognizes that the act of violence is against a nurse or a paramedic. What if they're off duty? What if they are still wearing their uniform and are coming from work, travelling on transit or going to their car? Can it be said that they are performing their duties at that time? We have witnesses right now who are wearing their uniforms. What if they're walking down the street and there's an act of violence perpetuated against them?

The fact of the matter is that Bill C-321 covers the fact that that victim is either a health care worker or a frontline first responder and that they are protected. It sends a clear message.

• (1605)

[Translation]

**Mrs. Élisabeth Brière:** Precisely so the bill can capture as many people as possible, would you support an amendment to replace the terms "health care professionals" and "first responders" with "persons who provide health services"?

[English]

**Mr. Todd Doherty:** Again, I think that's a good question. That's something for this committee to decide, and we will go from there.

As with any piece of legislation, the devil is in the details. Do we let perfection get in the way of good work and other pieces of legislation that we've seen? Do we make the list so onerous that it can't be applied, that it weakens it? I think that is for the sage and wise direction of our group right here as we move forward and study the bill.

[Translation]

**Mrs. Élisabeth Brière:** Bill C-321 would add new section 269.02 to the Criminal Code. Section 269.01 refers to public transit operators, and subsection 269.01(2) lists the applicable definitions. Do you think Bill C-321 should include definitions as well?

[English]

**Mr. Todd Doherty:** I think that adding the definitions.... When I had my conversation with Mr. Davies, I was very clear that it was an error on our part in our rush to get that done and tabled. I think it would only strengthen it.

[Translation]

**Mrs. Élisabeth Brière:** Thank you.

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mrs. Brière.

I'm giving myself permission to jump in here for a moment.

Mr. Doherty, I think this is a good bill. I think the intent behind it is excellent, and most—if not all—the members would agree with you. As you, yourself, said, though, the devil is in the details. That's why it's important to really consider them.

The definitions thing bothers me a bit. If I understood correctly what you said in response to Mr. Van Popta's questions, you're going to send us your proposed definitions by the end of tomorrow.

Do I have that right? Did I understand correctly?

[English]

**Mr. Todd Doherty:** Absolutely, I can do that.

[Translation]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** All right.

Mrs. Brière asked you whether it was appropriate to replace “health care professionals” with “persons who provide health services” in the bill, to give the provision broader application. That made me wonder just how broad it could get. For instance, is a massage therapist a health worker? Do we want to protect massage therapists? Obviously, I'm not opposed to the idea, but we can't forget that this is about adding an aggravating circumstance to the Criminal Code based on the person's occupation. We have to think about that.

That brings me to a question about a little word on the third line of proposed section 269.02, which stipulates that “a court... shall consider as an aggravating circumstance...”. In some cases, it's clear, to be sure. For example, a situation where a doctor is attacked because they are providing care to someone else leaves no room for doubt. It's an aggravating circumstance, and no one will challenge that. However, some situations are trickier because they fall in a grey area. Let's say a patient in the throes of pain utters threats against the doctor who is treating them, saying they're going to cut the doctor's hands off if the doctor keeps touching them or what have you.

In those types of situations, don't you think the court should have the discretion to make distinctions based on the context, and determine that, in this case, there was no actual threat? Does the obligation to consider the fact that the victim was a health care professional as an aggravating circumstance excessively limit the court's discretion? Wouldn't it be better if the provision said that the court “may” consider the fact an aggravating circumstance?

• (1610)

[English]

**Mr. Todd Doherty:** Mr. Chair, we've had interesting conversations about this. You always bring us food for thought.

Look, I'm not a legal expert and I'm not here to try to say that I am. I will leave it to the committee to decide that. What I'm telling you today is that we have people who don their uniform each and every day. I think common sense has to come into play here. We have people who don their uniform each and every day just to serve you, your family and my family. In the course of doing so, there are violent acts that are being taken against them. They've been hunted, they've been shot and they've been stabbed. Why does a paramedic have to wear a bulletproof vest at this point?

It's a good question, but do we run the risk of making this bill so watered down or so.... Again, I'm not combative. I'm just saying that I guess the question is, when does common sense come into play? Again, I'll leave it to the committee to make those deliberations.

[Translation]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Doherty.

I have a minute and 45 seconds left.

Do I take it, then, that you would be comfortable with the idea of making such a change? You mentioned common sense. Do you think we should leave it to the courts to figure out what's what and to use common sense in applying the provision? If the court had some latitude, the judge could decide whether there was an aggravating circumstance or not. In my scenario, it's important to put things into context.

Would you say the common sense solution is to give the courts that discretion?

[English]

**Mr. Todd Doherty:** With all due respect, Mr. Chair, I'm seeing the common sense in terms of a charge or somebody who's reporting this. I would say that for a doctor attending a patient who is clearly under duress and says, “I'm going to cut your hands off”, I don't think that doctor is going to say, “I felt threatened by that.” I think there's common sense that would come into play and that doctor would probably be the first to say that, clearly, that patient was under duress and did not understand what they were saying or doing at that time.

[Translation]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Doherty.

We now go to Mr. Garrison for six minutes.

[English]

**Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP):** Thank you very much, Mr. Chair.

I want to join others on the committee in thanking Mr. Doherty for bringing this bill forward and drawing attention to what's become a serious problem in our society, and that is the attacks on health care providers and first responders.

I want to go back to something you touched on briefly in your introduction, and that's the question of why we are seeing this increase, this spike in violence. Some have pointed to the effects of the pandemic and some members of the public disagreeing with public health decisions. Others have talked about things like the opioid crisis, with those under the influence of drugs being much more likely to be violent in their response to those attempting to help them. If we think a little bit more about causes, we may be able to think of other ways in which we could help find preventative measures to stop these kinds of attacks.

I wonder whether you could say a little bit more, Mr. Doherty, about why you think this is occurring.

**Mr. Todd Doherty:** Thank you, Mr. Garrison. It's good to see you.

I wish I knew. I wish I had a crystal ball. I wish I had the answers.

My daughter is a psychiatric nurse—and I'm going to get emotional doing this. You guys all know me to be a big baby. She was involved in a bad car accident two days ago. She's a mobile care nurse, and so she goes to where her patients are. This patient was in a tent city on the side of a highway. Once she finished administering treatment, she had to cross the highway to get back to her office. She was broadsided by a semi-truck.

I was never concerned or worried about my daughter going to and from work. I was concerned about my daughter at work when she told me she was going to become a psychiatric nurse. I was concerned when she would show up...and she's just a tiny person. She definitely didn't get my genetics. She is good looking though. That is the very real thing that we live with now each and every day, and not just our family but every family.

He knows. He has the kleenex box. Thanks.

But that's the reality of the families who have loved ones who are first responders or nurses or health care providers.

Mr. Garrison, to answer your question, I don't know what has caused the rising rates of violence in society as a whole. I have so much colourful language that I'd like to use. We've just gone bonkers. It used to be you would see somebody with a uniform and you thanked them for their service. How do these...? I don't even know. I'm asking our committee.

Why would anybody want to do that? These are honourable professions, but why would you want to put yourself in the line of fire, so to speak, each and every day? But they do. They sign up so they can help and heal and make sure our communities are safe and secure. Instead they worry about their life each and every day. They worry about whether they will be able to come home safe and sound or at all.

I wish we didn't need Bill C-321 or Bill C-3 or Bill C-345, but the reality is we do. The reality is we need to send a strong message to society that we value the work these individuals and the nurses and the doctors and the people who are on the front lines put in each and every day. Violence is never okay.

I probably ate all your time. I'm sorry.

● (1615)

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** You still have 30 seconds, Mr. Garrison.

[*English*]

**Mr. Randall Garrison:** Thank you for bringing your personal experiences to bear.

I think what you're highlighting here highlights another problem we have in health professions and first responders, and that's reten-

tion of people in these professions, people who have been trained, who have experience, who are central to providing public safety and public health, who are quite often leaving their profession because of this problem with violence. I think one of the things you've done by introducing the bill is to help bring public attention to this. I think that public attention is going to be an important part of helping to solve this problem.

I know I'm just about out of time. I'll end on that note here.

Thank you, Mr. Doherty.

**Mr. Todd Doherty:** I appreciate it, Mr. Garrison.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Garrison.

Go ahead, Mr. Caputo. You have five minutes.

[*English*]

**Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC):** Thank you, Mr. Chair.

I also want to thank Mr. Doherty for being such an advocate in this area. I think we've all come to appreciate his strong work when it comes to health, mental health and his ardent advocacy for our first responders.

I want to pick up on a theme Mr. Doherty himself put out there a few minutes ago. That was actually a question I was going to ask.

He said, "When did it become okay to assault a nurse?" I was wondering the same thing. One thing I've noticed is this: It used to be, for instance, that if somebody assaulted a police officer, it was considered a horrible offence and jail time was presumed. It wasn't about whether you went to jail; it was how long for—often up to six months for a simple assault on a police officer. What I've noticed, and I'll ask for Mr. Doherty's opinion on this.... I'm thinking back to one case where a police officer was literally kicked in the face. You could see the boot print on his face. The result was a conditional discharge, which meant the person had no criminal record. That's where I think we've seen things go. We've seen it go that far when it comes to police, but also to other people in uniform.

Can you comment on the disrespect for the uniform itself?

● (1620)

**Mr. Todd Doherty:** I wish our colleagues around the room could sit in the meetings I have with first responders, paramedics, ambulance, police, fire or nurses. It's very heartbreaking. I get emotional with this, because I feel the weight of the world. We're carrying their hopes that we will do something.



To your point, Mr. Caputo, how many of these incidents go unreported, because they know nothing will happen? Their supervisors will tell them, “Don't bother. It's not worth the paperwork, because nothing's going to happen.” A paramedic was assaulted in the back of an ambulance. She reported it. That person was taken to the police station and was out within hours and back in that paramedic's ambulance the very next day to traumatize this person. I simply can't imagine going to work.

Think of us and the job we do. If we put on our suits, clothes and shoes each and every day knowing we were going to face violence.... We're seeing some of that, but can you imagine, when all you want to do is heal somebody and make our communities safe? It's shocking. It speaks to how we have fallen as a society and, to your point, how we have this revolving door. People can commit some of the most heinous crimes and, within hours or days, be back out on the street doing the same thing.

It's bad.

**Mr. Frank Caputo:** Thank you, Mr. Doherty.

I know we're getting close to the 4:30 cut-off time.

My proposal, Mr. Chair, is this: If Mr. Doherty is amenable, I could ask him another brief question. I'm also happy to end now so we can get the other panel on. Perhaps, if the committee's okay, he could still be present in the event somebody else has a question for him. He could be available ad hoc.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Caputo. That's a good idea.

That brings us to the last round. Go ahead, Mr. Maloney. You have five minutes.

[*English*]

**Mr. James Maloney (Etobicoke—Lakeshore, Lib.):** Mr. Caputo took the words out of my mouth.

I want to get to the first responders—and I appreciate that offer, Mr. Doherty. I've been working with you for eight years and always admire the level of passion you bring to our job, but, more importantly—and reflected today—the amount of compassion you bring to this job.

This bill is another example of that, so thank you.

**Mr. Todd Doherty:** I appreciate that.

**Mr. James Maloney:** I agree with you wholeheartedly. We have to not only make people like your daughter want to do this job, but we also need to make people like your daughter understand that we have their backs and we're there for them.

We talked about first responders during the pandemic. Everybody, rightfully, was thanking first responders. You can never thank them enough.

I had a paramedic come to my office one day, and she didn't come out and say it, but she sort of suggested that paramedics were always left off that list. It left a very, very powerful impression on me.

That is my way of saying thank you again for doing this. But I want to get on to the second panel. I know we have some paramedics here, so I will stop there.

You made it very clear that you're willing to accept amendments. There's a consensus around this table. It's readily apparent that we support the bill. We just want to avoid any overlap potential with Bill C-3. I think you've already agreed, as Ms. Brière pointed out, to the amendment that would mirror the language with respect to health care professionals and those providing health care services so that could be accomplished.

You're right. You want to capture everybody, not only people who are on the job, but people who might not be on the job or are providing these types of services in another capacity or at another time.

I will leave it there, so we can move on. I thank you, Mr. Doherty, from the bottom of my heart.

● (1625)

**Mr. Todd Doherty:** I appreciate it. Thank you, Mr. Maloney.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Doherty, for being with us today.

We're going to take you up on your offer to make yourself available as needed.

Now, we will break for five minutes to bring in our witnesses for the second hour.

Once again, thank you, Mr. Doherty.

● (1625)

(Pause)

● (1630)

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** We are back.

Good afternoon everyone.

There are issues with Ms. Donnelly's connection, so the technicians are working with her to get the problem resolved.

In the meantime, since we're running a bit late—it's already 4:35—and we're supposed to end at 5:30, I suggest we start with Mr. Mausz. If we get Ms. Donnelly's connection sorted out, she can give her opening statement after Mr. Mausz.

Everyone seems to be okay with that.

Welcome, Mr. Mausz.

Justin Mausz is an advanced care paramedic and scientist at Peel Regional Paramedic Services.

Assuming her connection issues are fixed, we will then hear from Elizabeth Donnelly, an associate professor, and she will be appearing as an individual.

Also with us is Paul Hills, president of the Saskatoon Paramedics Association. He is here on behalf of the International Association of Fire Fighters.

Welcome to all of you.

You will each have five minutes for your opening statements.

You have five minutes, Mr. Mausz. Please go ahead.

• (1635)

**Dr. Justin Mausz (Advanced Care Paramedic & Scientist, Peel Regional Paramedic Services):** Thank you very much, Mr. Chair.

[*English*]

Thank you to the committee for this invitation. It is very important, and I am grateful for the opportunity to speak on this issue.

I am an advanced care paramedic with the Region of Peel. I'm also a clinician-scientist, having finished a Ph.D. a little over a year ago. I'm a faculty member in the department of family and community medicine at the University of Toronto. After working clinically as a paramedic for nearly 18 years, I've transitioned primarily into a role now that focuses on applied health research on health and well-being issues that are affecting my colleagues in the paramedic services.

I would say to you that paramedics provide vital care to Canadians. We are an important part of our country's health care and public safety infrastructure. My colleagues provide care from the moment of birth right through to the moment of death. Canadians are coming to rely more and more on paramedics in Canada as we fill gaps in primary health and social care.

However, despite the importance of the services that we provide, in the years leading up to the COVID-19 pandemic, paramedics have been found to have some of the highest rates of work-related mental illness among public safety personnel in Canada. This includes post-traumatic stress disorder, depression, anxiety, disturbed sleep, chronic pain, and alarmingly high rates of suicidality.

We know from research that situations that involve threats to physical safety, such as violence, increase the risk of adverse mental health outcomes, including post-traumatic stress disorder. In the wake of the COVID-19 pandemic, we are seeing that reports of violent attacks on health care professionals and public safety personnel, including paramedics, are growing at an alarming rate.

Unfortunately, most of the incidents are never formally reported or tracked. This means that only the most serious incidents tend to capture attention, and the vast majority go unreported. This makes the true scope of the problem hard to measure and hard to grasp.

My colleagues in Peel Region have been researching this topic extensively. In an earlier study of our personnel in Peel Region, one in four of our active-duty paramedics was found to have significant symptoms of either post-traumatic stress disorder, major depressive disorder, or generalized anxiety disorder as recently as February 2020 when we stopped collecting data just before the pandemic.

In a series of studies that we have done internally in Peel Region, we found that despite a majority of our personnel experiencing

some form of violence, less than 40% formally reported or documented the incidents to their supervisors.

In partnership with community and industry experts, we've developed a novel reporting process to track this problem. Whenever our paramedics complete their paperwork after being dispatched from a 911 call, they are prompted to complete a new violence report if they experience violence during the interaction. Over a two-year study period, we found that nearly 50% of our active-duty paramedics filed a violence report. Forty per cent of those reports documented a physical or a sexual assault. Twenty-five per cent of the reports that we saw documented some form of verbal abuse on either gender, sexual orientation, race, or ethnicity, and those incidents were associated with an increased risk of emotional and psychological distress. Eighty-one of our paramedics were physically harmed during this two-year period, and that corresponds to 10% of our active-duty workforce.

Expressed as rates, these findings suggest that one of our paramedics was experiencing violence every 18 hours, was physically or sexually assaulted every 46 hours, and was physically harmed as a result of a violent attack every nine days.

In closing, I would suggest that this degree of violence creates the potential for significant physical and psychological harm, and as Canadians come to rely on paramedic care more and more, this creates a significant vulnerability from our health human-resources perspective. In order for Canadians to be able to depend on paramedics to provide skilled, compassionate and high-quality care, paramedics must be protected from acts of violence.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Mausz.

We're going to suspend momentarily to test Ms. Donnelly's audio one last time. If everything is working, we will hear from her right away.

Thank you.

• (1635)

(Pause)

• (1640)

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** We'll have to come back to Ms. Donnelly later, once everything is sorted out.

To keep things moving along, we will go right to Mr. Hills' opening remarks. He is the president of the Saskatoon Paramedics Association, and he is representing the International Association of Fire Fighters.

Go ahead, Mr. Hills. You have five minutes.

[*English*]

**Mr. Paul Hills (President of the Saskatoon Paramedics Association, International Association of Fire Fighters):** Thank you, Mr. Chair.

Thank you, committee, and fellow witnesses. I appreciate the opportunity to be here today to discuss Bill C-321. As stated before, I am Paul Hills, president of the Saskatoon Paramedics Association. I represent IAFF Local 3270.

On behalf of over 27,000 paramedics and firefighters across Canada who belong to the IAFF, we strongly support Bill C-321. I personally have been coming to the Hill and advocating on this issue for over a decade. I've been a medic for over 25 years and a strong advocate for my profession for over 18. I serve one of the busiest cities per capita in Canada for EMS. I'm here personally because I have been a victim of violence and witnessed external acts of violence in the workplace.

I'll give you just a quick snapshot of what a shift look like for a paramedic. We normally start our 12-hour shift with a team briefing. We check our trucks and then it's go, go, go. We rarely have any breaks. That means no breakfast, no lunch and no supper as compared with the average worker, not to mention all while experiencing some of the most horrific and heart-wrenching situations that exist in society—incidents involving children being stabbed by their parents, or families tragically dying in motor vehicle collisions.

The IAFF supports this bill because we believe that this legislation and the tougher penalties it proposes will build a strong foundation to address the growing trend of violence towards first responders and health care workers across Canada. The Criminal Code rightly addresses acts of violence against peace officers. This is now an opportunity to address acts of violence against paramedics and firefighters, almost a daily occurrence.

As a paramedic, I've seen many new pieces of safety equipment added to our ensemble over the years. The one piece of equipment coming out of school that I never thought I would be issued is that of a bulletproof vest. We've been wearing them in Saskatoon for over 15 years. This is not a piece of equipment that I as a paramedic should be issued. Last I checked, it's for military and police officers, not frontline health care workers.

An IAFF survey has shown that 13% of departments experienced at least one act of violence toward on-duty personnel at structure fires in the past five years, while 40% reported acts of violence toward personnel during medical calls in that same time period. I know first-hand that violence and threats against us are on the rise. There is no shortage of examples.

Personally, I've had my life and those of my family threatened by gang members. I've had machetes and knives pulled on me. I've removed guns from patients while attending to their medical needs. My best friend was in a house and had a patient with a nine-millimetre beside him in the chair. He had to choose: Possibly get shot in the face and have a chance to fight back, or run away and get shot in the back. Luckily, things turned out safely.

In Toronto just two weeks ago, a firefighter attempting to put out a fire in an encampment was attacked with a six-foot piece of PVC piping and hit in the face for no reason whatsoever.

In British Columbia, interactions with overdose patients have become violent or aggressive once we've rendered medical care to save their lives.

In Winnipeg, a firefighter got stabbed in the back while attending to a patient on a sidewalk.

I could spend the rest of the hour sharing real-life events—my partner here could as well—of violent acts or near misses, but the takeaway is that it's real. It's happening right now.

We must acknowledge that the consequences of violent calls aren't just physical injuries. There may be long-lasting mental health injuries. In Montreal, for example, a Local 125 member was chased by a man with a large knife. He had to barricade himself in a room. Although he was not physically injured, he was never able to return to work after 10 years of disability.

The IAFF understands and supports the overarching need to address root causes behind violent acts towards paramedics, firefighters and health care workers. These may stem from societal issues, such as economic inequality, addictions and mental health. In the meantime, we agree that there is a role for the federal government to play in protecting paramedics and firefighters and health care workers from the real threat of workplace violence in the form of tougher Criminal Code penalties.

To me, it isn't just about accountability for those who perpetrate violence against us or other health care workers. To me, it's about closure for the victim. The closure comes from a recognition of decision-makers that we deserve better by caring for those who care for all of us in our time of need. We need to use all the tools in the tool box, as we've discussed, whether it be Bill C-3, Bill C-321 or Bill C-324, to help deter the violence and help the helpers.

Bill C-321 will definitely help in this mission. We urge the committee members to support this bill going forward, with any amendments that are necessary.

Thank you for this opportunity. I look forward to answering any questions.

• (1645)

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** You still have 30 seconds.

**Mr. Paul Hills:** I can ad lib.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Very good. Thank you.

As I understand it, there's still an issue with Ms. Donnelly's connection.

We can try one last time.

[*English*]

**The Clerk of the Committee (Ms. Sophia Nickel):** Hello, Ms. Donnelly. If you can, give us just one more sentence.

**Dr. Elizabeth Donnelly (Associate Professor, School of Social Work, University of Windsor, As an Individual):** For sure. Hopefully it works this time.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Please ask her to speak a little longer.

[*English*]

**Dr. Elizabeth Donnelly:** I would really love the opportunity to address this committee. I am deeply distressed at the possibility that I may not be able to share. I submitted comments, but I would love to tell you more, if we can make it happen.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Sorry, Ms. Donnelly, but it's no better for the interpreters. We can hear you, but the audio quality isn't good enough for the interpreters to do their job. We have to make sure that the audio is acceptable for them so they can interpret your remarks.

Unfortunately, we won't be able to hear from you, but we would appreciate it if you could send us your notes, if you wouldn't mind. Ideally, we would like to have them by the end of the day tomorrow, so the committee members can review and consider them.

Thank you.

We will now start the first round.

Mr. Garrison has a point of order.

[*English*]

**Mr. Randall Garrison:** Thank you, Mr. Chair.

We have repeatedly had this problem, and it would be an extreme coincidence if it is always the fault of the person presenting. I had this problem in our last meeting, when I was appearing virtually.

It is clear, when you're appearing virtually, that others who are appearing virtually can hear the person just fine and the sound quality is just fine.

I want to assure Ms. Donnelly that it's nothing she's doing; we have some problem in the programming or in the interface, either between those online and those in the room, or between the room and the interpretation booths.

I have raised this repeatedly over the last year, and we continue to call people who are testifying and say, "Move closer to your router. Move your microphone." That's clearly not the problem. We need to get to the root of this problem so that this does not continue to happen.

I would ask that we ask the technical staff to look into this problem, rather than assume in each case that, by complete chance, every one of the witnesses or the people appearing virtually are doing

something wrong. There's clearly something wrong with the system.

Thank you, Mr. Chair.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Garrison.

Go ahead, Mr. Caputo.

[*English*]

**Mr. Frank Caputo:** Following up on Mr. Garrison's point of order, Professor Donnelly is coming through very clearly to us. That is why I am puzzled. We hear her fine. Are the interpreters getting a different feed? She's coming through as clear as day to us here.

Is everybody else hearing her clearly? I am, so I am puzzled as to why we're not hearing her evidence—especially when she's somebody who has taken the time. It is really tragic.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Caputo. I agree with you. I, too, could hear Ms. Donnelly clearly.

As you know, only the interpreters can determine whether the audio quality is acceptable, not you or I. We have to trust what they say, since they are the ones who have to work from the audio.

Mr. Garrison rightly pointed out that Ms. Donnelly did nothing wrong. The problem isn't on her end. The problem is with the transmission of the sound from her mike to the interpreters booth.

We apologize, Ms. Donnelly. Again, if you can send us your notes, we will make sure the committee takes them into account.

Mr. Moore had something to say.

Go ahead, Mr. Moore.

• (1650)

[*English*]

**Hon. Rob Moore (Fundy Royal, CPC):** Thank you, Mr. Chair.

My point has just been made by Mr. Garrison and Mr. Caputo. The witnesses, from what I could hear, couldn't be more clear. It's just as clear as what I'm hearing from you and just as clear as what I'm hearing from Mr. Garrison. It really is quite unacceptable that we can't hear from these witnesses. This has happened a number of times.

It's perfectly clear on my end as well, and I look forward to reading your presentation, Ms. Donnelly, if it's unable to work today.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Moore.

Does anyone else want to comment?

Mr. Garrison, do you still have your hand up from earlier, or do you have something else to say?

[*English*]

**Mr. Randall Garrison:** No, Mr. Chair, but I do have something to say that this point.

I want to say again that no one around the table is suggesting that we do harm to the interpreters. Everyone understands that the problem is also not with the interpreters. The problem is a technical problem that we've failed to solve here somehow.

I participated using the very same equipment from the very same spot yesterday in the House of Commons as a whole and in my caucus meetings without any problem. The only problem was when I tried to do so in this room, so today I came to the constituency office to do so. I am not asking in my request that we do any harm to the interpreters, just to be clear, or that we ignore the concerns about the health and safety of interpreters. My problem is that we have not addressed this technical problem, which has occurred multiple times.

[*Translation*]

**The Vice-Chair (Mr. Rhéal Éloi Fortin):** Thank you, Mr. Garrison.

Are there any other comments? Can we start the first round?

We will go to Mr. Caputo for six minutes.

[*English*]

**Mr. Frank Caputo:** Thank you very much, Mr. Chair.

I've already thanked our professor who is online. I thanked her for her time.

I thank you, Dr. Mausz.

Thank you, Mr. Hills. I'm a U of S grad, and it's good to see you here.

When we were talking—Mr. Hills and Dr. Mausz, you can feel free to jump in on this—I asked Mr. Doherty a question about the deterioration of respect when it comes to people in uniform. He touched on it. I believe you were here for his testimony. I understood that you wanted to weigh in.

The time is now if you want to weigh in on that issue.

**Mr. Paul Hills:** I appreciate that. Thanks very much.

I think it's pretty simple from what I've been seeing in my career even prior to COVID and during COVID and afterwards. Society as a whole has lost a piece of kindness. We stopped being kind to each other.

When I walk into someone's home, even just everyday Joe Blow's, there's a level of understanding and a lack of respect for the work we do. Sometimes we're just treated poorly. They're blaming the system on us rather than understanding what we're bringing to the table and being there to help them, being there to care for them, and it can be taken to the extreme.

Gang members and other people never used to really strike out at us, but now, with the amount of verbal abuse, the amount of threats

and people banging on our ambulances, there's just a lack of respect and kindness, really, for people helping anyone. It's even in the hospital system, as well, people are screaming at nurses when they walk into the triage area. People are screaming at doctors.

We've allowed it to be okay to harm each other rather than just respecting and being kind to each other. That's all I really wanted to touch on. I don't know how to fix it. Calling a spade a spade, we're just not as nice to each other as we actually could be.

**Mr. Frank Caputo:** Dr. Mausz, do you have anything to add? I could move on to the next question.

**Dr. Justin Mausz:** We could all benefit from a little more kindness. I would say that when my team reviews the violence reports, the things that my colleagues are describing—using quotes—"shock" the mind. It's utterly reprehensible in many cases, and it troubles me deeply.

**Mr. Frank Caputo:** That's where my next question goes. I apologize if this is a bit of a technical question, but it's something that's really lingering. It's this idea of reporting and charging.

My question is this: From your perspective, is the issue one where people who are subjected to threats in your industry just say they've been told it comes with the territory or that nothing is going to happen, so they don't report it? Or is it reported and nothing happens?

• (1655)

**Dr. Justin Mausz:** I think it's a combination of a few different things. I'm sure my colleague would echo the sentiments.

When we've talked to people who work as paramedics in the region of Peel and have asked them exactly this question, they've told us a few things.

First, the violence they are experiencing is so widespread that it fades into the background as another chronic stressor, particularly when we're talking about abusive comments. They tell me that for the people who are perpetrating these acts of verbal abuse, very often there are no consequences. It becomes perceived as being unpreventable.

If we take this series of things—widespread and chronic, without consequence, being perceived as unpreventable—to its logical conclusion, this expectancy for people to be able to just brush it off and move on from acts of violence as is necessary to function in the work just becomes part of the job. That's what we see empirically. I'm sure my colleague would echo some of these sentiments.

**Mr. Paul Hills:** Definitely.

In my lived experience, I've been called some of the nastiest things. I've been pushed. I've been shoved. But there's a big difference between me at six feet three, 250 pounds, versus another paramedic whose first day on the job.... My niece just started in the profession. Her experiencing that today versus me is a lot different. I'm sort of like the frog in boiling water. Over 25 years, you create a thicker skin.

In terms of longevity, she might not last in this career because she's facing these horrific statements and acts of violence at a much higher rate now.

You just get used to it. Me getting pushed is a lot different, again, than somebody else getting pushed. My tolerance level is there, based on experience and based on physical presence, but that doesn't make it okay. As you pointed out, it's a tolerance. Unfortunately, that's just something that we're all starting to wear, and it's starting to wear very thin.

**Mr. Frank Caputo:** I understand that.

Even beyond the pushing—I mean, it's similar for correctional officers. They are verbally abused and the attitude is, “Well, what are you going to do—put me in jail?” That's not going to happen, right?

When it crosses the line into an assault or a threat—both of which are clear criminal offences—to me, it seems as though the way to address this, at least in part, is to take action. If you don't have action, there will be no consequences and it just perpetuates... It perpetuates from the person committing the act, but it also perpetuates in the mind of the person who is the victim, as in, “This just goes without saying.”

Can I get your comments on that, please?

**Mr. Paul Hills:** If I may, I think we have no faith in the system. To be respectful to the chair, when she was talking about whether we trust the courts to do this, the courts right now have an opportunity to charge people that punch me or kick me in the face, stab me. They don't.

This adds a level of protection and a level of reasonability and puts something in law that says a first responder, paramedic, firefighter, will get their fair protection in the courts. Right now, they can be charged and they're just not charged. The prosecutors drop it. The police drop it. It's not taken seriously. We need something more than what exists.

**Mr. Frank Caputo:** I know we have 10 seconds. I encourage—

No, actually, I have none.

Thank you.

[*Translation*]

**The Chair (Ms. Lena Metlege Diab (Halifax West, Lib.)):** Thank you, Mr. Caputo.

Go ahead, Mr. Mendicino.

[*English*]

**Hon. Marco Mendicino (Eglinton—Lawrence, Lib.):** Thank you to our witnesses, Mr. Mausz and Mr. Hills, and especially to Professor Donnelly.

Professor Donnelly, I hope you can hear me. I just want to acknowledge that you come from the great town of Windsor. It's where my wife's family is from. We'll find a way to make sure that your comments are fully reflected in our deliberations, and thank you for bearing with all of the technological deficiencies today.

I want to thank Mr. Doherty, as well, for advancing this private member's bill.

Mr. Hills, you said that this has been the subject of your advocacy now for about a decade. I believe there is a fairly strong consen-

sus that making some of the modifications to the Criminal Code along the lines that have been proposed in this legislation would be another mechanism or another tool by which, one, we deter people from threatening or trying to do harm to people who work in your professions by specifically enumerating them, but, two—and this is a point that I thought Mr. Doherty made—by extension, showing that we value the work that you do.

I want to briefly dig into the scope of the challenge that we face. The trend lines are all very worrying. In the United States, the Centers for Disease Control and Prevention estimated recently that there are approximately 2,000 emergency medical services personnel injured every year in violence-related incidents. That's in their country.

Here in Canada, in 2019, the Canadian Nurses Association noted—and these are their words—“one-third of nurses worldwide [reported] being victims of physical assault”.

That is consistent, Mr. Mausz, with the statistics that you provided. We were talking about a range of about one in four paramedics being encountered with some kind of threat of or actual violence.

What I'd like to ask is, on the issue of reporting or under-reporting, you said that approximately 40% of people who have been either threatened or are the victim of an assault do not report it. That is significant. It's high.

What are some of the ways in which we can reduce the barriers so that the people in your profession feel they can step up, report the incident, be treated with dignity, be treated in a way that is trauma-informed—which is part of the line of the work that you do, co-incidentally—so that we can shine a greater light on this problem?

● (1700)

**Dr. Justin Mausz:** It is an incredibly important question and I'm grateful you brought it up.

If you'll permit me, I would say that the figure you referred to earlier was one in four. One in four of our members in the Peel Region Paramedic Services had symptoms of PTSD, depression or anxiety just before the pandemic.

In regard to violence, it's one in two. Over a two-year study period, one in two of our members reported exposure to violence. In our earlier study, fewer than 40% of paramedics who had experienced some form of violence took any action to document it. With the changes we made in our service by introducing a new reporting system that eliminates many administrative barriers, and with the efforts of my colleagues—some of whom are here today, many of whom are not.... By changing the culture within our organization, I am pleased to say that willingness to report has more than doubled.

We've revisited this topic and, because of the changes we have been able to implement, paramedics are much more willing to come forward to report.

**Hon. Marco Mendicino:** Mr. Mausz, can you give me two quick examples of how you've reduced those barriers? That is a good sign of progress.

I'm going to ask Mr. Hills to chime in, then I have one last question.

**Dr. Justin Mausz:** Gladly.

We implemented a new reporting process. This is embedded in our electronic patient care record. After every 911 call, our members are prompted to fill it out if they experienced violence. That's the tip of the iceberg. This took a lot of time, and it took a lot of blood, sweat and tears behind the scenes to convince people, one person at a time, and—most importantly—to show them that, when they do file reports, they are taken seriously.

These are actioned by our leadership team in a trauma-informed way. In many cases, they have led to criminal charges where the threshold of criminality is met.

**Hon. Marco Mendicino:** Go ahead, Mr. Hills.

**Mr. Paul Hills:** With regard to reporting, he's the data guy. I'd say I'm the “bit more real” guy. We don't have time to fill out paperwork at work. Our guys are so tired and overtaxed by what they do every day, the last thing they want to do is fill out paperwork. Recently, the only time we've had people fill out paperwork is typically when they sought medical attention. I had two this weekend. People were assaulted and sought medical attention. Other than that, we have documentation. Our employer is fantastic. There are routes to do this. It is not heavily embedded in our culture.

I look at this situation like the five-minute mile. We don't think it's possible right now. With your help, we can run a five-minute mile. We need that first case. We need that first situation to happen. Someone will be held accountable, and that will spread like wildfire. Paramedics need a situation where they feel that decision-makers are taking their job seriously, protecting them and doing something to make their lives better at work.

**Hon. Marco Mendicino:** In my remaining time, I'd like to talk about the trends postpandemic.

Mr. Mausz, you said that, in the wake of the pandemic, the trend lines were all going in the wrong direction, which is up.

Do you think this has anything to do with misinformation or disinformation? Do you think any of this has to do with the prevalence of disinformation online? Have you seen anything you can offer to this committee, so we can talk about ways to prevent these incidents from occurring in the first place?

• (1705)

**The Chair:** Do you want to ask for a written submission?

**Hon. Marco Mendicino:** If time is constrained, but they could respond in a few seconds.

Madam Chair, obviously we'd be happy to take a submission.

**The Chair:** Time is up for that one, but perhaps another questioner can ask that question.

Go ahead, Mr. Fortin.

[*Translation*]

**Mr. Rhéal Éloi Fortin:** Thank you, Madam Chair.

How can I refuse our former public safety minister? Mr. Hills, would you mind answering Mr. Mendicino's question?

**Dr. Justin Mausz:** Thank you.

[*English*]

I will make it very brief.

I am hesitant to comment too far beyond the realm of my expertise.

I will say that, working clinically as a paramedic at the beginning of the pandemic, we were lauded as heroes. People were very kind. They donated things to us. They banged pots in the evening and thanked us for our service. At some point, that changed.

It's hard for me to say, within the limits of my expertise, exactly what caused it, but I am very much aware of a “felt” sense of what you're describing.

[*Translation*]

**Mr. Rhéal Éloi Fortin:** I found it very troubling—and my fellow members would no doubt agree—when you said that a good many assaults against first responders simply go unreported. Would the passage of Bill C-321 make a difference on that front, or are there other things we can do as well?

For example, do you feel as though you have adequate physical protection when you respond to a situation? First, is there additional equipment you should have? Second, do your superiors encourage you to report incidents? You said that there wasn't too much paperwork, but isn't there anything that could be improved on that end?

Do you think stiffer sentencing for those convicted of assaulting health care professionals or paramedics is enough to make a difference?

[*English*]

**Mr. Paul Hills:** Thank you for your question. It is one tool in the tool box. We do have to work on reporting. We do not need to reinvent the wheel. We need to learn from better practice around the country and share information on what is working.

Research is coming out of Peel. They are leaders in the industry as far as mental health research goes, and we need to learn from the chiefs and disseminate that information down to the front line. As far as reporting goes, we need to get better at that, educate our members and make it easier for them to do it.

In regard to other mechanisms, we have staging policies for violent acts. We have the ability to call police if necessary in significant situations, but that also depends on whether our radios work. That also depends on their not being busy. That also depends on.... I don't know that someone's going to pull a knife on me. I don't know that there's a gun beside someone, because they're calling me because they have a sore back and then they have mental health issues.

There are a lot of things in place. It's not to say that this is the be-all and end-all. This is just a major foundational piece, I think, moving forward, that will assist cultural change in industries that aren't a Peel, aren't a Medavie, aren't Saskatoon small mom-and-pop shops that say, "We have someone else doing what they need to do to take care of us in multiple areas" and to put it all together.

[Translation]

**Mr. Rhéal Éloi Fortin:** Thank you.

My question is for both witnesses.

I realize that not all assaults are reported, but I want to talk about when they are. Let's say a first responder is injured or assaulted, or a death threat is made against them, and they report the incident. When these cases go to court, how do judges deal with them, in your experience? Do they take the matter seriously? Conversely, do you feel they aren't dealt with appropriately?

**Dr. Justin Mausz:** Thank you for your question. It's an important one.

[English]

A number of things need to line up in order for a violent act to escalate to the level where the legislation would take effect. We need to remember that the incident needs to be reported. It needs to be reported to the police. The police need to investigate. The threshold of criminality needs to be met, and then the case needs to be brought before a judge. Therefore, there are multiple points along this journey where that system and that chain, I think, can falter.

What we do see in the data is that a large portion of the incidents are not felt to meet that threshold that warrants reporting it to the police or at which the police feel it warrants being brought for criminal prosecution. I think it is illustrating the harms that this sort of exposure has for our colleagues. I think it is illustrating the importance on a societal level of protecting our members to make sure we can provide life-saving care. I think with those things we'll see meaningful change.

• (1710)

[Translation]

**Mr. Rhéal Éloi Fortin:** The idea behind Bill C-321 is that these situations would lead to harsher sentences or have to be considered an aggravating circumstance. However, the bill would not do anything to change the degree or threshold of proof required in cases

involving assaults or threats. How will the provision in Bill C-321 help you? What will change for you, your members and your co-workers if the bill is passed?

[English]

**Mr. Paul Hills:** It's a recognition that we're putting ourselves in situations that normal people don't put themselves into. My back is turned to gang members when I'm walking into houses where there are weapons. I have people with needles and guns who are protecting themselves and they turn on me. It's just a recognition again that we're doing what most people are not doing. That's the best I can do.

[Translation]

**Mr. Rhéal Éloi Fortin:** Thank you.

**The Chair:** Thank you, Mr. Fortin.

[English]

Mr. Garrison, go ahead.

**Mr. Randall Garrison:** Thank you very much, Madam Chair.

Thanks very much to both witnesses for being here today. My sympathies to Ms. Donnelly, whom I very much would like to have heard from in this session.

Obviously, I'm in support of this bill, but I have a concern that this bill is not enough. We have heard very moving testimony about the impacts on individual paramedics—

[Translation]

**Mr. Rhéal Éloi Fortin:** Madam Chair, there's no interpretation.

[English]

**The Chair:** Mr. Garrison, can you speak a bit more? They're saying the sound is not good enough to interpret.

**Mr. Randall Garrison:** It's difficult for me to say anything that will not be extremely frustrated.

I am in my constituency office, on the House of Commons desktop computer. If the system can't accommodate this, we have a serious problem.

**The Chair:** We're going to suspend for a minute or two.

• (1710)

(Pause)

• (1715)

**The Chair:** I call the meeting back to order.

Mr. Garrison, thank you. You've sent me the questions to ask on your behalf, because it's not an option not to have interpretation and their being unable to interpret.

We're going to continue, and I'm going to ask the questions on behalf of Mr. Garrison.



Can the witnesses tell us a bit more about the costs to the system resulting from this situation in terms of things like sick leave, stress leave and the retention of those with valuable training and experience in the profession?

Thank you.

**Mr. Paul Hills:** Again, I'm a data guy and a story guy.

People get assaulted and they decide not to come to work tomorrow. I don't get lunch for 12 hours. I decide not to come to work tomorrow. There are so many stressors on a paramedic specifically that I can speak to that it is unfathomable why they decide to keep coming to work, honestly.

I commend my staff every day when they come to work, because it is awful right now. When I hear on the weekend that multiple more paramedics have been assaulted and they still show up to work the next day, it just baffles me. The only time they take time off work is if they are injured to the point where they can't show up to work after medical attention.

One of my members took multiple months off after their vehicle was surrounded by multiple assailants threatening to kill them inside the vehicle. It's time lost.

We cannot sacrifice a single paramedic on the street these days. That is how short we are. We are running short every single day. One person leaving is detrimental to our system and to the health and wellness of the rest of our paramedics trying to do what we do every day.

**The Chair:** Thank you very much.

I am now going to the final round. It's 5:19. My understanding is that we agreed to leave at 5:30, so I am going to shorten the rounds.

We'll go to Mr. Van Popta for maybe three minutes.

● (1720)

**Mr. Tako Van Popta:** Okay. I can do something worthwhile in three minutes with these competent witnesses.

Dr. Mausz, I'll focus on an article that you had published in the International Journal of Environmental Research and Public Health just recently, with a shout-out to Professor Donnelly as well, who was a contributor to that.

I would put the question to you, Professor, but you're not here, so the question goes to Dr. Mausz.

I appreciate the empirical approach to collecting data. In the study, you noted the lack of data due to under-reporting. You talked about it in your testimony as well, about leveraging a novel reporting process embedded within the electronic patient record. You said that from that you were getting more reliable data.

I would ask this question: What are you going to do with that data? I ask that in the context of the evidence from the storyteller Paul Hills, who said that even those reported cases aren't being dealt with by law enforcement people.

What difference is your data going to make?

Thank you.

**Dr. Justin Mausz:** That's a very important question. Thank you very much.

We can do more things with this data than I can tell you about in three minutes, but I'll do my very best to be succinct. Beyond the prospect of criminal prosecution, we use this data as actionable risk intelligence within our service. We're able to identify patterns of behaviour among the people we serve in the community. We develop customized response plans so that we are balancing a provider's safety with the needs that might be expressed by the patient so that they are continuing to get skilled and high-quality pre-hospital care.

We use this to improve dispatch processes. We use this to put flags on patients who have a known history of violence. We use this to develop business cases for new equipment, for new training and for new procedures. We use this to promote interprofessional collaboration with our colleagues and police and our colleagues at allied health, including community crisis workers.

**The Chair:** You have time for another question.

**Mr. Tako Van Popta:** Okay.

What we're studying here today is Bill C-321, a private member's bill from our colleague Mr. Doherty. It would make assaulting a health care worker an aggravating circumstance in sentencing. With this additional data, what difference will that make in sentencing? What we're really after is to keep our health care workers safer through law enforcement.

**Dr. Justin Mausz:** One thing I would say with respect to the bill specifically is this: The degree to which the violence we're seeing among our members rises to the level of criminal remains to be determined. I don't know. I don't have a number for that. But even in the absence of criminal assault on our people, there are tangible things we can do to strengthen the safety of our members as well as the safety of the communities that we are responsible to serve.

**Mr. Tako Van Popta:** Thank you.

I will cede my time.

**The Chair:** Thank you very much. I was going to give you three and a half minutes.

Go ahead, Ms. Damoff.

**Ms. Pam Damoff (Oakville North—Burlington, Lib.):** Thanks, Chair.

Thanks to our witnesses for being here.

Before I start, I want to give a shout-out to Carmen Santoro, who is here with the IAFF. He proudly served the Town of Oakville for many years with the fire service. It's really nice to have him here and to know that he's still continuing to do that good work.

Mr. Hills, you graciously took me on a ride-along with you in Saskatoon this summer. We had an opportunity to talk to people at the hospital and to some of your co-workers about this issue. One thing I'm thinking about is this: Can you choose not to attend an emergency when you know that there's a good chance that you'll be physically assaulted?

**Mr. Paul Hills:** That is a very, very good question. Our right to refuse unsafe work has an extremely high threshold.

Now, obviously we have the ability through 911 and flagged addresses...or whether it be the police notifying us that there are weapons involved. We will typically stage in those situations and not go there until police are there and clear the scene. But once we're in a situation where it's unsafe, it's no holds barred. How do you get out of that situation? How do you deter the situation from getting worse? How do you de-escalate the situation?

Those are all skills and abilities that come with either experience or that are just situational. We don't know. That's where this comes into play. It's hard for me in the moment to just call up and say, "Hey, I'm done; I'm going to tap out of here", or "Just please don't stab me; I'm going to go over here". It's just not possible sometimes.

Yes, if my life is under threat and they're telling me to go into that place where someone is holding a gun, then I have the ability to say no, but often we don't know that situation is there until we get in there.

• (1725)

**Ms. Pam Damoff:** Yes, and you have a job where you're already putting your life at risk just by the profession you've chosen, right?

**Mr. Paul Hills:** Yes, exactly.

If I may say, there's the moment I talked about of our being a health care worker on our day off. It is embedded in us to respond to situations we come across. If I'm in plain clothes and something happens, I'm going to do something.

Now, for that person, is it fair to them? They don't know I'm a paramedic. If they decide to stab me, they're going to get it worse, but the reality, again, is that I'm putting myself in this situation because it's born and bred into me and into my other colleagues—firefighters, health care professionals—to put ourselves in those situations, unlike a different cross-section of the population.

**Ms. Pam Damoff:** Yes.

I have only a few seconds left. Do you think this bill—and thank you very much, Mr. Doherty—will increase the number of people who do report because they feel there are actual consequences for what happens?

That's for either one of you.

**Mr. Paul Hills:** Absolutely: Knowing that people care about us and are doing something to make our jobs better is what we need right now. A pot and a pan on a front step is great—I need someone to do something to make my job better. Right now, we're losing paramedics at an alarming rate, and nurses and other health care workers. The threat is real. We need to fix it. Address it now.

**Ms. Pam Damoff:** Do you agree, Dr. Mausz?

**Dr. Justin Mausz:** Yes, because it sends a signal that we take this problem seriously.

**Ms. Pam Damoff:** Thank you.

Thank you for giving me a few extra seconds, Chair.

**The Chair:** Thank you.

Mr. Garrison is okay for today. I'm going to give the last two minutes to Monsieur Fortin.

You can have two and a half minutes. I'm generous.

[*Translation*]

**Mr. Rhéal Éloi Fortin:** Thank you, Madam Chair.

I have a simple question for the witnesses.

I talked about this with Mr. Doherty earlier. Bill C-321 would require courts hearing these cases to consider as an aggravating circumstance the fact that the person assaulted was a paramedic or doctor, say.

The wording in the bill is "shall consider", and that makes me wonder about some things. There are times when it's important to really consider the context. The example I gave earlier was of a doctor trying to deliver medical care to a patient at the hospital. The person is in pain and screams that they're going to rip the doctor's hands off if the doctor keeps touching them. That's not what you would call a real threat, necessarily.

I appreciate that you're not a legal expert, but as a paramedic, you have experience dealing with people in emergencies. You or your co-workers have probably had to appear in court after being assaulted or threatened. That makes you somewhat of an expert, in my eyes.

Do you think the bill would still be helpful if it said that the court "may consider as an aggravating circumstance", instead of "shall consider"?

That way, the judge would have the discretion to determine whether it should be considered as an aggravating circumstance in a particular case.

[*English*]

**Dr. Justin Mausz:** Yes, absolutely. If we switch roles for a minute, I'll tell a very brief story.

One of my colleagues—the president of our union, as luck would have it—was assaulted by a patient who was under the influence of mushrooms, I believe. It was a drug-affected young man who made a bad choice. He knocked over my colleague, who suffered a concussion and was unable to work for a little while. This young man made a poor decision, and he deserves to be held accountable for that decision, but not necessarily to spend his life in prison or to have his life ruined. I always think context is important in decisions that must be approached with seriousness.

[*Translation*]

**Mr. Rhéal Éloi Fortin:** Thank you, Mr. Mausz and Mr. Hills.

**The Chair:** Thank you to all of our witnesses this afternoon.

[*English*]

Thank you very much for appearing.

Ms. Donnelly, we are going to offer to you to return in person in few weeks. The clerk will contact you and, hopefully, work out a suitable time for you, if that's okay with you.

Yes? Okay. That's perfect.

Thank you very much, everyone.

Our next meeting will be on Tuesday afternoon. The meeting is adjourned for today.

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