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LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 25 November 2020

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 25 novembre 2020

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1800

ORDERS OF THE DAY

2020 ONTARIO BUDGET

Resuming the debate adjourned on November 25, 2020, on the motion that this House approves in general the budgetary policy of the government.

The Deputy Speaker (Mr. Rick Nicholls): Further debate?

Interjection.

The Deputy Speaker (Mr. Rick Nicholls): He's allowed because he had time on the clock, correct? Yes. Thank you very much.

Hon. Paul Calandra: I appreciate the opportunity, sir. I had a full 11 minutes.

Before I get there, I know we just had a point of order in this House with respect to a private member's bill. I know the Speaker has allowed a lot of discussion with respect to that throughout the debate this afternoon, and I appreciate that. I wanted to take a moment to reflect on that.

There is absolutely no chance that I am going to accept a motion that comes from the NDP, or that this side would accept a motion, that would take the right of an individual to present his bill in the House today and give it to somebody else—not a chance, Mr. Speaker.

The member, who can't be here for good reasons, should have his opportunity to speak to his motion. But let's take a look at what the member for Nickel Belt said. The member for Nickel Belt said that this morning—

Ms. Peggy Sattler: Point of order.

The Deputy Speaker (Mr. Rick Nicholls): That's going to set a record for numbers of points of order, but I do recognize the member from London West on a point of order.

Ms. Peggy Sattler: Thank you, Speaker. I would ask the member what his comments have to do with the motion that is before us under debate.

The Deputy Speaker (Mr. Rick Nicholls): I would ask the government House leader to recall and remember what it is that we are debating and to make comments relevant. I appreciate it.

Hon. Paul Calandra: I appreciate that. Sorry. As I said as I started, I appreciate that and will. I did reflect on the fact, I did listen to some of the debate, and I did hear a lot of discussion with respect to private members' business in some of the discussions from the member for Nickel Belt,

Speaker, and we were talking about some of the measures with respect to public health.

In the discussion from the member for Nickel Belt on the member for Nickel Belt's speech with respect to the motion that's before us today, the member for Nickel Belt suggested that a member came into the House this morning, was asked three questions this morning and, because of those three questions, was not able to attend the House. By the member for Nickel Belt's own words in the member for Nickel Belt's speech on the budget, the member suggested that an incident occurred that allowed somebody not to present themselves into the chamber this morning. Of course, when did the NDP come to us? At 3:30 they suggested that they had to change the ballot items because—for whatever reason.

We have done this before, of course. When the member for University–Rosedale presented with some challenges, we approached the NDP and said, “Why don't we swap ballot dates so that that member can have that opportunity?” We did it before and of course we would do it again. But there is no chance that I am going to move a motion to allow somebody else to speak to the item that another member has brought to the floor.

As I said earlier today to the member, to the deputy House leader for the NDP, as the House leader, I am going to be bringing forward a bill from the NDP member for St. Paul's, a private member's bill on that day. And I would be more than happy to call the motion that could not be debated this evening on that day. I will call that motion on that day because I think it is important that the member have the opportunity in this House to debate a motion that they put forward. I think all colleagues would agree with that, Speaker. We've done it before and, of course, we will do it again because I think it's the right thing to do.

When we were talking earlier today, Speaker, I did bring forward a motion that sought unanimous consent to have this House sit at 1 o'clock today till 3, an opportunity for us to increase debate. That was turned down. I brought forward another motion that would have the opportunity for members to have increased debate from 1 o'clock to 3 every Wednesday—

Miss Monique Taylor: Point of order.

The Deputy Speaker (Mr. Rick Nicholls): I recognize the member from Hamilton Mountain on a point of order.

Miss Monique Taylor: It would be nice if the member brought forward some of the speaking points regarding the motion that he just called before this House, which would be the budget.

The Deputy Speaker (Mr. Rick Nicholls): That's not a point of order.

I will return back to the government House leader.

Hon. Paul Calandra: Thank you, sir. I think it's very important that we talk about increasing the opportunity for people to debate, especially on a budget motion. This is a big bill. This is the bill that we have before the House, and having more opportunity for people to speak on a bill this size, I think, is a good thing. That's why we brought forward a motion, which was turned down by the NDP. It's to be expected. My colleagues will know that when I said that I'm going to bring forward a motion because I want the House to sit between 1 and 3 o'clock on Wednesdays right through till the next election, for the balance of the 42nd Parliament, many of my colleagues said, "Are you kidding? There is no chance the NDP are going to support such a motion because it would mean they've got to cut down lunch." I said, "No, not a chance." They will be here, Mr. Speaker.

But we saw this last night, didn't we, when, on 11 separate occasions, we brought forward motions to increase debate in this House and give the members unilateral consent to speak longer. On 11 separate occasions, they turned it down, Mr. Speaker—

Mr. Will Bouma: Shame.

Hon. Paul Calandra:—which is shameful. I think it's shameful because we need to give people the opportunity to speak to such a good budget—a budget which builds on the budget that they supported in March, unanimously. Unanimously they supported it.

They supported every initiative that this government brought forward in March, in April, in May and in June. They supported every single thing. That is a record, I would suggest, colleagues: a majority government getting the support of all of the members of the official opposition.

Now, I will say this: They had very little role to play in creating a bill like this because, Mr. Speaker—

Interjection.

Hon. Paul Calandra: That's right: They'll take no credit for it. Because you know what? It's true. When push came to shove, it was the then leader of the Liberal Party and the leader of the Green Party who sat in a room and negotiated with the government to make changes, and who were passionate about the things that were important to them. It was the NDP who walked away from the table, like they're doing again tonight. They don't want to increase debate on a budget bill because it overworks them and would cut down lunch.

That's the truth from today's NDP. They are bankrupt of policy. They are bankrupt of ideas. And if they had ever had the chance to be on this side, they would bankrupt the province of Ontario. But thankfully, we will never, ever have to worry about that because Ontarians will never give them the opportunity to sit on this side of the House. Because even during a pandemic, when they had the chance to play a role in creating a budget, they walked away from the table.

Interjections.

Hon. Paul Calandra: And you hear the insults across—is it the member for Waterloo hurling insults across the aisle? Because it hurts them. It hurts them to

know that when they had a chance to participate during the pandemic, they chose to walk away from the table. Although I disagree, and I can't say that I'm happy with the mess that the Liberal Party has left this province in—because they did leave us in a mess, which made it even more difficult to respond to a global economic pandemic. At least he stayed at the table and gave advice, as did the leader of the Green Party.

1810

I know full well that both of those leaders over there don't agree with very much of the things that we have put forward. I know that full well. But at least they did their job during the pandemic, Speaker. They brought forward advice, and we responded by making changes when it was necessary. I think that is the mark of a good and effective opposition. Even if I will do everything in my power to see to it that the Liberals never have the opportunity to sit on this side of the chamber again, at least they provided important advice, as did the leader of the Green Party, and never once walked away from the table, Speaker. I think that is an important distinction.

When you talk about what is in this budget, what is in this budget are things that are good for the people of the province of Ontario: increased funding for health care in this budget, increased funding for education. The Minister of Education brought forward a safe school plan that is the envy of all other provinces in this country, which is a leader in North America, a world leader in keeping people safe. Those enhancements are in this budget.

When you look at what this government has done on testing, we inherited a system that could handle 4,000 tests a day, and we've increased and augmented to over 50,000 tests a day. We inherited a system that, in my riding, left a 118-year waiting list to get into a long-term-care home. Today, my friends, there are 600 new long-term-care spaces being built in Markham–Stouffville alone, on our way to 15,000 spaces immediately across the province of Ontario. When we opened up and made it easier to build long-term care, what did the NDP do? They complained and voted against it.

Mr. Will Bouma: They voted against it.

Hon. Paul Calandra: They voted against it. When we modified Ontario health to bring forward Ontario health teams to increase and make our health care system better, how did they vote?

Mr. Jim McDonell: They voted against it.

Hon. Paul Calandra: They voted against it, Mr. Speaker. It frustrates them, so what they do is they hurl insults across the floor, because that's really all they've got.

I can tell you this: There is really not one night—and I think it's most of these people in my caucus—that I go to bed thinking, "Oh my gosh, I'm worried about the NDP," because I know they will never bring forward a policy that any of us ever have to worry about.

The Deputy Speaker (Mr. Rick Nicholls): Excuse me. Pursuant to standing order 61(d), I am now required to put the question. On November 5, 2020, Mr. Phillips moved, seconded by Mr. Ford, that this House approve in

general the budgetary policy of the government. Is it the pleasure of the House that the motion, as amended, carry? I heard a no.

All those in favour of the motion, as amended, will please say “aye.”

All those opposed to the motion, as amended, will please say “nay.”

In my opinion, the ayes have it.

A recorded vote being required, unless I receive a deferral slip, the bells will ring—

Interjection.

The Deputy Speaker (Mr. Rick Nicholls): I have just received a deferral slip. Pursuant to standing order 38, I request that the vote on government order 47 be deferred until deferred votes on Thursday, November 26, 2020.

Vote deferred.

The Deputy Speaker (Mr. Rick Nicholls): I recognize the government House leader on a point of order.

Hon. Paul Calandra: I seek the unanimous consent of this chamber to have the assembly sit between 1 and 3 on Wednesday, December 2 and on Wednesday, December 9.

The Deputy Speaker (Mr. Rick Nicholls): The government House leader is seeking unanimous consent for the House to sit from 1 until 3 on Wednesday, December 2 and on Wednesday, December 9. Agreed? I heard a no.

Mr. John Fraser: Point of order, Mr. Speaker.

The Deputy Speaker (Mr. Rick Nicholls): We have a point of order from the member from Ottawa South.

Mr. John Fraser: I think it's important to point out that we were going to debate the No Time to Waste Act tonight. Apparently, it was good that we didn't do it because apparently we have time to waste.

The Deputy Speaker (Mr. Rick Nicholls): That's not a point of order.

Hon. Paul Calandra: Point of order, Mr. Speaker.

The Deputy Speaker (Mr. Rick Nicholls): I recognize the government House leader on a point of order.

Hon. Paul Calandra: I will again, since we don't have some time to waste, seek the consent of all members in this House for this chamber to sit on Wednesday, December 2, from 1 till 3 o'clock.

The Deputy Speaker (Mr. Rick Nicholls): The member is seeking unanimous consent for this House to sit from 1 p.m. until 3 p.m. on Wednesday, December 2. Agreed? I heard a no.

REAPPOINTMENT OF CHIEF MEDICAL OFFICER OF HEALTH

Resuming the debate adjourned on November 24, 2020, on the amendment to the motion regarding the reappointment of the Chief Medical Officer of Health.

The Deputy Speaker (Mr. Rick Nicholls): Further debate?

Hon. Stephen Lecce: Thank you for the opportunity to address the members opposite on this important matter at a time when we face great disruption in the world and at a time when we face great insecurity amongst so many citizens at home and abroad.

I think demonstrating confidence in our public institutions is the responsibility of legislators amid this pandemic, and I would hope that this exercise would not be politicalized but, rather, we would see a plan that Dr. Williams has helped inform this province. When we evaluate the efficacy of a public servant, we measure the impact that their plan has had on the people in this province, on working people, on vulnerable people and on those who matter most to us, and in this government, it is our students, it is our seniors, it is the most vulnerable.

I reflect on the early days where, in March, an extraordinary decision point was made by cabinet, on the advice of Dr. Williams in a conversation we had on that memorable day ahead of the March break, to close schools in this province—the first in the country; one of the first in the industrialized world to act decisively without hesitation. That was based on the counsel and on the advice, based on emerging evidence that was still not known in March to civil societies, to governments, evidence that continues to emerge over time. But we acted to close schools, we did so decisively, and we did so in the public interest on the advice of Dr. Williams.

Now, Dr. Williams has since been critical in the development and in the advice of how we build out a protocol that keeps students safe. I believe how we measure the effectiveness of a public servant in this respect is to look at the results that underpinned the plan; a plan that he has endorsed, a plan that has helped guide every step of the way in this province.

Speaker, let us reflect upon those data points. They are available and accessible online, again, made by the Ministry of Education in an effort to transparently advise all of us legislators, parents, students and staff of the risk that exists within schools and school boards right across Ontario.

The plan that Dr. Williams has helped inform includes all layers of prevention, using the best evidence and advice we have in this province. It includes actions and investments that make Ontario unique in the federation when it comes to standing out as a province that wanted to act in each of the areas of priority advanced by public health and advanced by the chief medical officer of health and the COVID command table.

It's why we unveiled the outbreak management protocol that aims to help schools identify and isolate COVID-19 cases, that aims to reduce the spread of COVID-19 within our schools and to prevent and minimize transmission. The management plan for schools was developed by medical leaders with one aim, and that is to maximize safety and minimize the risk to our children. We have the resources in place. As noted in the past in this House many times, Speaker, a priority on ensuring every layer of prevention is put in place.

1820

It is this government that, I'm very proud to report, again with the support of the Chief Medical Officer of Health, allocated \$60 million to procure medical masks for all staff and cloth masks for all students who need them. That was based on the decision point.

We are the first province—we are, as I understand, the only province to mandate masking for all students grade 4 and up in classrooms, in hallways and in other forms of socialization within schools. That, again, demonstrates leadership. We did not wait for other provinces to give us licence to make this decision. We acted first, and we remain the only province to have that type of comprehensive masking protocol in place, fully supported by the Chief Medical Officer of Health, fully guided by his expertise and, to be fair, the expertise of many other doctors, both at the command table and outside of the command table—including consulting SickKids throughout the process.

And \$30 million to support hiring of staff: Recognizing the imperative of reducing classroom sizes, we put funding in place at the very beginning to enable school boards to hire.

We put funding in place to ensure that more custodians—\$75 million for context, colleagues—could be hired in this province, to deep-clean our schools, to ensure they're constantly in a state of cleanliness that reduces potential transmission.

We put \$40 million, in addition to new monies thereafter, to make sure our school buses remain safe and are cleaned on a constant basis, following the medical advice, following the emerging advice at the time—how important it was for contact, and to minimize the risk of transmission by strengthening hand hygiene and cleaning of all high-touch surfaces. We have done that in stride.

We've also followed the medical advice—a concern shared with all of us—related to the mental health of children, recognizing that the social isolation, the development challenge for so many young people to be home for the spring then the summer, has really created some pressures on these kids. We know that to be true; we see it every day. That's why it remains so important that our schools remain open, to the extent that it provides an incredible benefit to students and their families.

Speaker, the supports we put in place yield an important outcome, when we look at cleaning, when we look at staffing, when we look at additional PPE procurements. We've also announced improved cleaning of our school buses, as noted.

Beyond that, we provided funding, \$50 million, to improve air quality. Why make that a priority with taxpayer dollars? Why dedicate funding, specialized and enveloped specifically for the purpose of improving the environments around our children and the air quality within our schools? It's because we recognize two fundamentals. The first is, quite frankly, that we inherited a very significant deferred maintenance backlog from the former Liberal government. That is a fact, and we all have a role to play to remediate that challenge. We're putting money in place for HVAC, to improve the effectiveness of these airflow systems, and to make sure that parents, staff and, of course, the kids know that we'll do whatever it takes in this respect.

We've also put in place a protocol that ensures that when a child becomes ill at a school, they are immediately

isolated, their parent is immediately contacted, PPE is extended where it may not have existed before—including for a child, perhaps a young child—and to make sure that staff is with them, that public health is informed, the public health unit, that the school board is informed and, of course, the parent. These protocols, almost three months now concluded—we're almost at the halfway point, at least at the end of the first semester. We reflect on how this protocol has impacted our schools in the context of transmission. I'm going to get there in a second, because my earlier thesis point was, we have to look at the results.

The impetus of my point, rather, is to look at the results and to judge Dr. Williams and those who advised the cabinet by the outcome. I think that's an important point to highlight, that there is great strength in the advice that's come to us from public health given the incredible difficulty that our public health leaders, nurses, doctors and front-line staff are dealing with every single day.

I also just want to note that throughout the course of this program, we've also consulted with Public Health and leading medical experts, including Dr. Williams, including Dr. Yaffe and others at the command table: Where are those other areas that we could provide further supports to mitigate risk, to prevent the spread, in effect? And we have invested an additional \$200 million in the summer, guided by the advice of medical leaders in the country that more supports specifically dealing with hiring of custodians, of improved HVAC capacity, as well as PPE and staffing for distancing, is a strength. We allocated \$200 million in net new to achieve that; \$70 million in additional funding, on top of what I already enumerated in this House just some minutes ago, for route protection and to support the cleaning of our buses; \$12 million in addition to what we funded in June for mental health.

For so many members of the Legislature—I look around, and I have perhaps heard virtually every single member in this House of all parties speak about mental health as a priority. If there's one thing perhaps that we can unite around, it's the concept that this pandemic and the disruption that has been imposed by COVID-19 on all of us—on legislators, on parents, on young people, but most especially on kids. The overwhelming advice from Dr. Williams is not to lose sight of the mental health impact of school closures and of the pandemic. That is really important for myself as a decision-maker in this context to be reminded of every step of the way. Obviously, it's something that I feel strongly about, having my own family experiences in both mental health and addiction. It has been a priority for me before the pandemic. It's why we doubled the funding in mental health well ahead of the pandemic. But it only underscores that there's more to do, and I think the funding that's been allocated systemically in June, in August and thereafter has really helped us ensure that the kids and the staff get access to mental health supports, more psychologists and psychotherapists, access to therapists and social workers. It really is critical today. I think it's critical every day, but perhaps today more than ever. We lead the nation in each of those investments.

We have thoughtfully put in place a protocol guided by the medical advice, not because it was a good guessing exercise; it wasn't because we hoped for the best. It's because we sought the advice of the medical leaders in this province, the foremost senior-most expert that has been entrusted by successive governments of different political persuasions, of all parties and all members, giving him the endorsement to carry on the incredibly tough work to keep this province safe. That, I think, underscores why so many of us are concerned with the politicization of a process when people observing, for those dozens of souls watching now and perhaps fewer over the course of time this evening—I mean, look, honest to God, none of us in the abstract oppose scrutiny of public officials' accountability. That is healthy in our parliamentary democracy.

By the way, Mr. Speaker, I am proud that our Parliament, unlike many in this country, decided to make democracy a priority by keeping this House open through the pandemic. I thank you and the staff and all members for ensuring that we deliver real accountability to the population, to people who are working harder, taking home less and who are struggling. They deserve to hold their government to account and, likewise, their officials to account.

What they do not need, what they do not expect and what they do not deserve in the midst of a second wave, at a critical inflection point in our nation where we have significant economic contraction, we have unemployment, we have people facing real difficulties on an economic side and, of course, on the human health side, on the mental health side—in so many realms, we have faced so many challenges. I just wonder if infusing a political question mark is the way to instill confidence in our institutions.

I remember when I worked in the federal government, parties—Liberals, or New Democrats—would often say, “We have a duty to instill confidence in our institutions. We should not be anti-science. We should not be anti-evidence”—and I'm not suggesting anyone in this House is, to be quite fair. This is just my recollection of what was, many moons ago. I just think that we need to err on the side of evidence and science.

1830

We need to instill confidence in people that the objective, independent expertise—a person who has practised medicine more than I've been on earth, Speaker. Honestly, it is not the time to politicize a pandemic. It's not the time to introduce a sense of insecurity in the gentleman, in the leadership team, in the medical community, who is giving guidance to keep us safe. That is, I think, unwelcomed by so many observing. It raises a question mark when we want more people to have certainty of the facts, because as the members remind us every single day, there's information overload. They would assert or contend that information is changing; of course, the risk of COVID is changing, and therefore there's a causal change in the direction and the restrictions. It's regional, it's provincial; I get it. I have family who are consumers of news, and they ask me all the time, “What is happening? What's the deal with today's announcement?”

Going back to my earlier point, I really do believe the best practice, if we're going to use a finite amount of legislators' time—let us explore what else we can do to keep the province safe, as opposed to potentially undermining the confidence of people in the person who's been entrusted by all of us to give the best advice, according to the emerging evidence that exists within this province and within the country.

Therefore, it is with regret that I think many of us realize that this is not an exercise in substantive debate on the merits of this person, this leader, this medical practitioner. It's increasingly a discussion that goes well beyond the CV, well beyond the judgment, well beyond the selflessness demonstrated by him and, to be fair, by every public officer across the country who every single day without exception, since March, has been working in the public interest. I think we owe them gratitude, Speaker. We owe them gratitude for doing whatever they can to keep kids safe, to keep seniors safe and to ensure our province recovers from this challenge.

Speaker, earlier I spoke a bit about data points, and I know that there's a refrain, at times, and I get it. Statistics, they're almost dehumanizing at points. You talk about 99%, 100%; what does that mean to a parent sitting at home? I get it. I understand the numbers are numbers. There's a cold effect of some of these data points, that maybe they don't emotively connect to the hearts or they don't pull on the heart strings of a person observing.

But we can't permit a debate on the health and safety of children to be decoupled from the rational data that factually is before our eyes and let other arguments, emotional arguments, or often arguments that are predicated on ideology, not necessarily on fact, to triumph. I will have none of that. I don't think any one of us should be peddling that type of campaign—for some, perhaps not in this House—to misinform; those not in this House, Speaker, who may be making attempts to dissuade the confidence of those giving the best advice they have.

So let's look at those data points. Let's try to humanize what the statistics mean to people in this province, to a parent watching right now thinking, “Is it safe to go to the local store? Is it safe to send my child to school? Is it safe for me to return in the workforce?” Or to stay in the workforce, for so many people. Let's compare this province to the next-largest province. Not because it's convenient, as I choose to compare us to the worst. I choose to compare us to the next-largest jurisdiction in this country. They have a million fewer students, notwithstanding—we have two million, they have one million. Let's look at the data.

When you compare the rates: 130 cases per 100,000 in Quebec. When you compare that, in British Columbia they have 158 cases per 100,000; in Saskatchewan, 244 cases per 100,000; in Alberta, 301 cases per 100,000; in Manitoba, 621 cases per 100,000. Ontario continues to have the lowest rate of active COVID-19 cases among all the provinces, when you exclude Atlantic Canada, at 89 cases per 100,000. That's 85.75% of schools. We're talking about more than four out of five schools that have no reported active case of COVID-19 at all. Speaker,

99.94% of students do not have an active case of COVID-19; 99.8% of students never had a case of COVID-19; 99.9% of staff currently do not have an active case; 99.71% of staff have never had a case.

Colleagues, I appreciate everyone in my own riding, in my own family having to see a case within a school—in fact, a school closure, in that case. I understand it's unsettling. For those of you who are parents, I seek to understand just how awful that call or email is.

But this data, this result, is something we need to rally by—not the government, not a politician, but the people advising the cabinet and the government and, most importantly, the front-line practitioners: the teachers and the nurses and the administrators and principals working their back off to ensure, yes, that 99.94% of students remain COVID-19-free in this province. For that, I say thank you to everyone playing the role, stepping up, punching above their weight. That includes, most certainly, the gentleman, the practitioner who has advised us from the very beginning, and that is Dr. Williams, for whom I am grateful.

The Speaker (Hon. Ted Arnott): Further debate?

Mrs. Lisa Gretzky: It's my pleasure to rise to speak to the motion before us. I just want to start by saying that a couple of times, during the previous debate on the budget, the government House leader said that he doesn't care about the NDP side of the House. I can't tell you how insulting that is to the people in our ridings who elected us to be here to hold this government to account. Apparently, the government doesn't care about the people of this province unless they vote Conservative. That's disturbing. I just wanted to get that on the record.

Ms. Catherine Fife: But we won't lose any sleep about it.

Mrs. Lisa Gretzky: Yes, as she said, we're not losing any sleep about it.

I can tell you, I lose a great deal of sleep worrying about my constituents and the decisions that this government is making that directly affect them.

Speaker, I think it's interesting timing that the government has tabled this motion and the Auditor General has tabled a report this morning. I had an opportunity to be in the committee meeting this morning and asked some questions for clarification—and I know that's continuing to go on.

Last night, there was a lot of blustering, especially from the government House leader, about the fact that we dared suggest that the people of the province and the people we represent on this side of the House should be able to ask questions of the government and the Chief Medical Officer of Health. I couldn't believe it.

Because of physical distancing, I was not in the House last night, but I stayed up and watched it. Some people will tell me that I need a better hobby than sitting up till midnight watching the proceedings here, but this is important.

The government House leader was trying to not only minimize the importance of what it is that they're doing—extending the position for the current Chief Medical

Officer of Health for the province, without consultation and without discussion, in the middle of a pandemic. Not only did they try to minimize that they're doing that, with no transparency—just because the folks on the government side, especially the government House leader, say the word over and over again doesn't mean that makes them “transparent.”

It really is insulting to the people of the province who want answers. They're scared. People are terrified. We have thousands of people who have died in long-term care, and their families are mourning their loss. They want accountability. They want to know why decisions that are being made are being made—and who's making those decisions? Is the government actually listening to the experts? What we heard and what we see in the Auditor General's report is they're not. They're listening to their own people. They're talking amongst themselves and doing what they think is politically expedient rather than listening to the professionals.

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I don't think it's out of place for us to be standing here, saying, “Look, there needs to be a process.” I heard that I don't know how many times last night from the government House leader. They talk about process and procedures and the need for that to happen. They talk about that when defending their good friend Charles McVety, the Islamophobic, transphobic, homophobic person they're trying to push through and give an opportunity to grant university degrees. We heard ad nauseam about policy and protocol and procedures and how we need to respect that, yet this government is trying to do something that does the exact opposite—it contradicts that.

Speaker, I was also very disturbed. I'm sure many people heard the Premier at his usual 1 o'clock stand up. It's usually a campaign stop. Today, it was a little bit different. Today, there were some pretty serious questions about what was in the Auditor General's report, and rightfully so. What was disturbing to me was to hear the Premier basically dress down the Auditor General, an independent officer whose job it is to question decisions of government. He said this wasn't her place; it was not her job. She was out of line to be looking at the government's response to the pandemic. Then, Speaker, if that wasn't bad enough, he then basically levelled a threat, saying he was going to take care of that.

Now, I'm not going to presuppose what he means by that, but I can tell you what some of my constituents thought that meant because I heard from them. They took that as a direct threat to the Auditor General: “Either sit down and be quiet and don't question us or we'll have your job.”

Speaker, I want to draw a contrast to that. I'd like to share what some of the Conservative members have previously said about the Auditor General, the same Auditor General that the Premier tried to undermine and discredit today—

Miss Monique Taylor: And the health minister.

Mrs. Lisa Gretzky: And the health minister. The same Auditor General, where it sounded like the Premier was

threatening her for speaking up. I'm going to start with the Premier himself.

Mr. Will Bouma: Hear, hear.

Mrs. Lisa Gretzky: Oh, I wouldn't be cheering over there, Brantford–Brant. On September 25, 2018, this is what the Premier had to say about the Auditor General, “Unlike the Liberals, we respect the Auditor General. We respect working with the Auditor General.”

Miss Monique Taylor: That was then.

Mrs. Lisa Gretzky: That was then. That was before the Auditor General tabled this report that talks about the government's mishandling of a pandemic response and what they could have done better—because they don't want to hear what they can do better. It's very clear. You just have to look at the education file and the numerous experts who have come forward, and the front-line workers and the families and students who have all come forward, and we've shared their voice here, echoed their voice here, saying that you need to cap class sizes at 15 students so they can physically distance and we can control COVID-19. You just have to look back home in Windsor where Begley elementary school is closed down because there are 39 positive cases and two probable cases. Another school closed down in Windsor, but the government won't listen.

The current Minister of Health, on July 18, 2018, said—and I should point out that this is after they formed government—“Well, first of all, let me assure the leader of the official opposition that we do support the work of the Auditor General. We do listen to what she has said.... We think she is thoroughly competent. She knows what she's doing.”

Miss Monique Taylor: That was then.

Mrs. Lisa Gretzky: That was then. But now that she's tabled this report, again talking about how this government has circled themselves with their own people to advise them and tell them what they want to hear and what they think is politically expedient rather than listening to the health experts like the Chief Medical Officer of Health, among others, numerous doctors across this province. Because people don't agree with them, suddenly we're going to try to—oh, I remember. Last night, when I was watching—I'm glad I remembered this—the debate on this very motion, the member from Eglinton–Lawrence talked about cancel culture. Well, Speaker, I think what we're seeing today with the way that the Premier and the Minister of Health have responded to the Auditor General's report is a shining example of cancel culture.

The now Minister of Municipal Affairs and Housing, on October 24, 2017—no, I'm going to save him for last. His was really good.

The now minister for tourism and sport, on December 6, 2017—

Miss Monique Taylor: Oh, this should be good.

Mrs. Lisa Gretzky: Well, she always has a lot to say, doesn't she? Sometimes it gets her in a lot of trouble.

She said, “Ms. Lysyk plays an essential role in holding our government accountable.” That was the Liberal government. Apparently, she doesn't mean that when it's

the Conservative government. “Her work should be valued and commended, not disregarded and demeaned as the government has done in the past”—the very thing that this government did today, very publicly, followed by what is seen as a not-so-veiled threat by the Premier.

The now Minister of Municipal Affairs and Housing, from October 24, 2017, not yet government: “Our independent officers of the Legislature exist to provide the public with unbiased reports and recommendations that rise above the politics of this place, and I find it disgusting that the government would risk eroding the confidence and trust in those officers because they fear taking an electoral hit.”

That was then—

Miss Monique Taylor: This is now.

Mrs. Lisa Gretzky: —this is now.

So when the Auditor General is criticizing a different government, a different party, we're going to respect her. She knows what she's doing. Shame on you for doubting what she's saying. We should never do anything to try to take away from the expertise and the independence of the Auditor General.

And then, the report comes out that is pretty damning to this government, and they turn on her—and it's not just backbench members of the government who are doing it. The Minister of Health did it. More alarmingly, the Premier of the province, the one person every person in this province is supposed to trust, to have faith in to lead us through this pandemic—his response to an independent officer of the Legislature was, “Shame on you. It's not your job. And I'm going to fix it.” I don't think that's the kind of Premier people in this province want.

Speaker, I want to talk about the Minister of Education again. He talked about what they've done and how wonderful they are.

My gosh, the government House leader had 10 minutes to talk to the budget bill earlier; he spent nine of it playing politics, politicizing the fact that one of the members on this side of the House went through the screening process we all go through before coming in, to screen for COVID-19, and answered honestly and was told not to come in the building, to go home and isolate, and he did that. The government House leader spent the majority of his 10 minutes—I would say a good nine and a half minutes—politicizing that, making political hay about that, instead of actually talking about the budget. He did the very same thing about this motion before us last night. He stood there and made theatrics out of a very serious debate.

I know that people in this province are terrified, and they want accountability from the government.

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When I stood here yesterday and I asked a question of the Minister of Education about Begley elementary school—and I pointed out the socio-economic impacts to the people around that school, to the students who attend that school, to the families, and I pointed out that many of them can't miss work to be home. They need paid sick days to be able to stay home. They're low-income. Many are newcomers, so there are language barriers, or they

don't have money for computers, or they have some barriers around understanding the technology to be able to support their child for online learning. And the very first thing the minister said to me was, "We did great. We moved all those students to their homes, where they're safe, to do online learning." There's a disconnect, because I highlighted that for some of them, that's not possible. The one question I have is—and he's here; I asked it earlier. In the response, the minister mentioned that the school was shut down very quickly and the students were moved home to learn where it was safe. My question is, why is that school not safe? That's because they haven't put the funding, the resources into it, and they haven't listened to the experts, which is exactly what the Auditor General was highlighting.

So I don't think it's unreasonable for those of us on this side of the House to say that the public wants that transparency. They want answers. They want to know who the Premier is actually listening to when he's making decisions

According to the Auditor General's report—again, completely independent, not mired in the politics of things or the theatrics that this place can sometimes have. She raised that issue, that there was a process in place, Emergency Management Ontario, which had been terribly neglected under the Liberals. But we've had the Conservative government for two and a half years now, who I'm not even sure were aware that Emergency Management Ontario exists. What they did is, instead of following the protocols and the processes that were already in place and putting the resources they needed into that, where everybody who should be coming together comes together under this group and is there to have those conversations and that back and forth, and to do it immediately so that there are quicker response times—for instance, procuring PPE, which many front-line health care workers still do not have. Whether the government wants to admit it or not, there are many front-line workers who still do not have PPE. There are many front-line workers in long-term care who are being told that they have to reuse PPE. Things that should be going out to get washed and sanitized are actually being returned to them still soiled, not sanitized. That's what this group was set up to talk about and to deal with—to be able to manage the procurement of PPE. And yet, this government decided to set up their own system—and it's a complex system, and there's no transparency around it, aside from what the Auditor General has now brought forward. And yet, the government thinks that it's out of place for us to be asking questions. They're trying to spin it like we're the bad guys for wanting that transparency—but it's not just us; it's the people of this province, it's our constituents, it's constituents of the government members who want this transparency, so I don't think it's out of line. According to the Auditor General, it isn't out of line.

This is not a matter of questioning our public health experts. This is about wanting to know what direction they're giving to the government. Is that direction being followed? Who is the government actually listening to?

Speaker, people are dying from this virus as a result of what the government does or does not do, and I think it's really important to the people of this province to have that confidence in government, to know that they are listening to experts, to know that they're not just listening to their own people—that they're not just listening to the people they surround themselves with who are not experts.

It's shocking that this government, as put in this Auditor General's report, has basically pushed aside the Chief Medical Officer of Health and they do whatever they want, they do whatever they feel like they should be doing at the moment—maybe whatever they think is politically expedient for them.

Miss Monique Taylor: Point of order, Mr. Speaker.

The Speaker (Hon. Ted Arnott): Point of order, the member for Hamilton Mountain.

Miss Monique Taylor: I don't believe the government has enough members in their seats, and I don't think we have a quorum.

The Speaker (Hon. Ted Arnott): I will ask the Clerks to determine whether or not there's a quorum in the House at the present time.

The Clerk-at-the-Table (Ms. Tonia Grannum): A quorum is not present, Speaker.

The Speaker (Hon. Ted Arnott): A quorum not being present, call in the members.

The Speaker ordered the bells rung.

The Clerk-at-the-Table (Ms. Tonia Grannum): A quorum is now present, Speaker.

The Speaker (Hon. Ted Arnott): Thank you.

The member for Windsor West has the floor.

Mrs. Lisa Gretzky: Thank you, Speaker.

I just want to say that I really hope that the government stops with the political theatrics that I saw in here last night and earlier today, and remembers that these are real people we're talking about, that these are real lives we're talking about. Real people have died, and families are struggling. Those families want answers. They want accountability. They want transparency.

We are not trying to cause trouble. We are bringing forward the voice of the people of this province, and I think that's really important at any time, especially during a pandemic.

The Speaker (Hon. Ted Arnott): Further debate?

Ms. Andrea Khanjin: I rise to speak to this motion because of the sense of urgency that is within our province right now. I'm not sure if the opposition knows, but we're in a state of emergency and we have a pandemic going on in the world right now. It's not just Ontario that's affected by this, but it's literally every country in the world. Let me repeat that: It's every country in the world. So there is a sense of urgency. Maybe the members of the opposition want to sit back and just roll with it, but you can't really just roll with it during a pandemic. I understand that they're going on with their direction of dividing our province rather than uniting our province. But here, we have a sense of urgency. We want to unite Ontarians, to keep calm through this pandemic and put in the necessary measures that are needed to keep people safe, because one

lost life is one life too many. Frankly, that is the seriousness of the situation.

Many of my colleagues have spoken about the seriousness and urgency of the situation, and yet, instead, we have stall tactics. Again, it's playing politics. You're stalling the ability for us to continue on with the necessary measures to protect people's lives. You can't play politics with that. This is serious. This isn't sandbox politics.

If you look at the measures this government has taken—it wasn't just the Minister of Health. Certainly, she's carrying a lot of the weight here. But what we're discussing today is about Dr. Williams, his advice he has been giving to every part of this government, and not just to the Minister of Health—to the Minister of Education, as we heard; to the Minister of Finance; to the minister of tourism, culture and sport, who has done a lot in her sector as well, and we commend her for that; also, the Minister of the Environment, Conservation and Parks.

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The Ministry of the Environment, Conservation and Parks also worked with public health and got advice and recommendations from Dr. Williams, in terms of the effects that COVID-19 has on that ministry and what measures need to be put. Again, it shows you that all-of-government approach we're taking. Despite the fact that we're in a pandemic, we don't work in silos. It's just as important that that Minister of Health cares about a pandemic, just like the Minister of Education cares about the pandemic, just like the Minister of the Environment, Conservation and Parks does, and every member of this caucus and every member of cabinet does. That's the responsibility that every member of government should take, because we believe in personal responsibility. We're taking a responsible approach. We can't take the radical and reckless approach that is being proposed by members opposite. We have to show leadership.

It's thanks to Dr. Williams and a lot of the recommendations and advice he has given that we're able to show leadership. Throughout these unprecedented times, as you heard, we relied on his constant advice, and he has really been at the forefront, working day in and day out. He trained his whole life to do this. Frankly, he is now stepping up to the challenge that is COVID-19 and providing that needed advice for our province, to make sure we have a road to recovery.

Every minister and every person of this government was called upon to adjust and adapt operations to meet the realities of their work during this pandemic, just like every Ontarian and everyone in the world had to adjust and adapt to this pandemic. So no different, the Ministry of Environment, Conservation and Parks, which is based on science and data. We're used to following science and data, so when we got the science and data from the public health officers and Dr. Williams, it was no different. Dr. Williams helped us navigate extraordinary difficulties.

Of course, one of the things that was highlighted and one of the biggest concerns that was brought to light to the Ministry of Environment, Conservation and Parks early on was the impact the pandemic might have on the operations

of drinking water and waste water systems across the province. This was a serious concern. We were especially concerned about the possible staff shortages when it comes to these things. To support the continuity of the operations, we issued an emergency order under the Emergency Management and Civil Protection Act on March 24, 2020—again, the responsible thing to do in government; not reckless, like some other people may want to propose—and this was because of advice that was given to the Ministry of the Environment, so we followed through.

There was also the need to address the requirements for operator certification and training, because, certainly, the individuals operating the systems need training. The emergency order gave water and waste water system owners, operators and authorities the temporary flexibility to redeploy qualified operators as necessary to deal with staffing shortages. We were able to reassign and reschedule operator work to make sure that our drinking water and waste water were protected during the pandemic—again, on good sound advice, evidence and the work of our public health. Because of that, we were able to temporarily employ individuals who were qualified to perform these operational duties. The emergency order also extended the operator certificates and licences to ensure they did not expire while the order was in effect. This was done in order to ensure safe and clean drinking water across our province. It's interesting to note that we did this to ensure safe and clean drinking water across this province, because sometimes the members of the opposition ask us about clean drinking water, and we get up over and over again and say we're protecting our drinking water and 99.9% of it is clean and effective. When it comes to this pandemic, I would hope that the members opposite would agree to extend Dr. Williams's duties, because this is advice that he has been giving on drinking water, something that the members opposite often speak about. So it's odd that they're not in favour of what we're debating today.

In addition to supporting the importance of our clean drinking water across this province, we also wanted to make sure that we connect people who are able to work to ensure that the drinking water is clean and safe and those operators and make sure that we have the skilled tradespeople to be able to serve to do that. Of course, we needed temporary staff to do it—again, the responsible thing to do.

We saw what the Ministry of Health did. They issued a workforce matching portal for health workers. Naturally, we followed suit, and we thought we would do a similar approach. So within two weeks—again, swiftly acting during this pandemic within two weeks—we had a workforce matching portal up and running to connect water treatment plant operators with water treatment plant system owners, and a week later, almost 500 operators and system owners were registered.

The Ministry of the Environment, Conservation and Parks also took fast action to temporarily close our provincial parks and conservation reserves in mid-March to ensure physical distancing was put in place and that all staff and visitors were safe. These actions, too, were

informed by the guidance of Dr. Williams. These were steps that we wanted to ensure that he was giving us advice on, as were the steps that we took at the beginning of the phase when we reopened parks in May; we also did it based on the advice of Dr. Williams. And based on his advice through the spring and summer, we continued to gradually lift the restrictions so that Ontarians could enjoy the great outdoors and spend more time in nature, something that's also very healthy for people, as they connect with nature and overcome some of the mental health challenges. All of this was able to be done—because you couldn't just open parks without the right measures, so it gave us time, working with Dr. Williams, to ensure there was enough signage in our provincial parks so that people could still enjoy them, but safely, and when it was the right time to do it and when it was the right place to do it. These were all really important measures that were put in place. Again, thanks to Dr. Williams, because many of those measures would not have been possible without his advice and, of course, his guidance.

The Ministry of the Environment, Conservation and Parks continued to incorporate the guidance from Dr. Williams to develop clear guidelines for the public to conduct safe, small-scale litter cleanups this fall, as part of Waste Reduction Week. Again, even though we're in a global pandemic, this government still takes all the rest of its files very, very seriously—in consultation with Dr. Williams. We still wanted to make sure that the agenda that Ontarians elected us to execute is being put forward, because if we don't do this today, it will continue to be the problems of tomorrow. So we're continuing on with that, and part of that, of course, is reducing waste in our communities.

On the advice of Dr. Williams, we were able to give clear guidelines to our community members so they could get out there and really do something about their environment—but also do it safely, as, of course, we're still in the state of a pandemic. The guidance he provided, we were able to share with 500 stakeholders, including municipalities, business associations and environmental organizations—this advice that he provided we were able to share with them so that they could host a really safe cleanup event during Waste Reduction Week. In fact, we did our own cleanup event here at Queen's Park, just opposite this Legislature, with a few colleagues, following all those same safety protocols—again, on the advice from Dr. Williams; he developed these protocols.

Speaker, I would also like to tell my colleagues about one other important initiative being undertaken by the Ministry of the Environment, Conservation and Parks to help the government's pandemic response. As part of Ontario's COVID-19 fall preparedness plan to quickly identify, manage and prevent outbreaks, we invested \$12 million in the development of COVID-19 waste water surveillance initiatives to test waste water samples in communities across the province. This work involves a new technique that measures concentrations of DNA fragments of the virus that enter waste water. This means we can identify COVID-19 hot spots even before people

get tested and results come in. This early warning system will inform decisions on where and how to mobilize resources in response, including to the neighbourhoods or the facility where we see an increased level. We will partner with universities, municipalities, local public health units and other agencies to deliver the initiative.

Speaker, I'm proud of the work that we've been doing at the Ministry of the Environment, Conservation and Parks. Not only are we still acting swiftly on our Made-in-Ontario Environment Plan, but again, we're working with Dr. Williams, the Chief Medical Officer of Health, to make sure that we protect our drinking water and put in the necessary measures so that can continue.

While our government stands here today to recognize the experience of Dr. Williams and the advice that he has been giving to us, it's interesting to note that the members of the opposition don't value that experience. Many members of this Legislature had talked about how qualified Dr. Williams is, and of course our Minister of Health did the same. Of course, beyond the five years, he has been serving in various roles. He was acting chief medical officer way back when. He also helped with the preparedness plan for H1N1. He brings 30 years of experience in public health, so he's definitely qualified for the role.

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If there are any qualms about his decision-making or how he makes his decisions, he has also sworn, as we all know—those who are involved in the medical community—medical ethics, including swearing an oath; of course, the principles of medicine and confidentiality, of any non-malice, to do no wrong to his patients. In this case, as a doctor, his patients are all Ontarians. He's doing everything he possibly can as the chief medical officer to protect all Ontarians. Why? Because he had, in his entire career, obviously, sworn an oath of medical ethics. So we can uphold him and know that his decisions and his advice are very objective and very sound. That's what he is trying to do.

Instead of supporting what Dr. Williams and health is trying to do to clamp down on this pandemic, the opposition chose to stall and present a very flawed motion. By stalling Dr. Williams from doing more of his work—they introduced a motion that not only says that the House will come up with a committee to conduct his reappointment—again, during a pandemic, when, clearly, he is needed at the helm every day, day in and day out. Also, when this committee is done, they're going to be reporting back to the Legislature when it's not scheduled to sit. There are times when we've sat before and we've recalled the Legislature, certainly, but the way the motion is drafted—it's clearly a flaw in the drafting. In addition to that, there is no transition of a new person into the role. I'm not sure how one can take such an amendment seriously when so many flaws exist, but that points to the premise of the amendment that the opposition introduced, because they care about stalling things, especially during the middle of a pandemic, rather than progressing things.

It's ironic, because when we tried to pass budget measures when it came to helping the economy before the

pandemic, the opposition would always talk about health care and the need to invest in it. Now that we're investing in health care, it's "Oh, we shouldn't be. There's so much wrong with the budget. Now we're investing too much in health care." I think the only consistency with the NDP is their inconsistencies.

When you talk about the debate we're having today and talk about checks and balances and extending Dr. Williams—what we're actually extending him for is six months. We're talking about six months. This pandemic has been ongoing for 10 months. So you're upholding and you're stalling a decision of six months. Is it because the opposition have concerns about Dr. Williams's performance? Well, he was before a committee not that long ago where the opposition was able to ask him plenty of questions, and his performance never really came up during the Q & A. There were many questions, some of them not COVID-19-related. But it's not up to me to choose what the opposition asks about. If there's no issue of performance, then I'm not sure why it is that there's a stall tactic happening.

If we are talking about measuring success and what success looks like—the member from Eglinton—Lawrence talked about it yesterday. It's not something we necessarily want to brag about, because any case is too many cases in a pandemic, but when you look at Ontario's performance—and our performance is thanks to the work of public health and Dr. Williams. Yesterday the Minister of Health talked about how Ontario continues to have the lowest rates of active COVID-19 cases amongst all provinces outside Atlantic Canada, at 89 cases per 100,000. For context, yesterday in Quebec it was 130, and today it's 128 per 100,000—so a slight improvement, but still much higher than Ontario. For British Columbia, yesterday was 158 and now it's 165—not an improvement; they're increasing. In Saskatchewan, yesterday it was 244 and today it's 249—not an improvement, again. Alberta is at 305 cases; yesterday, it was 301. Manitoba is now at 636, up from 621 yesterday. Again, as the member of Eglinton—Lawrence had so soundly mentioned yesterday, it's not something we really want to brag about, but it paints the measures that had been taken, paints the portrait of the fact that there are successes, and we owe it to the advice that Dr. Williams has given to this government and that the government has taken, as needed, to ensure that Ontarians are safe during this pandemic.

So I call on the opposition to maybe change their ways, get that sense of urgency that's needed, because that sense of urgency did exist before. We saw it before; we saw it when the NDP voted to extend the declaration of emergency measures five times. They voted on April 14, May 12, June 2, June 23, July 13. There seemed to be a sense of urgency then. And the pandemic is still on. I'm not sure what changed. On July 15, there was a motion to establish a Select Committee on Emergency Management Oversight. The opposition supported that. And then, of course, the first budget they've ever really supported, Bill 195. The opposition also consented to several other bills, like the Employment Standards Act, where we talked about

protecting workers, and the Municipal Emergency Act, and of course, Bill 189, Coronavirus (COVID-19) Support and Protection Act, 2020.

All these things were supported with a sense of urgency. I don't know if it's political opportunism, or we want to create a welfare state in this province, or what it is that you're looking to do. There's really no sense of direction. Frankly, it's interesting when you talk about sense of direction, because there is so much contradiction within your own members. Yesterday, I was listening to the debate. We had some members say, "We're all on the same page. Let's work together." Great. Yes, one of the members opposite was talking about—so you voted in favour of all these bills, but you don't want to vote for six months of extending the ability for our chief—not any public health officer, but the chief public health officer for the whole province to continue his work. You can't work together to get that done. One of the members of your party, your opposition members, wants to do that. They want to be on the same page. They want to work together. But then other members don't want the same thing. I don't know what the line is there or who is making decisions or giving direction on that side of the House.

Another member yesterday mentioned working together. Again, if you want to work together, let's pass this bill. Another member yesterday mentioned that leadership is from the top. Well, Dr. Williams is the chief medical officer. He is having leadership from the top. So that member from Brampton North asked about leadership from the top and the need to control the pandemic and control the virus. Well, that's the way to do it.

Mr. Speaker, I hope they extend Dr. Williams's term.

The Speaker (Hon. Ted Arnott): Further debate?

Mr. Tom Rakocevic: It's an honour to rise, as always. One thing I would love to start with was a great experience that I've had working in committees. In particular, ultimately the work that was done on Tarion, for instance, was disappointing, because many people thought it could go much further. But I do want to reflect on something that happened during all the committee meetings—a non-partisan committee, of course. It was the respect that government members showed—the gushing respect—for the AG. Her report, issued in committee, was treated like a holy book, her words like gospel, her recommendations like revelations. That is how the members treated the words of the AG there.

I know some of these quotes were read earlier, but I'd like to read them once again into the record. This points to the respect of government members in speaking about the AG. Let's start with the Minister of Health. This is July 18, 2018, with her currently sitting in this government: "Well, first of all, let me assure the leader of the official opposition that we do support the work of the Auditor General. We do listen to what she has said.... We think she is thoroughly competent. She knows what she's doing...."

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Here's the Minister of Municipal Affairs and Housing. This happened in 2017, under the former Liberal government. He said, "Our independent officers ... exist to

provide the public with unbiased reports ... that rise above the politics of this place, and I find it disgusting that the government would risk eroding the confidence ... in those officers because they fear taking” a “hit.” Presumably, the government might have been speaking against the Auditor General, something I wouldn’t expect this government to do, certainly, based on these quotes.

The Speaker (Hon. Ted Arnott): Pursuant to standing order 50(c), I’m now required to interrupt the proceedings and announce that there have been six and a half hours of debate on the motion. This debate will therefore be deemed adjourned, unless the government House leader directs the debate to continue.

I recognize the member for Barrie–Innisfil.

Ms. Andrea Khanjin: Please, have the debate continue. Thank you.

The Speaker (Hon. Ted Arnott): Thank you very much.

I’ll go back to the member for Humber Creek–Black River to resume his remarks.

Mr. Tom Rakocevic: Thank you very much, Speaker.

Presumably, what happened was that the Liberal government at the time was critical of the Auditor General, and so Conservative members stood up in defence of this prestigious office.

The Minister of Heritage, Sport, Tourism and Culture Industries, from December 6, 2017: “Ms. Lysyk”—this is the Auditor General—“plays an essential role in holding our government accountable. Her work should be valued and commended, not disregarded and demeaned as the government has done in the past.”

Here’s the Minister of Infrastructure, from 2017. This speaks to risk assessments, and we’ll get into that later. “The last provincial risk assessment was done six years ago, based on data from 2009. The AG says that as a result, Ontario is simply not prepared to deal with large-scale emergencies. Emergency management staff are untrained. They have large turnover, and a major IT project has been bungled. What an unbelievable failure on the part of this Premier and this government.

“Protecting the safety and security of its citizens is the first and most important responsibility of any government. Why does it take an Auditor General’s report for this government to realize that they have no emergency plan to keep 14 million Ontarians safe?”

That was in question period. Her follow-up question included: “They sat on their hands for more than five years, and now they claim that they’re working on it. It’s ridiculous.

“Given the dangers in the world today, when will the government finally get around to fixing these huge holes in our province’s emergency management system?”

One would think that this government, upon hearing that the Auditor General had now undertaken to help them to look into what their emergency preparedness is and to make suggestions—how would they handle that? Certainly, if she pointed out any criticisms or errors or things that could be fixed, this would be welcomed with open arms, because each and every one of us in this chamber want to

do best for our communities and for the entire province. We are in the midst of a pandemic. People are dying, and we must do everything we can to help them. So for the Auditor General, someone certainly respected by the government members—and we see here from the Hansard the things they had to say, and certainly from my experiences in committee, hearing what they had to say about the Auditor General, they would welcome her report with open arms, because it could help them.

What was the purpose of the audit that she conducted? In her presentation, it was to review Emergency Management Ontario’s involvement in the response to COVID-19, given the critical role of emergency management in Ontario to determine the status of our 2017 recommendations, with a specific focus on those related to COVID-19 and whether EMO was prepared to respond to the pandemic. She had provided recommendations in 2017 under the previous Liberal government.

We’ve seen the Conservative government move lightning fast on doing things like attacking the democracy of the city of Toronto and other things. Certainly, emergency management preparedness would be an incredible priority for this government. We saw emergencies, we saw SARS, we saw the huge blackout that occurred. There were emergencies that this province faced, and of course this should be a priority for them.

The second objective: whether the EMO undertook the role and actions that were required during the response. “We also undertook a review of the emergency response for COVID-19 undertaken by other Canadian provinces”—we’ve heard government members referring to other provinces in a rather negative way, I must say, during the debate today—“to identify actions ... that could be implemented in Ontario before subsequent waves of the pandemic occur and to better prepare for future emergencies.”

Let’s get into the report. She said, “Overall, from our work ... we found that Ontario’s response to COVID-19 in the winter and spring of 2020 was slower and more reactive relative to most other provinces and many other international jurisdictions. We believe that there were several contributing factors:

“(1) Ontario’s command structure evolved to become overly cumbersome, and it was not dominated by public health expertise. The Chief Medical Officer of Health and other public health officials did not lead Ontario’s response to COVID-19.”

I had the opportunity to ask the Minister of Health very recently about a major issue that’s occurring in my community and in other urban centres. This government should be dedicated to finding situations where the pandemic will much more easily spread—certainly, the concept of packed buses. Imagine, you are an essential worker, you are a front-line health worker, and you get up in the morning and you go onto a bus, and you are packed—in the midst of a pandemic, people are shoulder to shoulder. You would think, with a command table defined as “cumbersome,” with so many people at the table, that there would be the ability to answer a simple

question: “Are you thinking about things like bus service, ensuring that people are not forced together in cramped quarters?” I’m told, “No, that’s for the Ministry of Transportation.”

Let’s go to number two:

“(2) Given the significant changeover in leadership in Ontario’s Provincial Emergency Management Office (EMO), outdated emergency plans and the lack of sufficient staff, the province was not in a good position to implement the provincial response structure in its Provincial Emergency Response Plan when the province declared an emergency on March 17, 2020. It responded by hiring an external consultant to create a new governance structure, based on the belief that there was a need to create a whole-of-government approach”—I believe they spent well over \$1 million on the consultants. “This approach took time, with a central co-ordination table being established that held its first meeting almost a month into the emergency, on April 11, 2020. In contrast to Ontario, other provinces activated their existing response structures and emergency plans. As well, we found that when we completed our work, the EMO had still not undertaken detailed planning or worked with municipalities to plan for subsequent waves of the pandemic.”

I actually want to share a timeline, and this was in her abbreviated presentation. This slide was entitled, “Key lessons from SARS not followed in COVID-19.

“Precautionary principle. Not wait for scientific certainty before taking reasonable steps to reduce risk identified by SARS Commission’s final report as most important lesson of SARS.” I can’t fully lay this on the feet of this government, because the Liberals had a big hand in this level of unpreparedness as well. It’s both of them.

“Unlike other provinces”—and let’s go through this—“ministry did not fully apply this principle.

“Late January: Ministry assessed risk of COVID-19 to Ontarians as low, despite evidence of spread in multiple countries.

“Early February: Ministry discouraged having most travellers tested but COVID-19 confirmed in about 20 countries outside China and Canada.

“March 12: Ontarians still advised”—I remember this. This was the Premier. In March of this year, Ontarians were still advised “to go away during March break, conflicting with other provinces.” What could go wrong there, right?

“March 26: Ministry delayed acknowledging community transmission, despite strong evidence identified by a number of local medical officers of health.

“April 8: Ministry delayed requiring long-term-care-home staff to wear PPE and restricting them from working at multiple facilities.” We saw the devastation that COVID wreaked on our loved ones, on seniors and the people in long-term care. It was horrendous. We all saw what happened.

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This is definitely critical. There is a lot more to say, but the attitude that the government takes when experts, when

people trying to help offer them advice—because each and every one of us in this chamber want to help people and save lives. The response of this government is to attack anyone who criticizes or even tries to offer help that runs contrary to them, in the midst of a pandemic.

Let’s go back to number 3:

“(3) We found that key lessons identified in the aftermath of the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 had not been implemented by the time COVID-19 hit Ontario, and were not followed during Ontario’s COVID-19 response. For example, the SARS Commission’s final report identified the precautionary principle—taking preventative measures to protect the public’s health even in the absence of complete information”—as we discussed earlier—“and scientific certainty—as the most important lesson of SARS. Following this principle means taking decisive action early. This is not what we saw in our audit work; instead, we saw delays and conflicts and confusion in decision-making.

“(4) The Chief Medical Officer of Health did not fully exercise his powers under the Health Protection and Promotion Act to respond to COVID-19. He did not issue directives to local Medical Officers of Health to ensure public health units responded consistently to the COVID-19 pandemic, nor did he issue directives on their behalf. In May 2020, 34 local Medical Officers of Health jointly prepared and signed a document stating there needed to be more direction and regional consistency.” These were questions that were actually recently asked of the government as well, around regional consistency. “For instance, it was the province, not the Chief Medical Officer, that finally issued an emergency order in early October 2020 to require masking for the general public.

“(5) Public Health Ontario played a diminished role in the overall provincial response and even regional response structures were generally not led by public health experts. Some tasks that typically would have been Public Health Ontario’s responsibility were done by Ontario Health instead, such as reporting provincial surveillance data to the health command table and co-ordinating provincial laboratory testing for COVID-19. Local Medical Officers of Health informed us that they were confused by provincial politicians delivering critical public health advice in place of the Chief Medical Officer of Health.

“(6) Variations in management and operations among public health units contributed to fragmentation and inconsistencies across Ontario. Public health in other jurisdictions, such as British Columbia, Alberta and Quebec, is more simply organized. Public health reform recommended about 15 years ago by the SARS Commission had not been fully acted on. As of the writing of this report, Ontario’s 34 public health units were still operating independently and best practices were still often not being shared.” This is a mistake of the former government and was not solved by this government.

“(7) The Ministry of the Solicitor General did not implement our recommendations from three years ago to regularly update and finalize its emergency response plans. As well, the Ministry of Health had not acted on

recommendations in our 2003, 2007 and 2014 audits to address the weaknesses in public health information systems.” Again, this lies on the Liberals—2003, 2007 and 2014. And this government speaks in droves about how poor the past Liberal government was, but did they fix this? Was this a priority from the moment they took office? No, it was not. “This had negatively impacted the work of public health units during COVID-19. Information systems now in use have limited functionality for case management and contact tracing. Also, the Ministry of Health did not make the improvements needed in its fragmented management of the laboratory sector. Laboratory testing still follows a substantially manual, paper-based process, and the laboratory information system is not integrated with the public health information system.”

My friend and colleague the member from York South–Weston has brought to the attention of people that people in his community, in my community and many others are waiting up to two weeks to get the results of a COVID test. Imagine, you fear that you may in fact have COVID, and you go to get tested and you’re waiting two weeks. You can’t go to work. What can you do? You still don’t have an answer. It’s unacceptable.

I again go back to the AG:

“International best practices indicate that there are three critical things that must be done to control the virus—timely testing, managing positive cases, and contact tracing. In chapter 3, we noted that laboratory testing, case management and contact tracing for COVID-19 were still not all being performed in Ontario in a timely enough manner to contain the spread of the virus.

“More specifically, the three critical activities are: collecting and testing specimens from individuals to identify if they have COVID-19 (laboratory testing); contacting individuals who test positive to advise them regarding their condition and self-isolating, and to determine how they contracted COVID-19 (case management); and identifying and contacting the close contacts of individuals who have tested positive to advise them regarding testing and self-isolating (contact tracing). The Lancet medical journal reported in July 2020 that when there are no delays in completing these activities, an infected person’s potential to transmit COVID-19 to others can be reduced by 80%”—80%. “The success of this process is significantly dependent on having effective integrated information systems that can quickly capture and communicate information. Information systems of this calibre, along with clear case management and contact tracing guidance, were lacking in Ontario and delayed data collection, case management and contact tracing.”

I’m going to skip over some of this and get to the end here:

“The need for properly resourced public health labs” in “Ontario and better information systems had been pointed out years ago by experts and others, including our office, with little to no action taken until the onset of the COVID-19 pandemic. If these long-standing concerns had been addressed earlier, the ministry would have” had “better

information to enable it to adjust testing eligibility criteria to the highest-risk Ontarians and probable cases, and Ontario could have responded to COVID-19 more quickly, more effectively and more efficiently.

“Clearly there are many lessons that can be learned from the first eight months of COVID-19. In the near future, we plan”—and this is what’s coming up next—“to issue a ... special report on Ontario’s response to COVID-19,” because that wasn’t really touched here. They will be reporting on the management of health-related COVID-19 expenditures, personal protective equipment and long-term care issues.

I’m asking the government not to do what we heard this morning. The Premier got up and, many have said, issued warnings to the Auditor General that sounded very much like threats; that’s what they sounded like, and that’s what they sounded like to me. I was very concerned. My community, just like the Premier’s community, has been one of the hardest-hit communities across this entire province. We’ve been asking questions. Some of what’s been happening there is starting to make a lot more sense, seeing what the Auditor General has said.

There are recommendations that come out of this report. In the time that’s winding down—the members of this government have shown respect to the Auditor General in the past. We’ve seen it in the words of Hansard and I saw it first-hand working with government members in committee. Now is the time to listen to experts. She is making recommendations that will save lives. Do the right thing. Listen to the AG and don’t take it as a personal attack, because she, just like you and just like us—we want this province, we want the members of our communities to be healthy and safe and, every night, to be able to go home and hug their loved ones.

Do the right thing. Don’t feel attacked. Follow the recommendations here.

The Deputy Speaker (Mr. Rick Nicholls): I recognize the government House leader on a point of order.

Hon. Paul Calandra: I am seeking unanimous consent that on December 2, 2020, and December 9, 2020, the afternoon routine shall commence at 1 p.m. and that ballot item 38, standing in the name of Mr. Tabuns, be rescheduled for December 2, 2020, following the afternoon routine.

The Deputy Speaker (Mr. Rick Nicholls): The government House leader is seeking unanimous consent that on December 2 and December 9, that the—it was a long one—the ballot item, ballot item number—

Hon. Paul Calandra: It’s 38.

The Deputy Speaker (Mr. Rick Nicholls): —thank you—38—standing in the name of Mr. Tabuns, be rescheduled for December 2 and December 9, starting at—

Hon. Paul Calandra: Perhaps I could just send it to you.

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The Deputy Speaker (Mr. Rick Nicholls): That might be helpful.

Well, it wasn’t a bad attempt, but let’s get it right for the record.

The government House leader is seeking unanimous consent that on December 2, 2020, and December 9, 2020, the afternoon routine shall convene at 1 p.m. and that ballot item 38 be rescheduled for December 2, 2020, following the afternoon routine. Agreed? I heard a no.

The member has completed debate, so it's now time for questions. No questions? No questions on this one? Well, how about that? All right.

Further debate?

Ms. Christine Hogarth: For those who are watching this evening, they would think that we were actually speaking about the AG's report, but we are not. Unfortunately, we are a little disappointed in a mischaracterization of the province's pandemic response to date. As we expect, the truth is thanks to the actions and commitments of all Ontarians—so we want to thank all Ontarians out there—and our Chief Medical Officer of Health. Our province continues to have the lowest rate of active COVID cases amongst all provinces outside Atlantic Canada.

Today, it gives me great pleasure to join and speak on a motion and talk about Dr. Williams, who is our Chief Medical Officer of Health, and his extension period until September 2021.

The global outbreak of COVID-19 has been one of our greatest challenges for our generation. It's truly an unprecedented event in our history. And I am disappointed that this is our discussion for the evening.

People at home look to Dr. Williams, they look to the Premier; those are their leaders. They look on TV, they watch them on a daily basis, they have that confidence. The member opposite spoke at one point tonight about how people are scared. Yes, they are. People are scared. And they do have a comfort in people. They have comfort in our Premier, Premier Ford. They have comfort in our Chief Medical Officer of Health, Dr. Williams. They have comfort in our Deputy Premier and Minister of Health, Christine Elliott. Why would you consider even changing our Chief Medical Officer of Health at this time? Anyway, here we are debating at this hour.

Since the beginning of the COVID-19 outbreak, our government has taken prudent, progressive and focused action to protect the health and well-being of all Ontarians, and we've responded to this unprecedented public health crisis. Our response to COVID-19 has been guided by the keen insights of Dr. Williams, who has provided the government with indispensable help to fighting this virus.

Protecting the health and safety of all Ontarians has always been this government's top priority. As recent case counts of COVID-19 remain high, it is clear that this province's battle with the virus is far from over. Now, more than ever, we need experienced, stable leadership. We need someone who fully understands the pandemic and the province's public health system as we continue to work collectively to stop the spread of COVID-19. There is no one better suited for the job than Dr. Williams.

Dr. Williams has been at the forefront of this province's response and has worked day and night to keep Ontarians safe and informed. As I said, many watching tonight take

comfort in seeing Dr. Williams on TV daily. His wealth of knowledge and experience is instrumental in guiding us through these challenging times. Why would you take that comfort away from our seniors, from our parents, from our grandparents, the people who go and look to him for advice and see him every day?

It's unfortunate that during this global health pandemic, the NDP is questioning the abilities of our Chief Medical Officer of Health, especially considering our very well-respected NDP health critic, the member from Nickel Belt—also very well-respected in Sudbury—was on the all-party selection committee that chose Dr. Williams as the Ontario Chief Medical Officer of Health back in 2015. Now the NDP are looking at this man and doubting this individual's abilities and his qualifications to lead us through the rest of this COVID-19 pandemic.

I think it would be rather unusual for the opposition to suggest, in a health crisis, that government should not listen to the one person appointed to provide public health advice to the government or, for that matter, that we should simply change our independent advisers every time we hear something we don't agree with. It is truly unprecedented but, sadly, not surprising to see the official opposition, unfortunately, playing politics. To do so is sad in this crucial time while we are fighting this fight of the deadly virus COVID-19.

Mr. Speaker, since the very beginning of this pandemic, the Ontario government has taken actions in consultation with, or on the advice of, the Chief Medical Officer of Health, on more than 100 different issues. Dr. Williams's wealth of knowledge and experience has been instrumental in guiding us through these challenging times.

He understands challenges of this pandemic, and more importantly, he understands the unique dynamics of our province's public health system, with our 34 regional public health units and our 34 local medical officers of health. Each of these health units is required to tailor public health interventions to meet the unique needs of their communities, but this structure, with all of its different pieces, can be a challenging one to navigate.

Speaker, few people have as much experience in the role as Dr. Williams. In addition to his five years he is currently serving as our Chief Medical Officer of Health, he has served for two years, from 2007 to 2009, as acting chief medical officer of health. During that time, he led our province's early preparation and response to the 2009 H1N1 flu pandemic and the vaccination effort that followed.

He has served as the local medical officer of health in the Thunder Bay District Health Unit, and so that small town, big city—he has the experience. That not only gives him the perspective of having managed public health at the provincial level, but also the understanding of the experiences of a medical officer of health at the local level.

Overall, he brings nearly 30 years of experience in Ontario's public health system to the table, and we are all benefiting from his expertise.

In his role as Chief Medical Officer of Health, Dr. Williams has also worked closely with our federal and

provincial partners as a member of the special advisory committee on COVID-19, as well as continuing to consult with Ontario's local medical officers of health. These collaborations have allowed Dr. Williams to establish and strengthen relationships with our partners as we work collectively to defeat this deadly virus.

Under Dr. Williams's leadership, Ontario has achieved some significant milestones in its fight against COVID-19. Ontario was the first province in Canada to make COVID-19 a reportable disease under the public health regulations so we would know when it arrived in our communities. Dr. Williams has played a key role in making Ontario a leader in testing and case and contact management. We were the first province to begin our own COVID-19 testing, so that tests could be processed locally without sending to the National Microbiology Lab in Winnipeg for verification.

Mr. Speaker, when we first started testing, our province was only able to conduct 4,000 tests per day. But by working with our partners, we now have expanded our testing capacity exponentially and Ontario has completed over 5.8 million tests to date, more tests completed than all Canadian provinces and territories combined. According to Health Canada data, our province is a national leader in COVID-19 testing, having achieved the highest per capita rate of testing in the country.

Mr. Speaker, when it came time to open schools safely, as our Minister of Education spoke about earlier, Dr. Williams worked with other public health experts, Ontario Health, medical experts at SickKids and the Ministry of Education to develop a plan that has ensured students would return to the classroom five days a week in a way that protects the health and safety of our children, our teachers and our school staff. Ensuring that children can attend school with minimal interruption is an important part of their healthy growth and development, and it's good for their mental health.

I see my nephew go to school. Now, he didn't really want to go to school, but when he went, I'll tell you, that smile on his face really changed.

We continue to be grateful to Ontario's Chief Medical Officer of Health for contributing significantly to the development of Ontario's back-to-school plan.

Mr. Speaker, Dr. Williams's leadership and guidance was also critical to bending the curve of the first wave of COVID-19, helping us reopen our province this summer. That's why, more than ever, the people of Ontario need his expertise and guidance to get us through this next wave. Thanks to the advice of Dr. Williams, over the last eight months we have managed to keep the rate of total cases in Ontario below the national average. We are currently sitting at 89 cases per 100,000, as I mentioned earlier, which is the lowest rate of active COVID-19 cases amongst all provinces outside Atlantic Canada. For context, we can compare that rate to 128 cases per 100,000 in Quebec, 165 cases per 100,000 in British Columbia, 249 cases per 100,000 in Saskatchewan, 305 cases per 100,000 in Alberta, and 634 cases per 100,000 in Manitoba. This is not something for us to brag about, but it's a factual reflection of where we stand today. It illustrates just how

far we have come, in large part because our government has relied on and implemented the advice of our Chief Medical Officer of Health.

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With news of a potential vaccine on the way, we are on the verge of a critical new phase in our efforts to stop the spread of COVID-19. While there is light at the end of this exhausting tunnel, the reality is that a vaccine is still months away. We are going to continue to take all measures necessary to stop the spread of COVID-19, while planning for the availability of a safe and effective vaccine once it's ready. But we're not there yet. We need to continue to work collaboratively with our partners and control this virus for the next little while. We need somebody at the helm who fully understands the pandemic and the province's public health system as we continue to work collectively to stop the spread of COVID-19 and continue the work of preparing for the deployment of vaccines.

Mr. Speaker, Dr. Williams took a leading role in the development of the Keeping Ontario Safe and Open framework, introducing preventive measures early to allow for additional public health and workplace safety measures to be introduced or removed incrementally. This framework, informed by public health experts, including the public health measures table, data and the experiences of other jurisdictions, is focused on introducing less invasive measures earlier to stop the spread of COVID-19. It also reflects our commitment to being transparent with Ontarians, businesses and local communities as we work together to keep schools open, safeguard health system capacity and protect the province's most vulnerable populations. This is why we have taken such extreme measures.

My community of Etobicoke-Lakeshore, the city of Toronto and the city of Peel—we had no choice but to lock down these communities. I know it is so tough on our businesses, and I hear from residents all the time. Some of us want us to open businesses, but the majority of us want us to close them because we do need to protect those most vulnerable. To those businesses out there: There are supporters for you, and we are here to help you.

Mr. Speaker, Dr. Williams has likened the strategy that we have put forward to a dimmer switch, enabling measures and restrictions to be increased and giving individuals and families the information they need to adjust their activities and interactions based on local epidemiological data. This framework has been extremely important to date, serving as an early warning system allowing us to scale up and scale back public health restrictions on a regional or community basis in response to the surges and waves of COVID-19.

As recent case counts of COVID-19 remain high, it is clear our province's battle with the virus is far from over.

And let me say this: None of us wanted to shut down our province the first time around, in March and April, and none of us wanted to do it again. In my own riding of Etobicoke-Lakeshore, we entered the grey lockdown level of our provincial framework, and I know this was an extremely, extremely tough decision. But if our medical

experts tell us that we need to take these drastic actions to keep our schools open, to safeguard the health system capacity and protect the province's most vulnerable populations, then it is the right thing to do. Our government will do what is necessary to safeguard the health of all our constituents.

I want to thank all of those who write in and share their thoughts on what's happening with the economy, what's happening with the health system. I thank them for their feedback, and we certainly do share that feedback. We will do what is necessary to help bend the curve of a second wave and any future waves that we may face.

Mr. Speaker, when facing difficult and potentially unpopular decisions, we have put partisan politics aside. We have relied on the advice and expertise of our public health advisers, led by Dr. David Williams, to help guide our response and keep our province safe. And now, as we deal with the impacts of the second wave of the virus and begin planning for the reception and deployment of the COVID-19 vaccines, province-wide, we need experienced and stable leadership, and that will be critical to our success.

From a continuity perspective, it makes no sense to make a drastic change in leadership when we are just beginning to see the potential for hope. Our government is not asking that members of the Legislature grant Dr. Williams another five-year term in this role; the request before us is to extend his tenure by a little more than six months, from February 2021 to September 2021, and this is during the most significant public health challenge we've faced in a generation. Mr. Speaker, this request is being made so our province can continue to benefit from his wealth of experience and knowledge, and so that he can continue the important work that is already under way.

Mr. Speaker, since the start of this pandemic our government has been guided by science, data and expert public health advice provided by Dr. Williams and the countless other public health officials. We can't stop that today. Since the outbreak surfaced, Dr. Williams has been at the forefront of our province's response and he has worked day in and day out to ensure that Ontarians are all safe—and not just safe, but informed every single day. Under Dr. Williams's leadership, Ontario has achieved some significant milestones, as I mentioned, making our province a leader in testing, in case and contact management, bending the curve of the first wave to help the province reopen this summer and working with the Ministry of Education to ensure schools remain a safe place for our kids by putting into place measures to limit COVID-19 transmission and outbreaks.

As recent case counts of COVID-19 remain high, it's clear that we need Dr. Williams to help us get through this battle. As we continue to deal with the impacts of the second wave and begin planning for the reception and deployment of the vaccines, we need to continue to have these conversations and this dialogue with people who have already been part of this pandemic table. Now more than ever we need consistency and someone who knows the situation that we are facing in this province.

Having Dr. Williams staying on in his current role for the additional time will ensure our government and province continues to receive the invaluable and straightforward advice we have gotten since the start of this pandemic. Our province will not benefit by someone trying to find their feet in a role during these unprecedented times—someone who has not earned the trust of the people from Ontario. We already have that person.

I want to take a moment to thank Dr. Williams for his continued service to the people of Ontario. I want to thank Dr. Williams for his leadership during these unprecedented times. I know it hasn't been easy—it hasn't been easy on any of us. There is no shortage of ideas, there is no shortage of opinions on how this pandemic should be handled or what actions should have been taken or could be taken. There is no shortage of tweets and social media posts on cures and this and that.

The opposition needs to put the best interest of Ontario families ahead of their partisan desire to score political points. I implore the opposition to help us by reappointing Dr. Williams, so Ontarians can continue to benefit from the depth of his knowledge and his sage advice.

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The Deputy Speaker (Mr. Rick Nicholls): Further debate?

Mr. Jeff Burch: It's a pleasure to have an opportunity to put a few words on the record regarding public health and the Chief Medical Officer of Health for Ontario.

It's no wonder that the government doesn't want to talk about the Auditor General's scathing report today. I wouldn't want to either if I were them. But it's really impossible to talk about this motion without talking about the context that's created with the issues we have today.

When I was thinking about what I was going to say today, I remembered back to the day that this Legislature broke. It was the middle of March, and we were just learning about this pandemic. I think you were even sitting in the Chair when I delivered a member's statement, Speaker. I just wanted to go back to that member's statement, because it's really interesting to read it from that point of view back then. I was talking about public health agencies in my role as municipal affairs critic. I'll read a little bit from my member's statement:

"People in my community of Niagara are concerned about COVID-19," also known as coronavirus, "and I want to use this opportunity to provide them with an update.

"Niagara Region Public Health has been working with the province and the federal government on identifying travellers who might be carrying COVID-19. Locally, they have developed multiple scenarios for what may happen, and plans for those scenarios are continually being revisited as we learn more from other countries.

"I would join the Association of Local Public Health Agencies in imploring this government to put their modernization review of public health and emergency health services on the back burner."

If you remember what that was, Speaker, that was a plan to cut \$100 million from public health units in

Ontario and to shrink the number of public health units from 34 to 10. That was the government's plan. That's what they had already presented.

Of course, the Association of Local Public Health Agencies was up in arms. There was a lot of concern about what that would mean. Can you imagine if the pandemic had happened later, and the government had been allowed to go ahead with that plan to shrink 34 public health units to 10 and to cut \$100 million from public health? That was the plan at the time.

I went on to say, "Health workers are working around the clock to contain COVID-19, and a modernization plan in the midst of a global outbreak creates unnecessary confusion in trying times. Public health units have been challenged for years due to ministry caps on budget increases." I go on to talk about the need for more funding.

That's where we were back in March. In August, as my friend from Humber River-Black Creek was discussing, the media started to look at how prepared the province was for the first wave. I was contacted by a journalist, I believe from iPolitics, Iain Sherriff-Scott, really looking at what happened to the recommendations from the Auditor General back in 2017.

We all know—and this is one thing that we'll agree on across the floor—that the previous Liberal government did not do a good job on this. They did not fund public health units properly. The structure was outdated. People were overworked. There wasn't enough support. So the Auditor General brought their recommendations from 2017 forward to this government when they were elected in 2018.

I want to read a little bit from this article by Mr. Sherriff-Scott, who was looking into what kind of state the province was in, and how seriously did this government take the Auditor General's recommendations from 2017. He writes:

"Ontario has done little to implement nearly half the recommendations made in a 2017 report by the Auditor General of Ontario that warned the province was ill-equipped to manage a prolonged emergency.

"The report, which focused on the Ministry of the Solicitor General and the Ministry of Municipal Affairs, presented 14 recommendations and 39 action items all related to emergency preparedness. Before the pandemic took hold, just 15 per cent had been fully implemented, according to a December 2019 review by the Auditor General."

So the Auditor General was coming back in 2019 and saying, "Why has this government not done anything about my recommendations?" The public health units were in a sorry state across the province. The government, as my friend pointed out, talked about how seriously they took the Auditor General's recommendations, how much they respected them, but nothing had been done.

Not only had nothing been done about these recommendations from the 2017 report, but the government had plans to make it worse, to cut \$100 million from public health units and to shrink the number of public health units from 34 to 10. It would have been disastrous if they had gone ahead with their plan and the pandemic had happened

a few months after they had thrown the entire system—and public health units all over Ontario were saying, "This is going to throw us into chaos. We're already underfunded. We're already not well organized, because of the previous government. This is going to push us over the edge." That's where we were in March, at the beginning of this.

"Recommendations contained in the 2017 report included: providing staff and support for municipalities to prepare for emergencies; establishing governance structures that support oversight of emergency management; and implementing an effective public education program to prepare Ontarians for emergencies." Imagine if we had been prepared with just these three recommendations when this pandemic started.

"The 2019 review of the report by the Auditor General's office found that the province's overall state of readiness to respond to emergencies still needed 'significant improvement'....

"If they had been following recommendations of the Auditor General, rather than cutting public health units, they would have been staffing up to ensure that they're able to help municipalities prepare for the pandemic'....

"The review found that the province's ability to manage a crisis had been 'negatively impacted' by the placement of Ontario's Emergency Management Office (EMO) within the Ministry of the Solicitor General, which occurred before the Ford government. The report described that ministry as having 'its own priorities' and therefore causing 'high turnover in leadership positions.'"

So we had turmoil before this government took office, and there were recommendations from the Auditor General advising the government on how to fix it—and the response was to cut \$100 million and reduce public health units.

Speaker, Ontario has 34 health units; it used to be 36. They cover the entire province through 34 geographical areas. Before the pandemic, the government had put in place directives that would have changed this from 34 public health units to 10, as I mentioned, to reduce the budget by \$100 million. You may recall that the NDP was making constructive proposals at the time. We asked the government—unlike other jurisdictions, there had come into effect a 50-50 split for public health units municipally, where it used to be 100% paid by the province. That had turned into a 50-50 split, and the NDP asked, "Let's go back to 100% paid for by the province." That would have immensely helped public health units after the crisis they had been thrown into by the previous government and by this government.

Public health units, as I think people across Ontario have come to realize, are incredibly important things not just during a pandemic, but at all times. When you go to a restaurant, you know the food you're going to eat is safe because public health inspectors inspect restaurants. When you turn on the taps to get a glass of water, you know that the water is safe to drink because we have public health inspectors—and we know the problems we've had in Ontario with cutting those kinds of inspections in the past.

When you send your kids to daycare, you know the daycare is safe because we have public health inspectors. They were overworked, underpaid and stretched to the limit before this pandemic happened.

“As of August 31, 2020, Ontario had the third-highest number of cases ... and the second-highest number of deaths per 100,000” people in Canada. This is straight from the Auditor General’s report.

2010

In chapter 2 of the report, the Auditor General reported, “The first case of COVID-19 in Canada was confirmed on January 27, 2020 in Toronto, Ontario. To respond to growing concerns over the spread of COVID-19, Ontario’s Ministry of Health ... established a health command table on February 28, 2020 as a source of advice.... The health command table was chaired by the Deputy Minister of Health.” This is important, Speaker. “Other key participants ... included the Chief Medical Officer of Health (who reported to the Deputy Minister of Health), Public Health Ontario ... Ontario Health ... and 34 public health units. The health command table grew and took on an increasingly complex structure during the pandemic.”

The Auditor General, in her recent report, states that “Ontario’s health command table was not led by those with public health expertise”—was not led by those with public health expertise. That’s the Auditor General saying that. “In British Columbia, the Provincial Health Officer,” which is a role similar to our Chief Medical Officer of Health, “informed us that she and the Deputy Minister of Health consistently led the province’s COVID-19 health response.” One of the key findings of the Auditor General was that the Chief Medical Officer of Health in Ontario did not lead Ontario’s response to COVID-19. That’s not a knock on Dr. Williams; that’s a knock on this government and the structure they set up and the choices they made.

“While the Ministry informed” the Auditor General “that the Chief Medical Officer of Health and the CEO of Ontario Health were made ‘functional co-chairs’ of the health command table ... some health command table members ... were unaware that the Chief Medical Officer of Health had this role.... The Chief Medical Officer of Health did not chair any of the meetings, and the terms of reference for the table were never updated to reflect the Chief Medical Officer of Health as a co-chair.”

This is important to understand, Speaker, because this is the system that this government created, that the Chief Medical Officer of Health had to function within. So despite the government’s attempt to characterize us as being opposed, somehow, to Dr. Williams, what we’re opposed to are the bad choices and the bad decisions of this government.

A provincial directive on wearing masks in public government was needed earlier, the Auditor General said, to ensure consistency across Ontario. “It was not until an October 3 Emergency Order (as opposed to a directive from the Chief Medical Officer of Health)” came into effect “mandating the use of face coverings in all public indoor settings across the province.”

The Auditor General points out that instead of issuing a directive related to foreign workers on farms, the Chief Medical Officer of Health sent a memo “strongly recommending” local medical officers of health issue their order. As a result, only 13 of the 34 health units issued such an order.

The Auditor General says that Public Health Ontario played a diminished role—this is important, and I’m going to talk about SARS a little bit before I finish. “While Public Health Ontario was created after SARS specifically to provide scientific and technical expertise during health emergencies, some tasks that had been identified as Public Health Ontario’s responsibility were done by Ontario Health,” and it lists a number of tasks.

“The regional response structure was not led by public health experts.”

Now, before I finish, Speaker, I really wanted to say something about the SARS pandemic, because at the time of SARS, I was working as a Service Employees union representative, representing hospitals. My units were all here in Toronto. I had the University Health Network, Humber River regional, Toronto East General Hospital. I spent some time at Sunnybrook, and I represented most of the employees as their union rep in those hospitals.

I can distinctly remember during SARS us speaking to the government, saying, “We have to learn lessons from SARS, and we have to make sure that we implement recommendations from those lessons when this is over.” It was really discouraging, as someone representing front-line workers, when SARS was completely forgotten. It was six months later; it was tragic. I can distinctly remember helping the employees at St. Mike’s hospital here in Toronto hold a demonstration out in front of the hospital. They were very angry because all of the recommendations that should have come out of SARS to protect health care workers and to protect the public were not carried through—just went right back to normal after.

They were actually making cuts and doing layoffs at the hospitals. I can remember getting dragged into court because, as the person who was helping the workers with this demonstration, one of the signs that the workers made said “SARS, the thanks we get,” and the hospital had a problem with that and took us into court for an injunction because they were upset. I remember they had a president of the hospital who was making almost half a million dollars, had a membership at a golf course and a car, and these workers were getting laid off six months after SARS.

So it really concerns me that we’re not going to learn the lessons from this global pandemic as they relate to workers in this province, especially front-line health care workers. We can’t fail to learn the lessons. The best thing that we could possibly do is to listen to the advice of the Auditor General. That’s what the Auditor General is there for. They’re there to look independently at the government.

As my friend from Humber River–Black Creek pointed out, this government is on record time after time after time, when they were in opposition and even after they were elected, singing the praises of the Auditor General and

how great it was to have an Auditor General who would look at things objectively and give recommendations, and how they would always follow the recommendations of the Auditor General. Well, the Auditor General has come out recently and said, “You didn’t do things properly. Here are some recommendations that we need to follow.”

It doesn’t help for the government to sit there and say, “The opposition is against Dr. Williams,” which is not the point of this. To say that somehow the Auditor General’s recommendations, as one of the members said, have somehow nothing to do with this debate—of course they do. It creates the whole context for this debate. It creates the context that this government stepped into and how they behaved during the pandemic. And what lessons are we going to learn as we’re headed into the second wave, as we’re well into the second wave?

We have recommendations from the Auditor General that this government needs to take seriously. There are very practical suggestions on how the government could change the structure of what they’re doing. The British Columbia government—whatever this government in Ontario wants to say, the British Columbia government is being touted all over the world for their response to the pandemic. They—it’s even referred to by this Auditor General in Ontario—have done some things better. Maybe not everything, maybe Ontario has done some things better than them, but there are definitely things that the British Columbia government has done that have been highly successful and are being talked about worldwide, and the Auditor General refers to those things.

One of them is the position of the Chief Medical Officer of Health and how they function within the command table and within the structures that were set up by the BC government. They did a better job. When we look honestly at recommendations, we have to be self-critical, and this government has to be self-critical. Saying that the opposition is playing politics because somehow we’re wanting to debate an Auditor General report, which is something we should all want to talk about, is preposterous. We should be looking at the Auditor General’s report objectively and saying, “What can we do better?”

We’re debating today the reappointment of the Chief Medical Officer of Health, and there are things around that position that we can do much, much better, as other jurisdictions have done. We’re being accused of being partisan. Well, let’s take the partisanship out of it and listen to the Auditor General. The Auditor General doesn’t belong to the Conservative Party, doesn’t belong to the New Democratic Party or the Liberals or the Green Party. They’re there to provide recommendations, and they have made some very pointed and very actionable recommendations to this government, to this House.

It’s incumbent on all of us to listen to that advice, to ask ourselves honestly how we could do things better and implement some of those recommendations. We haven’t done a good job of it in the past. We didn’t do a good job in 2017—the past Liberal government. This government didn’t do a good job listening to the Auditor General after they were elected in 2018. We haven’t done a good job of

listening since then. Let’s start listening to the Auditor General, start looking at this advice, and implement some of these changes so that we can better serve the people of Ontario.

2020

The Deputy Speaker (Mr. Rick Nicholls): Further debate?

Mr. Kaleed Rasheed: It is absolutely an honour to rise here, around 8:20 this evening, and have a conversation about—which I truly believe we should not be having because I think that Dr. David Williams’s tenure should have been extended the very first time when we brought a unanimous consent, that the House leader brought forward saying, “Let’s just extend.” At that time, the opposition very respectfully said, “No.” I personally felt like maybe there was some politics that was going on.

It was really disappointing. Mr. Speaker, I look at it this way: When you are in a surgical room getting a surgery done, as an example, and while the surgery is taking place, you are saying, “Oh, let’s replace the surgeon who is actually doing the surgery.” For me, I just felt like this minute, right now, we are in the middle of this pandemic and Dr. David Williams is doing an incredible job, and suddenly, the opposition is saying that we will not extend his contract and we are having this debate. I just feel like it’s a little bit unnecessary, but I guess that’s how my colleagues, my friends, on the opposite side like to operate, so we will leave it at that.

One thing I know, Mr. Speaker, is it’s very confusing, extremely confusing, because—and I actually was just speaking with some of my friends and they said, again very respectfully, that the New Democratic Party should change their name to new confused party, because it’s very, very confusing, the actions they are taking right now. I just feel like we could have been debating something much more constructive, rather than, when the House leader brought this UC—we could have just all agreed upon, just like how we did agree upon it in the past. My colleague from the other side was part of the team that approved the appointment of Dr. David Williams.

Having said that, Mr. Speaker, I want to start by thanking Dr. David Williams for his incredible work, the incredible work he has done during this pandemic. I think credit goes to him and all the doctors at the table who are fighting, day in, day out, to make sure, Speaker, that you, I, the people of this province, our kids are safe. I think they deserve our utmost respect. There are not enough words how to thank them, Mr. Speaker. Honestly, there are not enough words how to thank Dr. David Williams and his entire team.

I also want to share my profound appreciation to the front-line health care and essential service workers who have aided this province and kept things smoothly and continue to do so. We hear every day—every day, Mr. Speaker—how much our front-line and essential service workers are out there working just so that we can, if possible, stay at home and do our part. They are trying to make sure that we come out of this crisis stronger than ever before. These front-line and essential service workers

deserve our respect, and we should continue to support them, not only just during this pandemic but also afterwards. We should continue to appreciate and support them.

That's why I introduced my private member's bill just last week, and I'll be debating it next week, where I truly want Ontarians to celebrate the great work our front-line and essential service workers are doing. Every third week in March, we would love to dedicate that whole week to appreciating and thanking our front-line and essential service workers. I'm really looking forward to having a debate on that bill and then, if passed, hopefully in 2021, we will be able to celebrate together.

Speaker, since the start of this pandemic, our government has relied on the science data and the sound guidance provided by Dr. David Williams and our health care experts. Dr. David Williams has shown incredible leadership. His expertise has given our government a crucial defence in fighting this pandemic. I think, if I'm not mistaken, every other day, if not every day, we hear the Premier—and Dr. David Williams is sometimes standing with the Premier; sometimes he's having his own press conference, updating the people of this province every day somehow or other. Maybe it's through social media, but he is updating us, providing us an update as to how things are going in this province: where we are, where the curve is, how we can start flattening the curve but also start bringing the curve down, because at the end of the day that's what we want. We want to make sure that, God willing, one day there are no more cases in this province.

That's the end goal. That's the end goal we are all fighting towards, and our doctors are fighting towards. I think we should continue to respect and appreciate—and again, going back to my earlier point, give them the utmost respect, that they are out there on the battlefield fighting while Ontarians are staying at home, doing their part and making sure that we stop the spread of this virus.

During Dr. Williams's tenure, there have been several significant accomplishments in fighting against COVID-19. Ontarians continue to be provided with the crucial information they need to stay informed and up to date on COVID-19 in the province. Ontario has led the provinces in testing and case and contact management by developing a robust testing strategy that has allowed Ontario to regularly test over 40,000 Ontarians a day with more than six million people tested to date. This in itself shows the incredible leadership, not only of Dr. David Williams but also of the Premier of this province, the Minister of Health Christine Elliott, the Minister of Long-Term Care Merrilee Fullerton—she's here—they have all been doing an incredible job, fighting every day.

What else can I say? She is here right now, doing her part in making sure—I see she is making notes. I'm sure she's getting all the updates. Every hour, half an hour, she gets all the updates about our long-term-care homes, and her sitting here shows how committed she is, along with our Premier and our Minister of Health Christine Elliott. So it's teamwork. It's teamwork, and I always say we win together as a team, we lose together as a team. Here, I am

very optimistic that we are going to win together as a team, collectively, all of us together, even my colleagues on the other side. With their support, we are going to win together and we are going to come out of this crisis stronger than ever before.

2030

Speaker, we had great success in bending the curve. As you know, we had great success during the first wave. This allowed the economy to reopen and for our businesses to operate throughout the summer.

We have had great success in working with the Ministry of Education to ensure that schools remain a safe place, and our kids, by putting in place measures to limit COVID-19 transmission and outbreaks. The Minister of Education was here, and I'm sure he's watching right now as well, too. I think credit goes to him. Kudos to him and his entire team for doing such an incredible job of making sure that our schools are safe and remain open. It just gives a level of comfort to our parents that we, as a government, are doing everything possible in making sure that our kids are safe, their kids are safe, my own kids are safe.

Mr. Speaker, we have so many of our colleagues whose children are right now in school. Yes, as a parent you worry, but then when you know that we have done everything possible to make sure that we can keep our schools safe—we are doing testing regularly. Anything and everything that the Minister of Education and his entire team can do, they are doing. They are doing it, and we should continue to support them and make sure that we have their backs, just like how they have our backs at times when we need their support.

Coming back to Dr. David Williams: Dr. David Williams has taken a leading role in the development of the Keeping Ontario Safe and Open framework. This framework has been integral to this province's response and approach to handling the pandemic.

Speaker, although these are significant achievements that have been seen under Dr. Williams's leadership, we are reminded daily that the fight is not over. That is why, at this time—at this time, Mr. Speaker—it does not make sense to shift course. Extending Dr. David Williams's tenure as Chief Medical Officer of Health will ensure consistency and stability during these unprecedented and very challenging times.

Our government has always acted—and I want to say this—in the best interests of the people of this province. To ensure more consistency at this moment is the responsible choice, and that is why there should be unanimous support—again, unanimous support—for this motion. I wish there had been unanimous support for this motion two days ago, when the House leader introduced the motion here, saying, “You know what? Let's just unanimously accept and let's move on. Let's just give Dr. David Williams the extension.” Again, I'm very disappointed to see respected colleagues on the other side maybe playing some politics here; I don't know. We would have been able to achieve a lot in the last two days. But do you know what? It is great. At least the people of Ontario know that it's 8:35 and we are here debating on an extension that could have been done without any problem.

Speaker, I would like to remind the House that it was by unanimous consent that members of this House appointed Dr. David Williams as Chief Medical Officer of Health, and I would like to remind the House that this appointment took place under the previous government.

Just today, I was on social media looking at one of the posts from a member—he's a candidate now for the Liberal Party. He posted, saying that Dr. David Williams is a spin doctor. I was thinking to myself, "What do you mean, spin doctor?" I said, "So you are saying that your government appointed a spin doctor?" It doesn't make sense. He is a great doctor. He is saying that his government, the previous government, appointed a spin doctor, which was very surprising to me. This shows how much the independents believe in their own appointment.

But here, Mr. Speaker, we think Dr. David Williams has done an incredible job. He has the full support of our government, and we will continue to make sure that—because he has the best interests. Dr. David Williams has the best interests for the people of this province, and we have to make sure that we stand with him shoulder to shoulder and make sure that we seek his guidance, as always. He is a doctor. Whenever I'm speaking with my constituents and we are having this conversation about what our government's plans are, I always say, "Look, I'm not a doctor. I have to rely on the experts who are out there in the field," and those are Dr. David Williams and his entire team. They are the experts, and we have to rely on them and we have to make sure that whatever advice they are giving us—because they also have the best interests of the people of this province.

I remember, I think it was former Liberal Minister of Health David Caplan who fully endorsed and personally thanked Dr. David Williams when he stood in front of the assembly and stated, "Dr. Williams has made a significant and tremendous contribution to the province's public health system, especially during last summer's ... outbreak." And now they are saying that they have, I guess, no trust in Dr. David Williams. When they appointed him, I guess their appointment criteria—what were they thinking at that time?

Now, he is actually doing an incredible job of trying to bring us out of this crisis, and we should continue to support him.

The member opposite from Nickel Belt also stood in the House and thanked Dr. Williams "for his dedicated service to public health in our province." When he finished his acting term as Chief Medical Officer of Health in 2009, the member opposite recognized, "Dr. Williams faced some daunting challenges during his term, and certainly rose to meet them, working above and beyond the call of duty. For this, everybody in Ontario"—and I will repeat this: "everybody in Ontario is grateful to ... Dr. Williams."

What happened, Mr. Speaker? When the House leader brought the motion, with all these amazing quotes and the trust in Dr. David Williams, suddenly things just changed. Back in March, it was, "Dr. Williams is doing incredible work." In April, "Dr. David Williams is doing incredible work." In May, "Dr. David Williams is doing incredible work," and so on, and now suddenly we are here debating

on whether we should extend Dr. David Williams's tenure by just six months. It's not like we are asking for a huge extension. It's just for six months, just so that he can finish the great work he started and the support he has given to the people of this province.

I know, Mr. Speaker, when I meet and I speak with the people of this province, they all have so much appreciation for Dr. David Williams. They believe he has done an incredible job. I meet with my constituents on an almost daily basis when I'm not in the House. If I'm speaking with them, they say that Dr. David Williams, along with the Premier of this province, the Minister of Health, the Minister of Long-Term Care and the Minister of Education, all have worked together as a team, so why stop their great work? Let this team continue to do the great work, and let them help us come out of this crisis.

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With that, Mr. Speaker, thank you so much for giving me the opportunity to say some great words, and my support to Dr. David Williams.

The Deputy Speaker (Mr. Rick Nicholls): To extend debate, I'm looking to the member from York South-Weston.

Mr. Faisal Hassan: It is an honour for me to rise on behalf of the decent, hard-working people of York South-Weston, who sent me here.

Here we are again, tonight, debating the extension of Dr. Williams, chief medical officer of Ontario. Back in July—on the 21st, to be specific—the news first broke to the public that Dr. Williams would be retiring. His five-year term, started under a Liberal government, had come to an end. Media reports at the time described the style of his term as "mild, reserved, indirect, and cautious." If those traits are the perfect ones for a Chief Medical Officer of Health, then I would suggest those very same traits, of being mild, reserved, indirect and cautious, would not serve us well during a global pandemic. But we are not here tonight to speak to the suitability of Dr. Williams as a good Chief Medical Officer of Health. We are here tonight because, despite media reports in July saying that Dr. Williams was retiring in February, this government here is now, last minute, trying to rush through an extension of Dr. Williams's contract.

Now, whether Dr. Williams is a good Chief Medical Officer of Health or not is not truly the point. The point is that this government is always slow to react, always a day late and a dollar short when it comes to action in this province. A responsible government, or a competent business model, knowing that the mandated retirement of a person they considered valuable was nearing, that government would have months ago started the process of looking for a replacement. Especially during the COVID pandemic time, one would think any government would not leave themselves without the best Chief Medical Officer of Health they could find.

Well, Mr. Speaker, it seems this majority Conservative government, with all the powers that go with that designation, didn't think of replacing Dr. Williams or how that process would work until this very week. This week, Tuesday, with no notice to the official opposition, this

government sought a rubber stamp of their last-minute, flying-by-the-seat-of-their-pants governance and COVID crisis management. They wanted us to extend Dr. Williams's contract. Mr. Speaker, we on the official opposition side of the House are so tired and weary of this government's antics and inaction. They are upset when we don't go along with their making-it-up-as-they-go-along policies. Who waits for less than three months before a key member of their medical response team is set to retire to decide what they will do to replace them?

The people of this province have no confidence in this government's handling of the pandemic, and neither does the Auditor General. Citizens need to feel confidence in their government, and never more so than during a global pandemic, the likes of which we have not experienced.

We get mixed messages every day as the member from Etobicoke North stands at some manufacturing facility or bakery to give his daily COVID updates. One day, it is Ford railing about the COVID lawbreakers and how he will come down hard, to the next day, with the Premier saying he sympathises with the business lawbreakers and it keeps him up at night. For Ontarians, it is mixed messages that keep them up at night. It seems to most people that given the choice between the economy and public health, that dollars always win the day.

My colleague from Timiskaming–Cochrane always has unique insights, but today I liked his comments regarding the Premier's assertion that Dr. Williams is the perfect dance partner, and you don't change in the middle of a dance. My esteemed colleague stated that Dr. Williams is, in fact, the perfect dance partner because Doug Ford is the one who gets to lead.

Last night, the official opposition tried to amend the government motion with what I thought was a well-thought-out and reasoned amendment by our health critic from Nickel Belt. The idea that the next Chief Medical Officer of Health would be selected by a bipartisan committee and would be an independent employee of the Legislature, as opposed to working and reporting to the Minister of Health, is very sound. The Chief Medical Officer of Health should be the best candidate all parties of the House agree on, and they should operate with complete independence. Is that a bad idea, Mr. Speaker? I don't think so. I think not. The only people not wanting this are those not wanting transparency, and the ability to reward political friends.

Many of us on this side of the House were curious as to why the government was looking to rush this extension of the Chief Medical Officer of Health through, and why the government side was so clearly angry, as they are tonight, with simple questions and statements about the Chief Medical Officer of Health. It is today clear, after the Auditor General's damning report about this government's COVID-19 response and the performance of the Chief Medical Officer of Health, that the government hoped to rush Dr. Williams's extension through as soon as possible, and lacking the transparency this government always looks to avoid.

Again, Mr. Speaker, this debate has always been about process, and this side of the House insists that process

dictates that an all-party committee determines the candidate, and that the Chief Medical Officer of Health is independent of the government and only answers to the Legislature—the whole Legislative Assembly.

Last night, the government ranted and railed that even though Dr. Williams reports to the Minister of Health, he is free to speak his mind. Well, Mr. Speaker, let us look today to an independent officer of the Legislature, the Auditor General, whose report was not only condemned by the government, but the Premier and health minister both attacked the integrity of Auditor General Bonnie Lysyk.

The member from Ottawa West–Nepean rose last night and gave the credentials of Dr. Williams. I have no doubt Dr. Williams is accomplished in his field, but in fairness to the attacks by this government on the Auditor General today because of a report they didn't like, I feel fair time is needed.

2050

“Bonnie Lysyk became the 13th Auditor General of Ontario on September 3, 2013, after having previously served as Provincial Auditor of Saskatchewan, and Deputy Auditor General and chief operating officer of Manitoba.

“Lysyk has held senior positions in both the private and public sectors during a 25-year career spent in three provinces. She has extensive audit, finance, risk management and governance experience.

“She served as the deputy auditor general and chief operating officer for the Office of the Auditor General of Manitoba and, most recently, as Provincial Auditor of Saskatchewan. She also held a variety of senior roles at Manitoba Hydro and served as chief audit executive of the Manitoba Liquor Control Commission.

“A native of Winnipeg”—we have something in common because she also went to the University of Manitoba—“with a bachelor of administrative studies (honours) degree and subsequently obtained her designation as a chartered accountant while working with Coopers and Lybrand (now PricewaterhouseCoopers). She also has a masters in business administration and is a certified internal auditor. In 2017, she was named a fellow of the Chartered Professional Accountants of Ontario.

“Lysyk is currently a member of the Canadian Council of Legislative Auditors and over the years has actively participated in many professional and volunteer not-for-profit organizations. She has also taught auditing courses in Toronto and overseas.”

Mr. Speaker, the Auditor General is more than credible. If she was seeking an extension and I was able to support it, I would do so. If the government is so intent on attacking independent officers like the accomplished Auditor General, why would someone working for a minister, such as Dr. Williams, dare raise their voice in dissent? The anger and invective raised towards Auditor General Bonnie Lysyk today was vicious and unreasonable. I was shocked to hear the language used by this Premier and the Minister of Health.

I will use the rest of my time to give voice to Bonnie Lysyk, Ontario's esteemed Auditor General, and I will

remind the government side that it takes many sides to a discussion to arrive at a good conclusion that will benefit the province of Ontario. Do not let pride or hubris be your downfall.

Now: “Auditor General Special Report: Ontario’s COVID-19 Response Faced Systemic Issues and Delays.”

“Auditor General Bonnie Lysyk says the province’s response to COVID-19 in the winter and spring of 2020 was slower and more reactive relative to other provinces.

“The audit looked at three areas: emergency management and pandemic response; outbreak planning and decision-making; and laboratory testing, case management and contact tracing.

“It found a number of contributing factors leading to this slower pandemic response, including outdated provincial emergency plans, insufficient staff and significant changeover in leadership at Ontario’s provincial emergency management office (EMO), as well as systemic issues such as the lack of lab surge capacity and outdated IT systems. A new governance structure to respond to the pandemic was not presented until a month after the state of emergency was called.

“The Auditor General says much of this was avoidable as Ontario failed to act on key lessons identified in the 2003 SARS outbreak that had not been implemented.

“For example, the SARS commission’s final report identified taking preventative measures to protect the public’s health even in the absence of complete information and scientific certainty as the most important lesson of SARS,” stated Lysyk. “Following this principle means taking informed decisive action early. This is not what the audit found; instead, we found systemic issues and delays in decision-making.”

“Even after the state of emergency was declared, the audit observed a command structure that was overly cumbersome, having expanded from 21 people to 500 members at the time of this report being drafted. As well, the command structure was not led by public health expertise, and Public Health Ontario played a diminished role in the province’s pandemic response.

“In addition, the Chief Medical Officer of Health and other public health officials did not lead Ontario’s response to COVID-19. Auditors concluded the Chief Medical Officer of Health did not fully exercise his powers under the Health Protection and Promotion Act to respond to COVID-19. For instance, it was the province, not the chief medical officer, that finally issued an emergency order in early October 2020 to require masking for the general public.

“The audit also concluded Ontario’s COVID response was often disorganized and inconsistent because of variations in management and operations among public health units. Public health reform recommended about 15 years ago by the SARS commission had not been fully acted on. In May 2020, Ontario’s 34 local public health units jointly issued a document stating that there needed to be more direction and regional consistency. As of the writing of this report, these 34 public health units were still operating independently, and best practices were still often not being shared.

“The report also points out that the Ministry of the Solicitor General did not implement Auditor General recommendations to the previous government”—that is the last 15 years; that was bad—“from three years ago to regularly update and finalize its emergency response plans. As well, the Ministry of Health had not acted on recommendations in the 2003, 2007, 2014 and 2017 audits to address weaknesses in public health lab and information systems. Had these recommendations been addressed, Ontario would have been much better positioned to respond to COVID-19.

“Auditors were also concerned that laboratory testing, case management and contact tracing for COVID-19 were still not all being performed in Ontario in a timely enough manner to contain the spread of the virus. These are the three critical things needed to control a virus according to international best practices, and success is dependent on having effective integrated information systems that can quickly capture and communicate information. This, along with clear case management and contact tracing guidance, were lacking in Ontario.

“For example, between January and August, all but one public health unit could not meet the target of reporting lab test results within a day of specimens being collected 60% of the time. We also found public health units in Toronto, Ottawa, Peel region and York region were failing to contact people in a timely manner after testing revealed they were COVID positive between March and August 2020,” stated Lysyk. “This may have led to further exposure and spreading of the virus.”

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“The need for properly resourced public health labs in Ontario and better information systems had been pointed out years ago by experts and others, including our office, with little to no action taken until the onset of the COVID-19 pandemic. If these long-standing concerns had been addressed earlier, the ministry would have better information to enable it to adjust testing eligibility criteria to the highest-risk Ontarians and probable cases, and Ontario could have responded to COVID-19 more quickly, more effectively and more efficiently.

“Our discussions during our audit indicate that decision-makers are willing to learn from the past and recognize that improvements continue to be required, and we hope that our reports will prove useful in this regard.”

Mr. Speaker, that is the Auditor General’s report. Thank you.

The Deputy Speaker (Mr. Rick Nicholls): Further debate? I recognize that member from Willowdale.

Mr. Stan Cho: Thank you very much, Mr. Speaker—and I recognize that Speaker. Thank you for this opportunity to speak in this Legislature. It’s always a true honour, regardless of what time it is on the clock.

I’ve been listening to the members opposite debate on this very important issue. I’m going to sort of work backwards here, because I heard a lot of points made from the members opposite. I understand that the opposition’s job is to be critical of the government, but I heard a lot of misinformation, and I’d like to correct the record, starting

with that member opposite. He said that the government members were angry. Speaker, I want to assure the member opposite, I'm not angry. It's the wrong adjective. I'm disappointed; I'm curious about some of the statements that have been made, but certainly not angry.

Some of the points I'm curious about—and if any member wants to correct me if I'm wrong, please feel free to do so. This matter that we are debating, I believe, boils down to one simple fact: Are we extending Dr. Williams's term by six months or not? It stands to reason that if you are debating the extension of a term, whether that be a doctor's or any other term for somebody who is appointed to a very important position, I would imagine that it is important to talk about the merits of that individual up for that extension.

I'm curious, as I said, because I haven't really heard that from the NDP. I haven't heard one criticism of Dr. Williams. I haven't heard one criticism of the way he's handled this globally uncertain situation that is COVID-19. I haven't heard one suggestion or constructive criticism on maybe what Dr. Williams could have done better, why his term shouldn't be extended—nothing, Speaker.

It's not just during this debate. The opposition had an opportunity in committee to criticize Dr. Williams's performance. Yet again, we haven't heard that.

I also mentioned that I'm disappointed, because what I have heard in this debate is lots of talk about facts that aren't facts. I wrote them down, and there are several of them, so I'd like to go through this, if you'll indulge me, Speaker.

What I've heard time and time again is that this government has cut health care—cut health care at a time when the people of Ontario need it most. I find that very curious, because in my debate on the budget, while I was talking about how we invested in health care and increased funding in health care for every out-year in the fiscal plan that we tabled on November 4, the member for Timmins criticized this government's spending, saying that our deficit was out of control. How ironic is that, that the member from Timmins would say on the one hand, "You're not spending enough in health care," but at the same time, that member was saying that our deficit is out of control?

I speak for this government, I am sure, when I say that this government will not apologize for spending to protect the health and safety of the people we govern. That is our priority number one, and it has been from the beginning of this pandemic. That's why it is so paramount that when times are good, you put away for the rainy day. COVID-19, that's a storm. Now is the absolute time to spend.

It was in our first two years where we reduced the planned Liberal deficit by half, to \$7.4 billion. That was the time to be prudent. That was the time to put your money away. That is why we have a highly adaptable plan with the largest contingency fund in history, with the largest reserve fund in history—because of our fiscal prudence in our first two years. I will not apologize for that.

Interjection: None of us will.

Mr. Stan Cho: I don't think any member will on the government benches.

The other fact that the opposition has—well, screamed as fact is about long-term care. This is very concerning to me, because in a time when there should be less rhetoric, when there should be more collaboration; and we've seen that level of collaboration from other levels of government, putting partisan differences aside. I wish we had it in this chamber. It's ironic that the member from Windsor West referenced political expediency, saying the government was playing political games, when it's actually that member who was playing political games. I have heard now in debate seven times incorrect information about long-term care, the hard work of our long-term-care minister, the investments this government is making in that crucial sector. So I feel that I need to correct that record.

I want to remind the members opposite that this information I'm about to share was shared with the opposition on November 4. I want to remind the members that they were in the budget lock-up when we talked about long-term-care funding. What we told them was—and it's in the budget if the members want to refer to page 194. I'm happy to share that with you. It's on page 194, note number 9. I've memorized it. It says, clear as day, that for the purposes of COVID-19, contingency spending in the long-term-care sector has been bucketed separately from the ministry finances.

It's important to look at page 193, on the line expenditures of—in fact, let's do it right now. If you look at the long-term-care ministry—there it is, halfway down the page—the actual spending in the fiscal years goes from \$4.163 billion to \$4.329 billion, an increase, to \$4.423 billion, another increase, to \$4.535.8 billion in the final fiscal out year. Those aren't made-up figures. Those are the line ministry's allocation—a point of positive proof that we are investing, not cutting, in long-term care.

I find it rich that I hear this criticism from the members opposite, and some of those members sat with the Liberal government when, for 15 years, they did nothing for the sector. They built 611 beds—not homes—in 10 years. That's inexcusable behaviour when we know we have an aging population, when our growth plans show that in this province of Ontario. I for one believe that we need to take care of the seniors who built this province.

So I will remind the members opposite, for the fifth time: Long-term-care funding is not being reduced; \$1.75 billion over five years is going towards increasing long-term-care capacity and access for residents by building 30,000 long-term-care beds. That's an investment for the people who took care of us.

Speaker, the other misinformation I'm hearing is that this government only cares about playing partisan games. How disappointing is this? We all have the opportunity in this House—we have so many important matters to discuss, to debate, laws to pass in this great time of need of the people of this province and around the world. But here we have no criticisms of Dr. Williams, but we do not have agreement to extend this man's term—a man who has

put his life on hold to serve the people of this province, to provide the medical expert advice that we rely on. I don't think any member in this House has once doubted the credentials of Dr. Williams—not once. Not once have we doubted the quality of his work. Not once have we doubted the quality of his expertise as we move through this uncertain situation. And not once in the debate do we have a valued critique of his skills when it comes to advising the leaders of this province.

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This has been brought up before, but I think it's important because I believe the measure of success when it comes to COVID-19, when that glorious day comes when it's nothing but a memory, the case count in this province will be zero out of 100,000. I think we can all agree, and I believe it's fair when we are judging somebody's success, to look at the numbers when it comes to COVID-19, the final goal, of course, being zero out of 100,000, as I said.

How's our country doing, Speaker? Well, Manitoba's at 634 out of 100,000. Nunavut is at 366 cases out of 100,000. Alberta is at 305 cases out of 100,000. Saskatchewan is at 249 cases out of 100,000. BC, who the opposition loves to talk about, is at 165 cases out of 100,000. Quebec, our neighbours to the east, is at 128 cases out of 100,000.

Speaker, why is the opposition not talking about where Ontario's numbers are out of 100,000? We stand at 89 cases out of 100,000, and yes, that's not true success. We are moving towards zero, but if we're going to be critical in a constructive way, we need to look at the successes and the failures of what we are doing. I want to have that conversation with the members opposite.

Every day I walk to this Legislature and I notice on the front there—and it was the outgoing Speaker Dave Levac who pointed this out to me—that in the history of this Legislature—and some of you were with me during orientation when Mr. Levac shared this information. In the history of this Legislature, since 1792, and that's why that number is out there on the front pillar of Queen's Park just outside that window, only 3,000 people have had the honour of being able to say they were members of Parliament in the great province of Ontario. I get to be one of them, Speaker, and I'm really proud of that.

It's written in Latin all throughout this Legislature as well. I get the role of the opposition to be critical of the government, but we should be critical in fact—in fact. So here we are in this great time of need for the province of Ontario, and I'm in the regrettable situation of having to correct the members opposite on facts, Speaker. You want to talk about political expedience and political games? Not being played on this side. It is unfortunately being played on that side, and I'm happy to pull the Hansard. It was said. To the member from Sudbury, it was said.

I respect my members opposite. I've had some great conversations on some very important policies outside of this chamber, and I enjoy that very much because I believe a true democracy is not about all agreeing, but it's about having constructive discussions about those disagreements for better outcomes for the people we serve, and I

still believe that's possible. We haven't seen it in the last few days of debate, and if there was ever a time when it was important to put partisan differences aside, if there was ever a time to work together, if there was ever a time to collaborate for the betterment of the people of this province, it is now, Speaker.

Mr. Jamie West: Point of order, Speaker.

The Deputy Speaker (Mr. Rick Nicholls): The member from Sudbury on a point of order.

Mr. Jamie West: I apologize if I misheard the member opposite. It sounds like he's correcting my record, which I don't think he's allowed to do.

Mr. Stan Cho: I'm not.

Mr. Jamie West: As well, I had a question about him saying it's important to correct the facts that the opposition said, which seems to imply that we're lying, which I think is unparliamentary.

Interjections.

The Deputy Speaker (Mr. Rick Nicholls): That is not a point of order. You are correct that members cannot correct other members. It is the member who can correct his own member. I didn't take it as that as well, so I continue to listen. Thank you very much.

Back to the member from Willowdale.

Mr. Stan Cho: Thank you very much, Speaker. I was correcting the information I heard in the debate from the members opposite previously, and so I felt compelled to correct the record of those members when they were incorrect.

Speaker, it boils down to this. To the member from York South–Weston who said that—

Ms. Doly Begum: Point of order, Speaker.

The Deputy Speaker (Mr. Rick Nicholls): I recognize the member on a point of order.

Ms. Doly Begum: The member is saying that he's correcting what he's heard from members on this side. Respectfully, Mr. Speaker, through you, it's disrespectful to hear another member in this House actually calling out members on this side of information that is incorrect, which is not his right to do.

The Deputy Speaker (Mr. Rick Nicholls): I've ruled on it already. In my opinion the member has every right to what he has been saying, so I will allow him to continue in debate.

Back to the member from Willowdale.

Mr. Stan Cho: Thank you, Speaker. I will say this: I will say that we have outlined in this government from the beginning of this pandemic unprecedented supports to protect the health and safety of the people we govern, because there's no bigger priority—none. We've outlined those supports. We've outlined the health measures.

What I haven't heard in this debate about Dr. Williams is a single critique of his skill, of his leadership. I haven't heard one reason why we shouldn't reappoint Dr. Williams. I believe that this man deserves, based on merit, an extension of his six-month term.

Speaker, I move that this question be now put.

The Deputy Speaker (Mr. Rick Nicholls): We have had over eight hours and 25 minutes of debate. I am

satisfied that there has been sufficient debate to allow the question to be put, as the member from Willowdale has moved that the question be now put. Therefore, is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion that the question be now put, please say “aye.”

All those opposed to the motion that the question be now put, please say “nay.”

In my opinion, the ayes have it.

A recorded vote being required, unless I receive a deferral slip—

Interjection.

The Deputy Speaker (Mr. Rick Nicholls): I have a deferral slip. It's entitled, “To the Speaker of the Legislative Assembly of Ontario. Pursuant to standing order 30(h), I request that the vote on government order number 58 be deferred until deferred votes on Thursday, November 26, 2020.”

Vote deferred.

The Deputy Speaker (Mr. Rick Nicholls): Orders of the day.

TIME AMENDMENT ACT, 2020
LOI DE 2020 MODIFIANT LA LOI
SUR L'HEURE LÉGALE

Mr. Roberts moved third reading of the following bill:

Bill 214, An Act to amend the Time Act and various other Acts / Projet de loi 214, Loi modifiant la Loi sur l'heure légale et diverses autres lois.

The Deputy Speaker (Mr. Rick Nicholls): I now defer to Mr. Roberts to continue debate.

Mr. Jeremy Roberts: It is truly an honour to rise for third reading of this, my private member's bill that will end the biannual time change here in Ontario and move us to permanent daylight savings time. That's going to mean for the citizens of Ontario that they will have more evening daylight in the afternoon when they get home from work during some of these cold winter months.

I wanted to start right off the bat with a story. This past weekend I had the opportunity to chat with two of my very, very dear friends, Rob and Jazz. Rob and Jazz actually just got engaged this weekend, so on behalf of all of us here, Rob and Jazz, congratulations on your engagement. But there's a connection here. Along with getting engaged, Rob and Jazz recently got a husky puppy, a beautiful little husky named Maverick. And Maverick, they were telling me, every day like clockwork, gets up at 6 a.m. and wants to go outside for a pee. Every day that happens and every day, 6 a.m., the dog is barking and Rob and Jazz, one of them has to get up and take the puppy outside for a pee. They live on the third floor of a duplex, and so they have to go downstairs and all that fun stuff.

2120

Now, of course, recently, we went through the “fall back” time change that happened on October 31, where the clocks were rolled back an hour. Now, do you think that Maverick the puppy understood that the time had

changed? No, Maverick the puppy did not understand that the time had changed. So suddenly, Maverick the puppy was getting up at 5 a.m. to go for a pee. I have got to say, 5 a.m. is too unreasonable a time, I think, to be getting out of bed. But anyway, that was something that Rob and Jazz have had to deal with.

So many Ontarians have written to me over the past several weeks and have shared their experience and frustration with the time change that we go through here in Ontario. For me, personally, it always came down to losing that sunlight in the afternoon. We do the fall back time change every year, and suddenly you finish your workday and you expect to be able to go home and have a little bit of sunlight, maybe go for a walk, whatever it might be, and it's pitch-black outside. I think we have all experienced this over the past couple of weeks as our days have become a little shorter.

That was what originally inspired me to bring forward this legislation to end the practice of the time change in Ontario. But of course, as I dug into it, I found that there was actually an absolute wealth of research out there that suggested that not only is the time change an annoyance, but there are actually some very severe negative side effects that have been found through the time change.

For example, the Danish Psychiatric Central Research Register found that depression levels spiked as much as 8% in early November after the fall back. In other words, these researchers found that that time change actually caused a spike in depression. One of the researchers on this study is quoted as saying, “We are relatively certain that it is the transition from daylight savings time to standard time that causes the increase in the number of depression diagnoses and not, for example, the change in the length of the day or bad weather.” So one side effect there: increased rates of depression.

Another US study looked at hospital records across the United States and found—listen to this, Speaker; it's astronomical—a 24% increase in heart attacks amongst higher-risk populations following the spring forward time change as well, and similarly, the American Academy of Neurology found an 8% increase in strokes following the time change. The Japanese Society of Sleep Research has suggested that the time change may actually lead to a rise in suicide deaths.

Another study published in the *Journal of Sleep Medicine* found a 10% increase in fatal collisions as a result of the time change—10% being a pretty statistically relevant amount. Beyond this, a meta-study by Rutgers backs up this finding, arguing that, “Results show that full year daylight saving time would reduce pedestrian fatalities by 171 per year, or by 13% of all pedestrian fatalities in the 5 a.m. to 10 a.m. and in the 4 p.m. to 9 p.m. time periods. Motor vehicle occupant fatalities would be reduced by 195 per year, or 3%, during the same time periods.” So a ton of research out there that suggests that there are all of these negative and adverse health outcomes tied to this outdated time change practice.

Beyond this, the research also shows that there are a number of spillover effects in the workplace. An article

published in the journal of the American Psychological Association found a sizable amount of workplace injuries associated with daylight-savings-time-induced fatigue, so people getting thrown off by the time change being more fatigued when they go to work and thereby more likely to experience those workplace fatalities.

This was actually backed up, Speaker, when this bill was brought to committee. We had a very passionate speaker come forward to committee, Bobby Swaita, who owns KS on the Keys restaurant in Ottawa—wonderful restaurant. For those who drop by the Ottawa area, please drop in and visit. Bobby actually spoke about how his staff in the kitchen at the restaurant have to be all the more vigilant following the time change each year because they're more worried that people are liable to make a mistake when they're more quiet and more tired after a time change. Of course, one need only think about a kitchen as an environment with knives and different tools like that that can be dangerous. One slip could cause one of these workplace injuries. Bobby really spoke about that and spoke about how this is something that he, as a business owner, sees himself.

Beyond these quantifiable health impacts, we can also see a decrease in productivity linked to the time change. We actually had a joint German-British study that found that both Germans and Brits experienced “non-negligible losses of utility after losing an hour of sleep”—so in the spring forward time change—and a Penn State study found that individuals also increased their time—and this was a new word for me, Speaker—“cyberloafing,” which is defined as wasting time on the Internet at work, following the time change.

So we see all of these adverse health outcomes. We see increased risk for accidents in the workplace. And on top of that, we also see that it can cause a decrease in productivity at work. We have all of this tremendous evidence. It's clearly an annoyance for many people, whether it be folks with dogs, like my friends Rob and Jas, whether it be me frustrated by that increased amount of darkness when you get home from work, or whether it be small business owners, like Bobby Swaita, who have to make sure that in their places of employment, they're being extra vigilant. It all begs the question, why do we continue to follow this outdated practice?

Originally, Speaker, the time change was brought in primarily as a way to save on energy consumption. It gained widespread usage following World War I. It was actually the Germans who started the trend and then a number of other jurisdictions followed suit. But there have now actually been several studies that have suggested that the time change is having no material effect on our energy consumption. That's from the US National Bureau of Economic Research, which released this study and found no quantifiable energy savings. So it's not even serving the original purpose for which we brought it forward.

You look at this tremendous amount of research, and you think to yourself, “We need to do something about this.” There is no reason why we should be continuing to follow this biannual tradition twice a year—spring

forward, fall back—when there is all of this evidence that suggests that it does not serve its original purpose, and there are a whole bunch of reasons not to do it.

As a matter of fact, Ontario is actually in the minority in terms of jurisdictions that follow this practice; 79% of the world's population do not follow the time change—79%. In Canada, neither Saskatchewan nor now the Yukon follow the time change. Down in the United States, you have both Arizona and Hawaii, neither of which follow the time change. And there are a ton of jurisdictions that are also looking at getting rid of this. Here in Canada, Alberta and British Columbia have mused about it. In the United States, you have Massachusetts, California, Texas—a whole bunch of jurisdictions that are also looking at this in the United States. Across the pond, we have the European Union that is also looking at ending the time change. This bill here today that is being brought forward for third reading here in this Legislature provides us here in Ontario a chance to lead the pack on getting this done once and for all, something that many, many Ontarians want to see happen.

Speaker, there are two final things I'd like to touch on in the remaining time in the debate. The first is the issue of whether we should go to permanent daylight savings time or permanent standard time. For anybody watching at home, what that means—permanent daylight savings time, which this bill recommends, means more daylight in the evening when you get home from work. Permanent standard time, which is the time we're in currently right now, would mean more daylight in the morning.

2130

The reason this bill suggests moving to permanent daylight savings time is, again, because we're following the evidence. There are actually studies that show that permanent daylight savings time brings some really positive societal benefits.

The first is that there are several studies that have shown that permanent daylight savings time will actually cause a boost in retail activity. A JPMorgan Chase study out of the United States—the bank JPMorgan Chase—found that after the fall back time change there is a drop of 3.5% in retail activity. They theorize that this is because people get home from work, they pick up their kids from school, it's dark out and they don't want to go back outside once they get home. They're less likely to go out to those stores. This was backed up by a Massachusetts commission report that found similar findings and, again, was reinforced when we heard at committee from a local small business owner in Ottawa who suggested that he sees this at his restaurant as well. So that's one societal benefit.

The other is there was also a study that found that permanent daylight savings time would lead to a drop in crime rates because of that additional daylight in the afternoon and evening—so again, two societal benefits that suggest that permanent daylight savings time is really the right way to go.

That was the first piece I wanted to touch on. The second piece is about how we do this responsibly.

Now, there have been several attempts in this Legislature over the years to end the practice of the biannual time

change. All of them have run up against an obstacle, and that's that doing this would cause some logistical challenges. The two big ones that come to mind are in terms of our relationship with our neighbours in New York state and our neighbours in Quebec.

I'll start with New York state. Obviously, with New York state, we benefit from a tremendous amount of cross-border trade. Beyond that, we also benefit from being in the privileged position of sharing a time zone with the markets in New York city. It would be to our benefit to maintain that commonality.

With Quebec, it's actually a bit of a local Ottawa issue and, of course, Speaker, as you know, I have the privilege of serving as the member for Ottawa West–Nepean. For those of you who aren't as familiar with Ottawa, in downtown Ottawa we have the federal government, given that we're the national capital, but half the federal government workforce is located in downtown Ottawa and the other half is located across the river in downtown Gatineau. If we were to do this change without doing it in concert with Quebec, we'd end up with an awkward situation where half the federal government workforce was on one time and the other half was on another, which doesn't seem like a terribly responsible thing to do.

That's why my bill is different. We've built in a contingency to make sure that this bill will only come into force at the discretion of Ontario's Attorney General. The Attorney General has given me his word that he will not do this until we get our other neighbouring jurisdictions on board.

What this is going to mean is that if we are successful in passing this legislation here today, Ontario will have sent a strong signal to our neighbours that we're serious about doing this. The Ontario Legislature will have given its stamp of approval for ending this outdated practice. That will then allow us to go over to our neighbours and say, "Listen, we're doing this here in Ontario. Here's what the evidence says. Here's what the evidence says about adverse health effects. Here's what the evidence says about productivity. Here's what the evidence says about how there could be a societal benefit to permanent daylight savings time." We'll bring that evidence to our neighbours and we'll get them on board, and we'll make sure that Ontario leads the way in ending this outdated practice.

When this bill first was debated in this chamber for second reading, it stirred quite a lot of discussion already. I'm pleased to say that it was picked up in media in Quebec. In fact, a reporter asked Premier Legault whether or not he was open to the idea of ending the time change in Quebec. Premier Legault, I'm pleased to report, said that he is open to the idea. That's a great first sign. If the Premier of Quebec is open to the idea, then that gives us an in. And you can be sure that as soon as this bill receives royal assent in Ontario, if we are fortunate to reach that point, I will be reaching out to the Premier of Quebec to say, "I hear you're open to the idea. Let's get started on this conversation."

When it comes to New York, I was very excited that we actually did a significant amount of media in New York

state as well. We dropped in on talk radio across New York state and we had an op-ed in the Albany newspaper to make sure that some of the legislators in New York state were reading this, hearing about what was happening in Ontario and getting inspired as well. I'm pleased to report that one of the New York state senators has, in fact, reached out to our office and wants to set up an opportunity to connect with me to talk about what we're doing here in Ontario and look at doing the same thing in New York.

All of this is tremendously positive, Speaker. We see a tremendous case built around why we should do this. We see interest in our neighbouring jurisdictions. And I've got to say, we see a tremendous amount of interest here in Ontario. Our office has been bombarded with correspondence from constituents right across the province, from Kenora all the way down to Windsor and everywhere in between, from folks that want to see us get this done.

I'm also thrilled that we have a significant amount of stakeholder support from the business community. This bill has been endorsed by the Ontario BIA Association, and it's also been endorsed by over 15 chambers of commerce right across the province. For all of those chambers of commerce that have endorsed this, I'm going to be reaching out to their local MPP to let them know that their local chamber supports this, that their local small businesses support this, and let's make sure that we get this done.

To use a pun, the time is now. The time is now for us to get this done. The time is now to make sure that we can move forward on ending this outdated practice. The reason why we brought it in place in the first place, energy consumption—that doesn't hold up anymore. That argument does not hold up based on the research. Then, when you look at the evidence, when you look at the increase in depression rates, the increase in heart attacks, strokes, suicide rates, fatal car crashes, when you look at the decrease in productivity, the increase in cyber loafing—all of this stuff suggests that this is the sort of thing that Ontario elected each of us as MPPs to come here to do: to look at the evidence, to look at things that have been done traditionally here in this province and think, "What does the evidence tell us?" Let's take a look and let's act responsibly for the people of Ontario.

I'm thrilled to have had the opportunity to debate this here this evening. I hope that we can have a speedy resolution and a speedy debate on this and that we can pass this, get it to royal assent and get out there to start talking to our neighbours to get this done.

Thank you so much, Speaker. I hope all of you will join me in ending the biannual time change in Ontario.

The Deputy Speaker (Mr. Rick Nicholls): Further debate?

M^{me} France Gélinas: Thank you, Speaker. I would like to mention that I will be sharing my time with the member from Scarborough Southwest.

If you give me a little bit of indulgence, given that today is November 25, I want to wish my husband a happy birthday: Hi, honey. Happy birthday.

While we are in the happy birthday mood, I will say: Happy birthday, Jamie. It is the member from Sudbury's birthday also today. Happy birthday. Thank you, Speaker.

Back to the bill from the member from Ottawa West—Nepean: It will be our pleasure to support An Act to amend the Time Act and various other Acts to get rid of daylight savings and the switching back and forth every fall and every spring.

I know that we have it down pat. We spring forward an hour; we fall back an hour. Nothing but trouble comes from this. You have the support of the New Democrats to get rid of this and to go through the courses that need to happen so that our neighbours to the east and to the south are able to do that with us.

2140

I just talked about my husband, who's a career professional firefighter. Like every other first responder, they can all vouch—

Interjection.

M^{me} France Gélinas: Oh.

They can all vouch for the fact that there are way more incidents and accidents during the time change. Usually “spring forward,” where we actually lose an hour, is worse than in the fall, when you gain an hour. But during both of those weeks, if you are a first responder, whether you're a firefighter, a police officer or a paramedic, you know you will be busy. Why? Because the main effect of the time change is on our sleep, and lack of sleep means lack of concentration and leads to all sorts of accidents—accidents while we're driving, accidents while we're walking or crossing the street. We are more distracted because it affects our sleep. It's very much like how having to sit till midnight affects our sleep. I don't wish any harm upon any of us, but that also affects our sleep pattern and is not good for any of us.

Back to the bill: The speaker started with the story of a dog; well, because it's late and nobody is listening anymore, I will share the story. I have chickens at home. We've had chickens for a long time. I have a very hard time eating eggs that are not fresh. I'm not able to do this anymore. I always eat fresh eggs. Anyway, the chickens are exactly the same as the little dog you're talking about. When we change the clock, they don't change their clock. They start to squawk—and if they make it to 5 o'clock, I'm happy. Most of the time they squawk at 5 o'clock, but when you change the time in the fall, it is actually 4 o'clock in the morning. Those lovely little chickens' mom is the loudest of the chickens. She is very nice. She's an Easter egger. She lays green eggs. She's a beautiful chicken. Pepper tends to be more timid, but she starts to squawk about five or 10 minutes after mom starts to squawk. Then you have Roxy, who is also a very bad singer. Snowball is a beautiful chicken, one of those big chickens from Russia. She has big feathers on her feet and everything. She's loud. At the change of time—you want to get along good with your neighbours and all of this, but it's not easy. So I'm very much aligned with the people who got married and had the young dog that did not do well with the change of time; neither do any other animals.

So for that alone, my neighbours will thank you, and so will I.

Of course, when we talk about this bill, we have to talk about the member from Hamilton East—Stoney Creek, who passed Bill 174, Ditch the Switch, in March 2020. There's not much difference between this bill, an amendment to the time act, and Ditch the Switch. They both aim to do the same thing. Given that the member from Hamilton East—Stoney Creek and I were seatmates for four years, if I did not mention that he had a bill identical to yours, I would get in trouble.

So, Paul, it's done. Everybody knows that you have put forward a bill identical to this, that this is something you've worked on for a while.

If you go on Twitter or any sort of social media and look at #DitchTheSwitch, you will see that it actually trended for a while—and so does #LockTheClock.

Interjection.

M^{me} France Gélinas: Miller Time, yes. I wasn't going to say this, but it was also trending for a while.

If you have any doubts that there is support for this among Ontarians, go on social media and look at the number of people from Ontario that are asking for us to do this. I think the time has come, like the member has said, for us to do this.

Actually, the concept of eliminating daytime saving was first presented in 2019. A little bit of background: It was originally proposed over 100 years ago as an energy-saving method. Right now, the energy saving is highly disputed, because it is so dark so early. I live in northern Ontario. We have long distances to drive, no matter where we live. There is no public transit where I live. Everybody drives. I hate driving in the dark and coming back from work, coming back from—it doesn't matter—at five o'clock, it is pitch dark. At 5:15, it might as well be midnight, because it is really dark in northern Ontario. It would please me very much that it would be light till 6 o'clock and only pitch dark at 6:15. That would make a world of difference for a lot of people who have to drive.

When we talk about getting up early, the member from Sudbury and tens of thousands of other people in Sudbury work in the mining industry. A lot of them work shift work. The first shift starts early in the morning, and with the time change it is really, really difficult, especially in the spring, when you have to lose an hour of sleep. For all of those, that would be very good.

Many other jurisdictions in North America have already passed similar legislation or have proposed it. The most pre-eminent Canadian jurisdiction implementing this policy is Saskatchewan, which has observed daytime saving year-round since the passing of the Time Act in 1966, Speaker. This is 54 years ago that they did that, and the world did not end. Life continues, and they don't go through the spring forward, fall back any more.

In November 2019, last year, British Columbia passed Bill 40, the Interpretation Amendment Act, making it the second province to adopt daytime saving permanently. They started this year in the fall of 2020, although they passed the bill the year before. After public consultations

held by the BC NDP government, they found overwhelming support to move away from the practice of turning clocks back an hour each fall.

Yukon has also adopted Pacific daytime saving on a permanent basis, as of March 2020.

Proponents have witnessed additional positive outcomes due to the constant daytime saving, such as reduce crime in the evening hours. Not only do we see a decrease in the number of accidents and incidents because people are distracted, tired etc.; we also see a decrease in crime.

Given that a similar private member's bill passed earlier the same year, it is unclear why this legislation would not move ahead, get to third reading and get done. We fully understand and respect that we do have neighbours with which we trade, with which we travel, and it would make it a whole lot easier, but I see no problem in Ontario being the one who brings this idea forward and works with our partners to get this done.

If you look in the media, you will see that NBC News had done quite a bit of an article about this, looking, the same way as the member did, at the states that border us and our biggest trading partners. It looks like there is an opening on their part to follow Ontario's lead and go the same way.

There was also Global News that did quite a bit of an exposé on Ditch the Switch and found that there are a lot of people who want this. You see people starting Facebook and Twitter posts to try to rally the troops, and it doesn't take long, that a lot of people agree with those ideas.

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Toronto CityNews also did a follow-up on the bill on daylight saving time in Ontario, and their feedback was very positive—same thing with CTV News. The Edmonton Journal had followed the story and so did the Huffington Post, as well as the Vancouver CTV News covered it in BC. And if you look at wherever this has been done or is in the process of being done, there is overwhelming public support to go in that direction and to get that done.

Quand on parle de l'heure avancée et de l'heure normale, en ce moment, on est à l'heure normale de l'Est, et au printemps on va revenir à l'heure avancée de l'Est. Je dirais que les résidents et résidentes de l'Ontario ont démontré beaucoup d'appui, autant pour le projet de loi qui avait été présenté par mon collègue de Hamilton-Est-Stoney Creek que pour le projet de loi du député d'Ottawa-Ouest-Nepean. Les gens sont prêts à ce qu'on arrête cette pratique.

C'est une pratique qui existe depuis plus de 100 ans. Elle avait été mise en place pour aider les fermiers et pour diminuer les coûts de chauffage. On avance en 2020 : la technologie a changé. Le mode de vie des gens a changé suffisamment qu'en ce moment, c'est difficile de trouver une raison pourquoi on continuerait à faire le changement d'heure.

Bien entendu, en Ontario, on va continuer d'avoir deux fuseaux horaires.

In Ontario, we'll continue to have two time zones, one for where we live and one that starts at about Thunder Bay

and goes west of our province. Those two time zones will stay, but we will both stay with daytime savings.

Donc, l'Ontario va continuer d'avoir deux fuseaux horaires—un pour l'est de l'Ontario, un pour l'ouest de l'Ontario—mais les deux fuseaux horaires ne changeront plus. On va continuer avec les heures avancées de l'Est pour s'assurer qu'on n'a plus à vivre les différences d'heure.

Qu'on parle du printemps, lorsqu'on perd une heure, ou à l'automne, lorsqu'on gagne une heure—même lorsqu'on gagne une heure, tous ceux qui travaillent soit dans les services d'incendie, services de police ou services ambulanciers vont vous dire qu'il y a toujours une augmentation des accidents et des incidents pendant cette période-là, tout simplement parce qu'il y a un manque de sommeil. La différence d'heure, le changement d'horaire, fait en sorte au printemps que l'on perd une heure de sommeil. Perdre une heure de sommeil pour les 14,5 millions d'Ontariens et d'Ontariennes, ça veut dire qu'il y en a plusieurs d'entre nous qui déjà n'avons pas suffisamment de sommeil. On enlève une heure, et ça fait qu'on n'est plus capable de fonctionner. On a beaucoup de distractions et des accidents et des incidents, malheureusement.

À l'automne, tu penserais qu'en ajoutant une heure, ça aiderait—non, tout simplement parce qu'il y a des changements à notre cycle de sommeil. On revoit la même chose : une augmentation du nombre d'accidents et d'incidents.

On a trouvé également qu'en arrêtant les changements d'heure, il y avait une diminution dans le nombre de crimes qui se font le soir. Je n'ai pas trouvé exactement pourquoi cela était, mais c'est quand même un effet secondaire qui est très, très positif.

Do I understand, Speaker, that I can share some of my time with the member? I see a no going on. I cannot; okay. I had hoped to share my time with the member from Scarborough Southwest, but I can't, so I will just wrap up to say, like it has been said, this is an idea for which the time has come. We will be happy to support this.

We realize that there is still a bit of work to be done to make sure that our partners—economic partners, travel partners—are all onside, but having done a media scan of not only Ontario media but of our neighbours, French media in Quebec as well as the US media of the states that border Ontario, I think that they are ready to have this conversation. Sure, it will need a little bit of work before we get there, but tonight, I hope we will be able to take the next step, pass this private member's bill and make sure that the work begins to make it a reality.

Saskatchewan did it 54 years ago. British Columbia did it last year, and it is now in place. British Columbia also has a lot of trade with states that border them to the south, and they were able to make arrangements. They were able to make it work. We are Ontario. We are capable; we will get this done.

The Deputy Speaker (Mr. Rick Nicholls): Further debate? Further debate?

Mr. Roberts has moved third reading of Bill 214, An Act to amend the Time Act and various other Acts. Is it the pleasure of the House that the motion carry? Carried.

Be it resolved that the bill do now pass and be entitled as in the motion.

Third reading agreed to.

The Deputy Speaker (Mr. Rick Nicholls): Orders of the day? Government House leader.

Hon. Paul Calandra: No further business.

The Deputy Speaker (Mr. Rick Nicholls): There being no further business, this House stands adjourned until 9 a.m. tomorrow morning.

The House adjourned at 2157.

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Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
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Gélinas, France (NDP)	Nickel Belt	
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Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
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Hardeman, Hon. / L'hon. Ernie (PC)	Oxford	Minister of Agriculture, Food and Rural Affairs / Ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Harden, Joel (NDP)	Ottawa Centre / Ottawa-Centre	
Harris, Mike (PC)	Kitchener—Conestoga	
Hassan, Faisal (NDP)	York South—Weston / York-Sud— Weston	
Hatfield, Percy (NDP)	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
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Jones, Hon. / L'hon. Sylvia (PC)	Dufferin—Caledon	Solicitor General / Solliciteure générale
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Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
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Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
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Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
MacLeod, Hon. / L'hon. Lisa (PC)	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
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Mantha, Michael (NDP)	Algoma—Manitoulin	
Martin, Robin (PC)	Eglinton—Lawrence	
Martow, Gila (PC)	Thornhill	
McDonell, Jim (PC)	Stormont—Dundas—South Glengarry	
McKenna, Jane (PC)	Burlington	
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Miller, Paul (NDP)	Hamilton East—Stoney Creek / Hamilton-Est—Stoney Creek	
Mitas, Christina Maria (PC)	Scarborough Centre / Scarborough- Centre	
Monteith-Farrell, Judith (NDP)	Thunder Bay—Atikokan	
Morrison, Suze (NDP)	Toronto Centre / Toronto-Centre	
Mulroney, Hon. / L'hon. Caroline (PC)	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

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Piccini, David (PC)	Northumberland—Peterborough South / Northumberland—Peterborough-Sud	
Rakocevic, Tom (NDP)	Humber River—Black Creek	
Rasheed, Kaleed (PC)	Mississauga East—Cooksville / Mississauga-Est—Cooksville	
Rickford, Hon. / L'hon. Greg (PC)	Kenora—Rainy River	Minister of Energy, Northern Development and Mines / Ministre de l'Énergie, du Développement du Nord et des Mines Minister of Indigenous Affairs / Ministre des Affaires autochtones
Roberts, Jeremy (PC)	Ottawa West—Nepean / Ottawa- Ouest—Nepean	
Romano, Hon. / L'hon. Ross (PC)	Sault Ste. Marie	Minister of Colleges and Universities / Ministre des Collèges et Universités
Sabawy, Sheref (PC)	Mississauga—Erin Mills	
Sandhu, Amarjot (PC)	Brampton West / Brampton-Ouest	
Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)	Brampton South / Brampton-Sud	Associate Minister of Small Business and Red Tape Reduction / Ministre associé délégué au dossier des Petites Entreprises et de la Réduction des formalités administratives Minister Without Portfolio / Ministre sans portefeuille
Sattler, Peggy (NDP)	London West / London-Ouest	Deputy Opposition House Leader / Leader parlementaire adjointe de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
Scott, Hon. / L'hon. Laurie (PC)	Haliburton—Kawartha Lakes—Brock	Minister of Infrastructure / Ministre de l'Infrastructure
Shaw, Sandy (NDP)	Hamilton West—Ancaster—Dundas / Hamilton-Ouest—Ancaster—Dundas	
Simard, Amanda (LIB)	Glengarry—Prescott—Russell	
Singh, Gurratan (NDP)	Brampton East / Brampton-Est	
Singh, Sara (NDP)	Brampton Centre / Brampton-Centre	Deputy Leader, Official Opposition / Chef adjointe de l'opposition officielle
Skelly, Donna (PC)	Flamborough—Glanbrook	
Smith, Dave (PC)	Peterborough—Kawartha	
Smith, Hon. / L'hon. Todd (PC)	Bay of Quinte / Baie de Quinte	Minister of Children, Community and Social Services / Ministre des Services à l'enfance et des Services sociaux et communautaires
Stevens, Jennifer (Jennie) (NDP)	St. Catharines	
Stiles, Marit (NDP)	Davenport	
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Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
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