

Legislative  
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of Ontario



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(Hansard)**

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(Hansard)**

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Mardi  
4 mai 2021

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Speaker: Honourable Ted Arnott  
Clerk: Todd Decker

Président : L'honorable Ted Arnott  
Greffier : Todd Decker

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House Publications and Language Services  
Room 500, West Wing, Legislative Building  
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Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
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LEGISLATIVE ASSEMBLY  
OF ONTARIO

Tuesday 4 May 2021

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mardi 4 mai 2021

*The House met at 0900.*

**The Speaker (Hon. Ted Arnott):** Good morning. Let us pray.

*Prayers.*

**ORDERS OF THE DAY**

ADVANCING OVERSIGHT  
AND PLANNING IN ONTARIO'S  
HEALTH SYSTEM ACT, 2021  
LOI DE 2021 VISANT À FAIRE  
PROGRESSER LA SURVEILLANCE  
ET LA PLANIFICATION DANS  
LE CADRE DU SYSTÈME  
DE SANTÉ DE L'ONTARIO

Resuming the debate adjourned on May 3, 2021, on the motion for second reading of the following bill:

Bill 283, An Act to amend and enact various Acts with respect to the health system / Projet de loi 283, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

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

**Mr. Joel Harden:** This morning, I'm going to speak to schedule 2 of Bill 283, which proposes a regulatory framework for various health professions, including personal support workers. In the time that I have to offer some comment on this proposal this morning, I want to begin from a place that I wish my colleague the Minister of Long-Term Care had done yesterday, and that is to offer an apology on behalf of this Legislature for how we have failed the personal support work profession during this pandemic.

Ever since the report from the LTC commission dropped last Friday evening, I've been sitting with that document, as I did with the report from the Auditor General, as I did with the Canadian Armed Forces report. Every time, it seems we get a report that shames us more than the last one. What I find striking, Speaker, is that when the minister was asked by our friends in the media, "Do you take any responsibility and will you apologize to people who put themselves in harm's way in this moment and were traumatized"—in ways that words are hard to express, but the report goes some distance to it—the minister talked about soul-searching. There was no apology to personal support workers. I'm disappointed in that, and I want to say, as the critic for disabilities in this province, that I'm sorry for how we've failed personal support workers.

Last Friday night, I had the privilege, thanks to my friend Lynn Steele from the Canadian PSW Network, to attend a vigil for those who have lost their lives as PSWs in the middle of this pandemic. We were joined by Gloria Turney, Jodi Verburg and so many others as we remembered people like Christine Mandegarian, who lost her life three days after she was diagnosed positive, who begged through her union for PPE in this facility.

It's truly astounding to think, in the year 2021, that we learned nothing from the impact of SARS in this province despite an abundance of research, that we let stockpiles of PPE expire, and more importantly, that we are continuing to fail PSWs. Why do I think we're continuing to fail PSWs? We are continuing to fail PSWs and other care workers in long-term care and home care because we are letting profitable companies turn this industry into a playground for them to issue dividends to shareholders, to make some people very rich, and to put Mercedes and BMWs in driveways and not workers right at the point of care so people with disabilities and seniors get the support they need.

What evidence do I have to make a comment like that, Speaker? Well, the Toronto Star has recently been doing quite a bit of investigative research that should be considered by my friends in government. It should have informed this particular piece of legislation. The Star found that long-term-care homes operating in the province of Ontario will be fully funded until the end of summer 2021, regardless of how they performed during this pandemic. So Roberta Place in Barrie, where we saw massive death and massive casualties, is fully funded to the end of 2021. Tendercare in Scarborough is fully funded to the end of 2021, regardless of their absolute incapacity and unwillingness to offer staff proper PPE. It beggars belief. In any organization, whether it's profit, not-for-profit or public, you don't reward people who fail. You don't reward people who ritually short-shrift staff. But that's what we've decided to do as a province, according to the Star.

The analysis continues: The Star investigated the financial statements of Extencicare, Sienna Senior Living and Chartwell Retirement Residences and it found that "in the first three quarters of 2020 ... these ... companies collectively paid out nearly \$171 million to shareholders at the same time they received \$138.5 million through provincial pandemic pay for front-line workers, the Canada Emergency Wage Subsidy" and other sources of public funding.

So the reason I began with an apology to personal support workers is because not only did we not give them

the gear, the equipment and the support they needed to stay safe at one of the worst times in our health care system, we have rewarded people who have profited in this moment as PSWs have been asked to put themselves in harm's way. That's breathtaking.

David Milstead from the *Globe and Mail* recently revealed that Chartwell, which operates 23 long-term-care homes in Ontario, paid out more in executive bonuses in 2020 than it did the year before. This is on this government. You are deciding to allow Chartwell and Sienna Living and Extencicare and Revera to continue their abusive workplace model—and Schlegel homes and others.

If I was in government, if I was at the cabinet table and we were debating how we were going to keep ourselves going in the pandemic and we were going to extend emergency help to long-term-care homes, including for-profit homes, we would putting riders on that money: no dividends to shareholders and mandatory infectious disease protocols in every single one of these workplaces. They did not do that. The federal government as well did not do that. In fact, the federal government owns Revera through one of the federal pension plans. What did they do through their own company, I say to the Trudeau government, to ensure that Revera stopped abusing its workforce? Absolutely nothing.

That's why what I expected from my colleague from Kanata, the Minister of Long-Term Care—I expected at the press conference yesterday for her to begin with an apology to personal support workers, to take responsibility for how the government has failed personal support workers. We didn't see that. After 23 and a half minutes and a lot of finger pointing, the minister left the stage. Why? It begs asking. Why?

The minister is on record, in her previous capacity as a doctor in the city of Ottawa, for being an advocate for privatization of health care services. Let me read for the benefit of this House some of the tweets she wrote in those eras that have since been deleted but saved for the record.

She wrote at one point, on February 17, 2015, "Ontario was short-sighted in bringing in legislation that currently prohibits the private provision of medically necessary care." That's one thing she wrote. She also wrote, on April 4, 2012, "A political party that tells you private options for medicare are necessary is honest." On another occasion, the minister wrote, in July 2017, "Not even Cuba has single-payer health care."

**0910**

So there is a profound philosophical difference at the highest levels in this government about how we take the public's money to deliver medically necessary care, particularly in the middle of a pandemic. That's what I'm coming to realize. I can only conclude, Speaker, that that was the reason we didn't have a fulsome apology from that minister yesterday for how Ontario has failed personal support workers.

But I want to end on a positive note, Speaker, because the long-term-care report did acknowledge what we needed to do. The LTC commission report says that 70%

of workers in long-term care need to be full-time. They said that wages in this sector have to be comparable to the hospital sector. I want to say to every single person who cares about long-term care, whether you're a resident, a family caregiver or a worker in this industry, there is only one way that can happen: You have to elect a government that is not tied to the for-profit long-term-care industry. You have to elect a government that will actually take every single public dollar that people work hard for in their taxes to share with this House and put it into care.

There is a revolving door between this government and the for-profit long-term-care industry. Many of the senior staff members in this government have gone on to lobby for Chartwell, Sienna, Extencicare, Revera. But with the New Democrats, what you will get—every single support worker out there, what you will get is someone who will take every single public dollar and put it into care.

It's time to take profit out of this industry. It's time to nationalize the standards of this industry. A New Democrat government in BC early in this pandemic took a collective agreement and gave it to every single person in the province of British Columbia—mandatory minimum salaries, benefits. And guess what? They didn't have the spread that we did here.

I don't want to hear any more excuses and finger-pointing from this government. I would like to see them take responsibility, take leadership and stop greed in this sector.

**The Acting Speaker (Mr. Percy Hatfield):** We have time for questions and comments.

**Hon. Paul Calandra:** I thank the honourable gentleman for his question. He raises a number of good points. Having listened to him for three years, I believe him to be passionate about the things that he believes in. Having said that, I'm not going to suggest that I'm either in agreement or in disagreement with him.

I wonder if he had given some consideration—he talked about nationalizing all of the retirement and long-term-care homes in the province. I wonder if part of his proposal is how he would do it, what the costs associated with such a proposal would be, how that would increase care in such a proposal, and where the funds would be redirected to ensure not only that could we do it, but that it could be affordable and would lead to even additional homes in perpetuity in the province of Ontario.

**Mr. Joel Harden:** Thank you for the question. The member is absolutely able, as everybody in Ontario is, to go to the Ontario NDP website right now and see our plan to transform the long-term care and home care sector. We have a plan over eight years to take profit out of these critical sectors.

We are paying a dear price, I will say to the member honestly, to watch people fail, to watch executives fail and reward themselves. That has to stop. I don't care if you're a Conservative, a Liberal, a Green, a New Democrat or none of the above. We can't take the public's money and give it to people to put Mercedes in driveways and give dividends to shareholders. Every single dollar has to be put into care. Every single cent that is given to this House has

to be given to people making good wages and residents getting the care they need—not in four years, Speaker, but right now.

I'm a descendant of Tommy Douglas. I think this is public health care, and I think we could do it if we committed to say no to the for-profit industry and tell them they have no right to run this industry into the ground any longer.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Chris Glover:** I want to thank the member from Ottawa Centre for his passion and his comments. He's an incredible advocate for seniors and for people with disabilities in this province.

In the commission report that came out last week, it released that the Armed Forces reported that 26 seniors had died of dehydration before they were called in. That's 26 seniors who could have survived if they had just been given some water to drink. It's absolutely shameful. And these are in the for-profit long-term-care homes that the member from Ottawa Centre was mentioning, where \$170 million in executive bonuses were paid out in 2020, at the same time that we, as taxpayers, through the Conservative government, gave them \$138 million. Instead of putting the money into care, they're putting the money into their own pockets. What should this government be doing to fix this to make sure that no—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. Back to the member from Ottawa Centre to respond.

**Mr. Joel Harden:** Last night, just to answer the member's question, I was speaking to Dr. Cameron Love, who is the CEO of the Ottawa Hospital network at home. He was informing me of some of the expansion plans in Ottawa to try to deal with the long-term-care crisis. What I was struck by when I was talking to Dr. Love, who is a very talented health administrator, is even now, even at this moment in the pandemic, how tied we are to thinking that for-profit companies have to be part of the solution.

Schlegel Villages—and James Schlegel is the CEO of this company—has been brought into an expansion project in our city at the Riverside campus of the former Ottawa Hospital to open up a long-term-care facility. What the public needs to know is that for every dollar they give Mr. Schlegel, you can expect 20 cents or 30 cents on that dollar to be going out the door in dividends and profits. It's disgusting, Speaker. I've spoken to union representatives who organize for PSWs in Schlegel homes who talked about workers crying in the parking lot before they go into work.

We have to stop investing money in these industries. We know who can deliver the care well. It's the public; it's the people who care.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Hon. Paul Calandra:** Very sincerely, I want to really drill down on the honourable gentleman. I'm not going to have the opportunity during debate to look at the NDP platform on this.

He's raised a number of points with respect to the nationalization of long-term care in the province. I take him at his word for it; I take him at his word for it. It's not something I have studied in the short term, so I wonder if he could top-line what the NDP platform that he talks about, what the costs associated with that would be. It must be in the report that he cites, what the costs associated would be and what the long-term forecasting of the costs of that would be to the province of Ontario. It must be in there. If he could just give me that, then we can drill down on another question after that.

**Mr. Joel Harden:** Again, to answer my friend's question, the comments I made were about nationalizing the standards in the sector. I want to point to what my colleagues in British Columbia have done. They took a union's collective agreement and they applied it to the entire province. It cost the province of British Columbia \$10 million a month—\$10 million a month to do that.

Instead, our province has been bailing out failing for-profit homes at a cost of more than a billion dollars. So instead of asking the Ottawa Hospital to bail out Carlingview Manor, to bail out West End Villa, to bail out these failing enterprises, why wouldn't we, member, take the public's money and actually make sure that that money went directly into non-profit and public care? That's the point.

Taking profits out of this sector entirely is an eight-year plan that I invite the member to read about in the document. It's a good plan. It makes fiscal sense, and it makes ethical sense.

**The Acting Speaker (Mr. Percy Hatfield):** The next question goes to the member from Algoma-Manitoulin.

**Mr. Michael Mantha:** Many of the complaints that I've been dealing with from front-line workers and PSWs who work in long-term-care homes who have reached out—overworked, understaffed, burnt out, tired, fatigued, lack of PPE, just frustrated with not having their voices heard. However, those that own those private homes, their obligation is to make sure that there is a profit that is returned. That is their goal. They are hired with the objective to identify, "How do we make that profit?" It is frustrating to explain to the public that this is the good functioning of how a home works when you see the individuals who are caring for the mothers, who are caring for the fathers, who are caring for the grandparents don't have the ability to perform their jobs. Those public dollars need to go to front-line workers. How do we do that?

**Mr. Joel Harden:** Change the competitive bidding process that currently exists for long-term care and home care contracts. I spoke to Pat and Hugh Armstrong on my drive down here, Speaker. They called that process, designed by former Premier Mike Harris, an affirmative action strategy for for-profit companies. You push out public and not-for-profit organizations and you make them compete on wages. You take sick days away from workers. You make people work with 30 residents on one floor and one or two staff people. That's the legacy of former Premier Harris in this province. That's what we have to change.

I ask someone coming from a Conservative perspective to help me understand why we would put Mercedes and BMWs in the driveway of executives, we would issue dividends to shareholders and we wouldn't be paying personal support workers and putting every single dollar into care. It doesn't make sense.

**0920**

We needed to see that in this bill today. That's what those women and men want from this government, not platitudes.

**The Acting Speaker (Mr. Percy Hatfield):** The next question?

**Mrs. Daisy Wai:** I was attending an interview on long-term care yesterday. As I review, I see that the AG is actually saying that there are a lot of things that she has advised with SARS in 2003. Nothing was taken up by the previous government.

I still remember how we, in 2018, already saw the need for personal support workers and a lot of work for long-term care. That's why we have a ministry and that's why we have a minister. Actually, I sent an email to the minister yesterday, appreciating what she has done for the last year and a half, where she described to me that we actually did go into a house that is all broken down and it is on fire.

I just want to ask the member opposite if he realizes—

**The Acting Speaker (Mr. Percy Hatfield):** You ran out of time to pose your question, but I'll turn to the member from Ottawa Centre to respond.

**Mr. Joel Harden:** Speaker, I have respect for my friend—we've collaborated on seniors' advocacy in the past—but I have a very different interpretation of this minister; I'll be very candid and honest with you. We shared a flight home in February 2020, the minister and I, and at one point, the minister looked at me and said, "Joel, with COVID, we're all on the same team." I kind of took it to heart at one level, even though I knew the minister and I are philosophically different, that we would take every single dollar in the province of Ontario and put it into addressing the crisis. But what the LTC commission report has told me is that the minister failed Ontarians, Dr. David Williams failed Ontarians, this cabinet failed Ontarians, and the people who've had to be traumatized and see awful, horrific incidents in our long-term-care institutions were failed.

If it were me, if I were the minister, my resignation letter would have already been on the Premier's desk. This has to happen, and then we have to take the money, that is the people's money, and put it into care, period.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. John Fraser:** It's always a pleasure to speak after the member from Ottawa Centre, especially his passion, which is sometimes hard to elevate yourself to, but it certainly helps before getting into debate. He has made some very good points, and I'm going to come back to what he said in a minute.

I do want to say that a couple of things in this bill, like regulating PSWs, will be a good thing. There's something

else we have to do for them; I'll discuss that later. Physician assistants are incredibly important, and the move to put them into the College of Physicians and Surgeons is a good thing. Again, the scope of practice and the psychological and behavioural analysis parts of this bill are a good thing. It's important that we align the practices today with the legislation.

Now, the data collection piece on vaccinations—we're only about six million vaccines in, so it's a little late, but I guess it's good that it's there because we do need that. It would have been better to have that information shared as early as last December. If we had been vaccinating over Christmas in long-term-care homes, that would have been even better.

The member from Ottawa Centre makes a very good point: It's very clear that the private ownership of long-term care hasn't been working, not working at all—

**Hon. Monte McNaughton:** Where were you?

**Mr. John Fraser:** I just heard, "Where were you?" Well, you know, Minister, I think sometimes it's good to admit when you take responsibility. Where were you 400 days ago when Ontarians needed paid sick days?

**The Acting Speaker (Mr. Percy Hatfield):** Through the Chair, please.

**Mr. John Fraser:** Anyway, Speaker, it's clear that we have to move in a different direction. That's very clear.

About two weeks ago when Extencicare, who is being made whole by the government, not only paid a dividend but gave their management bonuses, and then had a proposal to look at the wages of PSWs and workers, but they deemed that it was not a good use of resources—that's incredible. Any organization, a good organization, a smart organization, understands that your workers, that your people, are your most valuable asset. Without them, you can't do business. Without those people, more importantly, we can't care for the people that we care for most. So, while it's good that we're going to provide some regulation for PSWs, we have to do more than that to acknowledge them.

The government gave pandemic pay a month later than BC and Quebec. We're still short on what Quebec is doing. Pandemic pay ended some time around the third week of August. Six weeks later, they came back with, well, not \$4 an hour but \$3 an hour. I'm not sure that we were sending the PSWs—the people that we depend on to care for our moms, our dads, our brothers and sisters—the right message in doing that. I know the government said, "We've extended it to the end of June." What? Really? How can you do that in light of that report, in light of the long-term care commission report? How can that even make sense? We know where we have to be, and we keep saying that, but then: "Well, the wages are going to go until the end of June." What is that message? "We're still not sure about you; we don't know if you're actually worth it"? Is that what the government's message is? Because if you were on the other end of that equation, that's exactly what you would be thinking. That's exactly what any of us in this building would be thinking. So it's not just good enough to regulate.

Speaker, what I really wish would happen is that the Minister of Long-Term Care or the Premier would respond to the long-term care commission's report. It's been four days now. The Premier hasn't responded, hasn't defended his iron ring. I think those 3,000-plus families who lost a loved one deserve that. I think PSWs deserve to have decent wages—permanent, not till the end of June; not just regulated, but appreciated.

So, Speaker, while I can support some measures in this bill—most of the measures in this bill—it's not what's here; it's what's missing. And that missing piece is going to be the thing that's going to change how we care for people as they get older.

I thank you for your time.

**The Acting Speaker (Mr. Percy Hatfield):** We have time for questions and comments. The Minister of Labour has the first question.

**Hon. Monte McNaughton:** Mr. Speaker, I move that the question be now put.

**The Acting Speaker (Mr. Percy Hatfield):** I'm sorry, but that's out of order.

**Hon. Monte McNaughton:** Sorry—after. Okay.

**The Acting Speaker (Mr. Percy Hatfield):** Might you have a question?

**Hon. Monte McNaughton:** Sure.

**The Acting Speaker (Mr. Percy Hatfield):** Ask your question.

**Hon. Monte McNaughton:** We'll try this again. Mr. Speaker, I'm proud to join this debate on such an important topic. My question to the member opposite: Where were you, really, for 15 years? Where was the previous government in attacking the problems that we had known about for decades? It's critical. I know the member opposite came forward yesterday to admit there were challenges, but I have to ask: What happened in 15 years under the previous government?

**Mr. John Fraser:** Anybody who looks at that report has to feel some sense of responsibility. We may have built 30,000 beds, raised the wages of PSWs by \$4 an hour, instituted RQI inspections, which this government ended, but that wasn't enough. It's clear. We take full responsibility for not doing enough, and that's what needs to happen right now: for everybody to take responsibility, for the minister to say, "I take responsibility for these decisions that happened between the first and the second wave, because I should have made a different one." We all have to do that. If we actually want to get to where we need to, everybody has to take responsibility for their part.

Do I wish we had done more? You're darn right I do, and there's not a day I don't think about that. So I hope that answer is good enough for you, Minister.

0930

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Joel Harden:** Hello to my friend from Ottawa South. I'm wondering—I've been paying very close attention to everything the member just said, Speaker—if he could help us understand if we've reached a fork in the road, perhaps.

I was trying to indicate in my remarks, hearing from people I've had the fortune to speak to, that we've put a lot of hope that the private sector can help us with capacity issues and can help us with labour force shortages. It would seem to me that the private sector has manifestly failed. So, I'm just wondering if the member—because you've had experience in government—can reflect about the fork in the road it seems that we've come to and where Ontario goes from here. Should we be continuing to fund homes that reap profits and issue dividends to shareholders by lowballing wages to workers? Should that be part of our growth strategy going forward, and if not, what should be?

**Mr. John Fraser:** No, we shouldn't be doing that. Having said that, and I think you would agree, there's a lot of toothpaste to put back in the tube.

The thing that we need to build is community-based care. We wouldn't build long-term-care homes for kids to go to school, in the way that we wouldn't build schools the way that we build long-term-care homes and serve long-term-care homes. We wouldn't do that in hospitals. We wouldn't do that in child care. No. So why do we do it when people are old, when they need care? Why is that okay?

There's too much conflict between the needs of the people and the need to drive a profit, to back pension funds with workers who might not have a pension. Does that feel good to anybody? It doesn't feel good to me. It doesn't seem right.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. David Piccini:** I was actually just getting ready to step outside, but it's a pleasure to join the debate. I thank my colleague from Ottawa for his remarks on this topic. It is an area of great concern. Having spent time working in health care and working alongside some phenomenal physicians in this country when I was at the Royal College of Physicians and Surgeons of Canada, I know this is an issue that was on the minds of many in the health care community over the last decade.

I appreciate the member opposite's contrition for utter and abject failure, for lack of investments and lack of proper training for new health care professionals, but my question is with respect to the next generation of health care professionals. Now that they have the colleges and we're seeing a much more effective wrapping of arms around the scope of practice, does he support micro-credentials to help them ladder up? Does he support expanded OSAP eligibility? Does he support free PSW training? And does he support—

**The Acting Speaker (Mr. Percy Hatfield):** Thank you. I'm sure you served most of the question. I'll ask the member from Ottawa South to respond.

**Mr. John Fraser:** I think that was a particularly unkind way to characterize my desire to have done more, which is the challenge in government. It's something that I think about every day, that I think all of us think about every day. I think the people on the other side think about it every day. They may not say things out loud about it

because they're in a government, but anybody who looks at this situation right now has got to feel a level of responsibility. What we need to see from everyone in here, including the government, all of us over here, is the responsibility for our part in that. Whether that's how we assist PSWs in elevating them—I support that 100%. We should give people the opportunity to grow. I support those things, but I also support—

**The Acting Speaker (Mr. Percy Hatfield):** Conclude, please.

**Mr. John Fraser:** —to have benefits, to have a stable job. You're not going to get the results that you want if you don't give people the stability that they need. It's the same for any of us.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Ms. Sandy Shaw:** “Unkind” is exactly how I would characterize this government's response to this tragedy. I respect your acknowledgement, your self-reflection to look at the mistakes of the past, but this government continues to deflect any responsibility and they continue to point fingers and lay blame elsewhere. It's really despicable.

You and I had talked about retirement homes on and off. This government proposes another regulatory body. The Retirement Homes Regulatory Authority was something that was put in place 10 years ago. We see that it's not a great regulatory authority; it has failed during the pandemic. It's a self-regulating body.

My question is, given that they're the same operators, the Reveras, the Chartwells, the bigs that are running retirement homes and long-term care at the same place, would you have a second look at the Retirement Homes Regulatory Authority?

**Mr. John Fraser:** I think so. I mean, yes, we have to. The things that we see in Ontario are not just happening in Ontario; they're happening around the world.

Actually, and this is a little bit off topic, in the States, they're not building long-term-care homes as much anymore. They're starting to build more retirement communities. They're starting to expand things out.

We have to stay on top of this, and so do other places around the world. We constantly have to be looking at these acts, whether we're actually enforcing them. One of the things that I look at, when we brought in RQIs, that's really important. We needed to do more in enforcement. We passed a bill in this House in December of 2017 that got royal assent, but the measures for increased penalties for infractions in long-term care didn't pass. They didn't enact it on the other side. It's sitting there on the books.

**The Acting Speaker (Mr. Percy Hatfield):** The member for Mississauga–Streetsville.

**Mrs. Nina Tangri:** Speaker, through you: You know what, I took the time prior to being elected, and since being elected, to visit long-term-care homes in my riding. I shadowed PSWs in the dementia ward and Alzheimer's ward, and it's a very difficult job. I don't think anybody here disagrees with that. It's a tough job. They work extremely hard.

But we've been working for years to build a stronger, more integrated health care system. Every step of the way we've seen that the personal support workers—they're actually the largest group of unregulated health care providers, and you know that. Patients and families have been calling for greater accountability, oversight and quality and safety standards for their caregivers.

So, I'm going to ask the member, will you answer their call today and support this legislation so that we can get them regulated?

**Mr. John Fraser:** What I do believe is that the regulatory body will help to build a profession. I know it's there to protect the public as well; that's important. I think it's more important that we elevate the profession.

If we want to look at accountability in long-term care, you need to look at the leadership. Go into a home with a good leader: great result. Go into a home with a lousy leader: lousy results. If we're looking for accountability, that's where the accountability lies. The leader of the team is the person who takes it there, right? It starts at the top.

Those homes that I've gone to where the most important thing is the immediate daily needs of the residents there—not working in an office or filling something out. If they're short somewhere, someone who works in an office is feeding, or someone who works in an office is helping somebody get ready for breakfast or taking somebody to a program that they need to be to.

So, if you want to look at accountability, accountability is the leadership at the top level too.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Hon. Monte McNaughton:** I move that the question be now put.

**The Acting Speaker (Mr. Percy Hatfield):** Mr. McNaughton has moved that the question be now put. We've had 20 speakers over three days and more than nine hours of debate, so I'm satisfied that there has been sufficient debate to allow this question to be put to the House.

Is it the pleasure of the House that the motion carry? I did hear a no.

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

All those opposed, please say “nay.”

In my opinion, the ayes have it.

A recorded vote being required, this vote will be deferred until after question period today.

*Vote deferred.*

EXECUTIVE COUNCIL  
AMENDMENT ACT, 2021

LOI DE 2021 MODIFIANT LA LOI  
SUR LE CONSEIL EXÉCUTIF

Resuming the debate adjourned on April 26, 2021, on the motion for third reading of the following bill:

Bill 265, An Act to amend the Executive Council Act in respect of attendance at Question Period / Projet de loi

265, Loi modifiant la Loi sur le Conseil exécutif à l'égard de la présence à la période des questions.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. Michael Mantha:** Again, it is always an honour and a privilege to stand on behalf of the good people of Algoma–Manitoulin and bring their voices and views to the floor of the Legislature.

I was prepared to speak to Bill 283 this morning. I did want to raise the concerns of a lot of the community members across Algoma–Manitoulin in regard to the rollout of the vaccines and the ineffectiveness of what is happening in the riding. I also wanted to talk about the frustrations and the realities of home care, of the PSWs as far as what they're feeling on the floors of their places of work, but I won't have that opportunity this morning. I will ask the Speaker to, at times, indulge me in my comments, because there are some concerns that I do want to raise that are related to Bill 265, the Executive Council Amendment Act. I'll do my best to always bring it back to Bill 265.

**0940**

When I left here a couple of weeks ago, we left in a little bit of a fury. There seemed to be some perception that the opposition was very supportive of this bill and there seemed to be surprise from the government side that we were actually debating the bill. I think for any piece of legislation that comes to the floor of this Legislature, as the official opposition or as any member inside this House, our role is to look at the bill, study the bill, reach out to our community members and see what their views are.

At second reading, the member who was here last week, due to our cohorts that we're having—the member from Timiskaming–Cochrane did a very good job of actually explaining the position that our caucus had taken and how we had spoken and raised certain concerns that we had with the bill.

The bill is not a very complicated one. It is no more than maybe about half a page. For those who are watching at home, Bill 265 is a bill that would exempt cabinet ministers from attendance requirements related to question period during a declared emergency or orders under the Emergency Management and Civil Protection Act.

The bill also goes on to say that, currently, the Executive Council Act requires cabinet ministers to attend a minimum of two thirds of question periods unless they are engaged in official business or absence due to religious holidays, bereavement or illness. Bill 265 expands this exemption to include absences that occur during a declared emergency or an order put in place under the EMCPA.

The new part of this particular piece of legislation and where we raised concerns, and why we oppose the bill at second reading, was that this includes the entire 42nd Parliament. I don't know about you, Speaker, but I don't have a crystal ball. I cannot foresee the future. We don't know what's going to happen next week, as a matter of fact. I think we've witnessed that quite a few times. But we don't know what's going to happen next month. We

don't know what's going to happen in six months from now.

The concern that was raised from the official opposition was, why does this have to cover the entire 42nd Parliament? The government has the ability, has the mechanisms and has the tools at their disposal to make the changes in order to make sure that this does include the pandemic period and not further beyond—because, again, we don't have a crystal ball. We don't know what's going to happen in the future.

What I do know and what I alluded to a little bit earlier is that people are frustrated in Algoma–Manitoulin. People are looking at some of what's coming out on the television and it makes them question this government, as far as where their priorities are. It angers them that we're talking about exempting ministers from their duties during question period, when they are frustrated with what they're seeing happening in ICUs, when they are frustrated when they're seeing hospitals that are over capacity.

Again, being a northern Ontario member, can you imagine the concerns that people are having across northern Ontario, where there has been due diligence and people have been maintaining their social distancing, wearing their masks? There are always the exceptions to the rules that are happening, but the spread of the virus in northern Ontario has been fairly well contained. Public health units are absolutely fantastic. You pick up a phone, you give them a call, you get the answer and you provide it to your constituents—not always the answers they're looking for, and again, there are some frustrations in regard to how the vaccine is rolling out in northern Ontario.

I'll just go on the record to say, just last week, an issue that my staff had dealt with, particularly with the vaccine rollout, is in Algoma–Manitoulin we have three public health units. We have the Thunder Bay District Health Unit that covers the northern part of my riding. For the larger part of my riding, which is in Algoma, we have the Algoma Public Health unit. And then covering from Spanish on, going into Manitoulin Island toward Sudbury, we have the Sudbury and Manitoulin district public health unit. All of them are rolling out their vaccine programs, and all of them—the messaging is very close. It is sometimes challenging for my staff to balance out where the calls are coming in and where the concerns are coming in from constituents and the information that is rolling out.

In Elliot Lake, where I actually live—Elliot Lake is predominantly a community where a lot of seniors are there. There's Elliot Lake Retirement Living that thrives there with the invitation to great living. There are awesome trails and there are services there that are second to none. The organizations that are there are fantastic. It's just a very tight-knit community that really takes care of their neighbours.

The messaging that we've been working on with Algoma Public Health is that on the Algoma Public Health website, they're advertising that vaccines are available for 60 and above and also that vaccines were available through the Shoppers Drug Mart in Elliot Lake for 55 and above. When people are calling, they're finding out that,

“No, no, no, you’re not eligible. It’s only 70 and above.” When we started digging into it, we found out that we’re stuck in Elliot Lake at 70 and above. There are just not enough vaccines coming into Elliot Lake to address the high population we have of 70-year-olds and above. It’s roughly, I would say, almost 40% of the population in Elliot Lake. As soon as vaccines are coming in, people are calling to get their time reserved. In the same token, then people are going, “Well, let’s look at option B.”

Why are they advertising on Algoma Public Health that this is available for 60 and above? We’ve managed to have a discussion with Algoma Public Health to raise that. It doesn’t make the individuals who are 62 or 68 happy, but we’re trying to get it addressed and to bring down the frustration. Also, just for those possibly from Elliot Lake who are calling, my staff did find out from Shoppers Drug Mart that they’re out of their vaccines. They provided access to vaccines for 55 and up; however, they’re out of it and they won’t have any more vaccines till—oh, my gosh, they’re saying the end of May, possibly the beginning of June.

Again, I raise the point that the vaccine rollout, when you’re sitting in northern Ontario watching the news and you’re seeing various areas that are now receiving vaccines 18 and above—and we understand that there are red hot zones that are across this province. If we’re going to tackle this as a province as a whole, that’s where the focus needs to be. But what people are asking in many communities across northern Ontario is to make sure that we’re getting our fair share, because that’s the frustration that a lot of people are feeling. When you’re 72 years old and you’re watching the news at 6 o’clock, and you’re seeing people as young as 18, 20 or 25 who are all lining up to get their vaccine, and your vaccine calls have been cancelled twice, three times, four times, it gets frustrating. They deserve their vaccine as well.

**0950**

On another point, because we’re in the midst of a crisis right now, I came back to a point that I was making earlier: People are frustrated, looking at this government, as to where their priorities are. It is—we’re at May 5 today, Speaker?

**Ms. Peggy Sattler:** May 4.

**Mr. Michael Mantha:** May 4. Speaker, just so you know, prior to the COVID-19 pandemic hitting us, there were a lot of other people who were being affected by a virus. I have to say that I worked very closely with Dr. Steini Brown, who is now providing a lot of that advice in the pandemic that we’re in to this present government. I have the utmost respect for Dr. Brown. He is a bang-up, straight-up guy. He and I worked extensively hard on developing the report on the Lyme Disease and Tick-Borne Illnesses Task Force. We did this in 2018.

May is Lyme awareness month. That is another issue that we all know about in this House. I know when I was first elected, it touched me very closely. I met up with a mom in Manitowadge—actually, I met up with her grandmother, who came to see me at a constituency clinic and talked to me about her daughter, who could no longer

care for her daughter. That’s how I got introduced into this pandemic—and I will say that has been a pandemic that has been forgotten, that we are not talking about anymore. But guess what? They don’t have the ability to take a break. They don’t have the opportunity to say, “You know what, I’m not going to report in for work, for question period.” They deal with this each and every day.

In my riding, I have Austin Chillman, 18 years old, a fantastic kid; wonderful, pleasant. He used to play hockey, soccer and all kinds of things, and now has a hard time struggling walking up the stairs.

Monique Diotte-Hachey is from the Windsor area—you might know her, Speaker. She’s a beautiful mom. She actually had to go to Florida and spend of her own money in order to get the treatment and care that she needed. She came back. She felt good. She slipped back in. They used their entire life savings for her getting that treatment. She’s still suffering with Lyme disease.

Paige Spencer—beautiful; they call her “Blue Eyes.” She’s a beautiful young woman. She has actually been in this House several times when we’ve raised discussions about Lyme disease.

Rossana Magnotta is a woman who has put her entire life towards the development of a strategy and a cure for Lyme disease, raising the awareness. She lost her husband, Gabe, and her son to Lyme disease.

Then I think about Melanie Wills. She’s the director at the G. Magnotta Lyme Disease Research Lab at Guelph university, who is trying to develop care and new technologies and new research in order to identify and treat people with Lyme disease.

I remember in 2018 when this Ford government was elected. I walked over to the Premier and I said, “Settle in,” and I walked over to Minister Elliott as well, and I said, “Settle in, but we’ve got to deal with something.” I provided them with a copy of this task force report, because I remember working with a lot of those backbenchers over there, and a lot of them came over since we have been in this House and talked to me about Lyme disease. So have the independents, as well.

We’re in May right now. May is Lyme awareness month. We can’t forget about these people. We have to move on the recommendations that were put into this report. We have to acknowledge that people are still hurting, those who are affected by Lyme disease.

I want to get back to this order, Speaker. I want to go back to the priorities that people in Algoma–Manitoulin have and the frustrations that they’re seeing for the failure of the priorities of this government. Again, when we see the services in our hospitals, when we see the need for care and the workers who are working in many of our facilities, in our long-term-care homes and in our hospitals—when this pandemic hit, it hit hard. A lot of those individuals who were into their normal functions, their routines of their days, got completely thrown into a different task. Some were taken out of their centres and put into hospitals to help out, and they did it willingly because they knew that’s what needed to be done. There were orders that were put in where holidays were cancelled, hours were added,

shifts were changed, and people just did it. They didn't complain. They knew it had to be done, but they are now hurting.

I've had individuals who are working in long-term-care homes who have picked up the phone and basically said, "Mike, I am burnt out; I am completely burnt out. I can no longer do this. I can no longer let my employer put me in these types of environments and actually endanger my family. I'm leaving the field. I love my patients. I love the clients that I work with, but in good conscience, I cannot stay in my role as a PSW." That was hard for that person, making that choice, but it was necessary for her to make that choice for her family. She's out of the field.

She continues to stay in touch with me. As a matter of fact, we just spoke this morning. Good morning, Catherine. I've seen your marks; you are doing fabulously in your studies. I hope that the kids are happy with the Internet that they have at home now. I know that you got a new provider. It was one of your struggles that you were having with providing—she's got a small army; I think she's up to number five. She's just a spitfire. She's just full of fire, this woman. I hope that some day she returns to her calling, her calling as a PSW. I hope that she gets the ability to get back into that role, but right now she is frustrated, not just by her environment, but by the initiatives and the lack of action that had not been taken to address some of her concerns that she had while she was in the field, over in the long-term-care home.

Speaker, there are many others. I did want to touch on Mary Evans, who is a lady out of Blind River, and her frustrations as well. She, as well, can't take a break from question period or she can't take a break from her duties because right now she is suffering from an illness. Her surgery has been continuously changed over and over, and postponed and postponed—a lack of responses. This is from Mary: "If you continue to let me go, I'm getting worse. I'm not getting any better. I need to get into the hospital. I need to have the surgery" that the doctors and the specialists have identified that she needs. For hope of Mary, having brought her story here to the floor of the Legislature, I sure as heck hoped that I'll be able to talk to the Minister of Health and try and move her issue forward so that we can get her into the hospital.

Again, Speaker, it comes back to priorities. We need this government to focus on the true priorities of what Ontarians need.

**The Acting Speaker (Mr. Percy Hatfield):** We have time for questions.

1000

**Mr. Joel Harden:** It's always a privilege to listen to my friend from Algoma-Manitoulin. I consider him to be one of the best constituency politicians I've ever met, because you always come to this place with those local stories and the local flavour from your community.

I was struck by your comments on Lyme disease. You're one of this chamber's best advocates on Lyme disease. Every time we go to our constituency office to pick up something, I run into Craig, whose mom you

know, who lives with this disease. I want to thank you, from Craig's perspective, about putting that on the table.

I want to ask you, given the PSW you spoke about who has left the profession—in Ottawa, Speaker, we have a 60% turnover rate; 60% per year of people going into this profession and leaving. I have heard from a lot of people's perspectives about what we need to do to make these jobs meaningful, full-time, attractive careers. But what do you think for the resident of your community who you talked about? What can Ontario do to bring that amazing person back into this profession? Because we need her.

**Mr. Michael Mantha:** An aggressive recruitment program for PSWs needs to happen. But first what needs to happen is to recognize the struggles that are there within the industry: the workplaces, the wages. Provide them with an environment where they can bounce off of their colleagues. Right now, when you're going into a role—I've shadowed PSWs while they're going into their establishment. There is no humanity that they—you've removed that out of the system.

You are now—you care, you have 0.25, and this is your role: You go to the room and you punch in your code—you punch in everything. You go in and you measure; you pull them out of bed; you come back, "I punched it." And then you put them back into bed or you sit them in a chair and you punch it in. And then you go to your charts and you write that all in, and then you go to your next station. There's no time to say, "Good morning." There's no time to say, "How are you doing?" We've taken the human aspect of our health care system.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mrs. Nina Tangri:** I do want to thank the member for educating us, especially on Lyme disease, something I know he's very, very passionate about.

But back to Bill 265, the Executive Council Amendment Act: As you said, it's a very short act and it's just for the health and safety of all of those in this building, including the members, all the staff, the Clerks. This act has been put here to keep those cohorts in place for the safety of everyone. So my question is, very simply, will you be supporting this bill?

**Mr. Michael Mantha:** I think I was quite clear in my comments, that there are some concerns with the bill. Unless you have something that I don't, which is a crystal ball, which is an opportunity to look into the future—I don't know what's going to happen next week; I don't know what's going to happen two months from now; I don't know what's going to happen three months from now. What I do know is that things are moving quickly, and we need to have the ability to perform our duties.

I would hope, as well as you do, that things will significantly change. Something is going to come forward which is going to be able to ease on the restrictions, move the communities forward, open up businesses and help our small businesses, getting into the summer months—tourism once again. But again, not having a crystal ball and putting this bill for the entire 42nd Parliament—that is what's concerning and that's what we raised.

**The Acting Speaker (Mr. Percy Hatfield):** The next question.

**Mr. Tom Rakocevic:** Over the course of this session of our Parliament, I think we've seen the government make constant changes to the standing orders, and some of these changes have been viewed as undemocratic in many ways. Certainly what they have done is consolidated more and more power for a majority government. Can you comment on some of the changes that may have been criticized as being undemocratic?

**Mr. Michael Mantha:** Well, I always try to look at the glass as half full. The things that we have been successful in getting done in this House are some of the things that I pride myself in. Even though we're sitting here in opposition, there have been some success stories that we've actually accomplished.

One of them—we just did it last week—is not what we wanted; it's not the amount of paid sick days that we actually wanted to accomplish. But for the province of Ontario, along with our stakeholders and the many labour organizations that have come forward, there's three days. It's a beginning, and I stress "beginning." It is not the end, and the fight continues on to making sure that we recognize all of those workers and our front-line heroes that we're referring to, and making sure that we provide them with the actual sick days that they're rightfully entitled to.

**The Acting Speaker (Mr. Percy Hatfield):** The next question?

**Hon. Paul Calandra:** I'm gratified that the member could not name one standing order change that was undemocratic, Mr. Speaker, because the changes that we've brought in have in fact made this place more democratic. I'm surprised to hear the member opposite is opposed to more debate. I'm surprised to hear the member opposite is opposed to having leadership positions on committees. I'm surprised the member opposite is opposed to having independents have more opportunity to speak at committees. I'm surprised the member opposite is against take-note debates. I'm surprised he's against additional opportunities for debates after a report stage.

But I ask the member opposite—he sat in the House after second reading and allowed this bill to go directly to third reading, so I'm surprised to hear him now suggest that he had amendments to the bill when it was he who made the decision to allow this to go directly to third reading without committee.

**The Acting Speaker (Mr. Percy Hatfield):** The member from Algoma–Manitoulin to respond to the surprised government House leader.

**Mr. Michael Mantha:** I so enjoy being in the House and in my new role as part of our House team and as a deputy whip. I enjoy the cordial conversations that I've had and will have with my friend. I won't engage with his spin, his perspective, because it's actually his. We have different perspectives in regard to how certain decisions were played here.

I will say to the member: I will learn from my errors, and it won't happen again. I will learn, and it will make

me a better MPP and a better legislator inside this House. However, I will stress to the member that we were quite clear when we were at second reading. We raised the concerns. The government does have the ability to address those concerns and make sure that this doesn't go longer than for the entire period of the 42nd Parliament.

**The Acting Speaker (Mr. Percy Hatfield):** The next question?

**Mr. Chris Glover:** I want to thank the member from Algoma–Manitoulin for his comments. He is the most knowledgeable person I've ever met for that region of Ontario. I once drove on a bush road just west of Geraldton down to Highway 17, and he's the only person who not only knew that road and had driven it but actually knew the name of it. I've never met anybody else who knew that.

He also talked about Elliot Lake. He mentioned that 40% of the residents of Elliot Lake are seniors, are above 70. He talked about the challenges that they're facing, that the people are facing there with the vaccines and getting registered. We're facing the same problem in my riding. We've got 22 different portals where people can register for vaccines, and it's causing great confusion. Can the member talk about what this government should be doing not only with the standing order changes but also with day-to-day things to get us through the pandemic, like the vaccine rollout?

**The Acting Speaker (Mr. Percy Hatfield):** Back to the member from Algoma–Manitoulin.

**Mr. Michael Mantha:** I want to thank the member, and you are always welcome to come through the riding of Algoma–Manitoulin. You're absolutely right, there's a lot of back trails that I think are quite dynamic and quite unique travelling through northern Ontario as a whole. I think we have a few of your colleagues here within our caucus who can give you some of those hints and those places.

He talked about a lot of the frustration that had been raised and the priority of people across my riding in Algoma–Manitoulin, which is the vaccine rollout. There could have been a lot better process as far as how we were going to roll out the program. Again, stressing the fact that from a perspective of seniors who are sitting in their living rooms who are 62, 68 or 72—in Elliot Lake, we are stuck at 70 and above. When you're sitting in your living room, watching the TV with daily messaging coming up and you see other areas—again, I want to stress the fact that people in northern Ontario understand that we have to deal with the hot zones, but they are frustrated when they're being denied their vaccine rollout as well.

**The Acting Speaker (Mr. Percy Hatfield):** We don't have time for another question and response, with less than 30 seconds. It's still too early to go to members' statements at 10:15, so I'll call for further debate. Further debate?

Alrighty then, Mr. Calandra has moved third reading of Bill 265, An Act to amend the Executive Council Act in respect of attendance at Question Period.

Is it the pleasure of the House that the motion carry? I believe I heard a no.

All those in favour of the motion will please say "aye."

All of those opposed to the motion will please say “nay.”

In my opinion, the ayes have it.

A recorded vote being required, it will be deferred until after question period today.

*Third reading vote deferred.*

**The Acting Speaker (Mr. Percy Hatfield):** Orders of the day? I recognize the government House leader.

**Hon. Paul Calandra:** No further business.

**The Acting Speaker (Mr. Percy Hatfield):** The House stands in recess until 10:15.

*The House recessed from 1010 to 1015.*

## MEMBERS' STATEMENTS

### EDUCATION FUNDING

**Ms. Jennifer K. French:** I'm always glad to stand up for and strengthen public education. Today, however, we have to protect it and defend it from a sneaky Conservative agenda seeking to undermine it while folks are focused on a pandemic.

Despite the challenges of online learning and the desperate need for affordable Internet access for at-home learning, families and students are being forced to choose a year-long learning option for their children. They can choose either in-person learning at school or permanent virtual learning at home.

Parents have concerns about underfunded, overcrowded classrooms in schools with fewer educators and caring staff—who they hope will be vaccinated by September, and they hope the government will fund protective measures to keep everyone safe at school. Parents are also anxious about a permanent virtual learning option. They're being asked to choose whether or not to keep their children home permanently to learn online with TVO/TFO as the only proposed provider of asynchronous e-learning, and families aren't allowed to change that channel. Parents are anxious about making a year-long choice today, when they don't know what life will look like next week or in September.

The DDSB board chair sent a letter to the Minister of Education urging him to “halt the proposed changes to offer virtual learning as a permanent choice for families and the role of TVO-TFO as the only provider of asynchronous e-learning.” Education unions, parents and partners are also speaking out about permanent virtual learning.

Education is supposed to be the great equalizer, but all things are not equal, and despite this government's strange obsession with their new mid-pandemic math test for teachers, their plan for education doesn't add up. Students, education workers and families are suffering. This government must invest in public education and educators and get onside with health experts' recommendations to ensure schools will be safe places to learn when the time comes. That's a choice that should be easy to make.

### THE DUKE OF EDINBURGH'S INTERNATIONAL AWARD

**Mrs. Daisy Wai:** Last Saturday, I was invited to attend a virtual event celebrating the life and legacy of His Royal Highness The Prince Philip. I'm most thankful for Prince Philip's dedication to uplifting young people, particularly through the Duke of Edinburgh's Award. It is a youth development program that runs in 144 nations worldwide.

I was honoured to participate in this program when I was a grade 10 student in Hong Kong. It helped to develop me in four areas: personal interests, physical fitness, community service and adventurous outdoor living. I was truly blessed to have been the first female to receive all three medals: bronze, silver and gold. The Governor General of Hong Kong presented the gold medal to me at the Governor's house.

These awards gave me the courage, strength and determination to accomplish my goals. I was able to run a successful business for more than 25 years and am now serving Ontario as an MPP. It helped shape my life, and it continues to shape the lives of countless youth in Canada and around the world.

### COVID-19 RESPONSE

**Mr. Chris Glover:** It's Mental Health Week and the lesson that we are to take away this week is to “Name It, Don't Numb It,” to speak about the things that are causing us stress so that we can work with others to solve them.

This has been a particularly hard year in the riding of Spadina-Fort York: 70% of us live in high-rises and 52% of us live alone. The places that we normally connect with other people are closed—the restaurants, the patios and the gyms. There's constant construction noise. People are telling me about the homelessness crisis, and we are experiencing a homelessness crisis that is really overwhelming our riding. We have people losing income and their homes, and we have people scrambling to get a vaccine.

But people are coming together in the community to support each other. Right now, there's a team of volunteers who are helping people to register for their vaccines. There is the Bike Brigade, the Spadina-Fort York Community Care Program, Liberty Village CARES and many other community groups who are out feeding vulnerable people through the pandemic. We are connecting with each other on social media.

We are doing what we can to help each other, but we need the government to do their part as well. We need the government to fix the supports for small businesses and their workers so that we don't lose one more small business in Spadina-Fort York or anywhere in Ontario. We need them to restore the construction noise bylaw so that people aren't kept awake all night. We need them to fix the vaccine rollout and we need them to take action on the homelessness crisis. We are supposed to name it and not numb it. I'm naming the things that this government needs to do to reduce the stress to help us get through this pandemic, and to help maintain the mental health of all people in Spadina-Fort York and across this province.

1020

ONTARIO LEGISLATURE  
VIRTUAL TOUR  
COVID-19 IMMUNIZATION

**Mr. Billy Pang:** In this April's spring break, I was delighted to host my first live Queen's Park virtual tour. Since being elected as MPP for Markham–Unionville, one of my favourite events to organize is the annual Queen's Park tour. Although the in-person tour didn't happen this year, I was excited that this virtual tour could happen, allowing Markham–Unionville families to explore Queen's Park from the safety and comfort of their homes. Led by our tour guide, we toured the lobby and chamber, all while discovering the architectural features and history of the legislative building.

As part of the event, we also had fun trivia questions and a "get to know your MPP" segment, where I had the opportunity to share my background and my current role as the MPP. From their engagement, I trust that attendees enjoyed this virtual tour and learned more about how I serve Markham–Unionville in my MPP role.

Mr. Speaker, Ontario's COVID-19 vaccine program is under way with almost 5.4 million doses administered to date. As eligibility continues to expand, I encourage everyone to embrace the opportunity and book their vaccine. Every vaccine administered is a step toward reducing COVID-19 transmission and for our province to hopefully return back to normal soon.

And when that day comes, I would be delighted to invite members of Markham–Unionville to come right here for an in-person Queen's Park tour.

CIVILIAN OVERSIGHT OF POLICE

**Ms. Suze Morrison:** Last month, Justice Gloria Epstein released her independent review into missing person investigations in the Church and Wellesley Village. The report found that police have systematically discriminated against 2SLGBTQ+ people and communities. From the bathhouse raids to carding, from the mishandling of missing persons reports to the failure to respond to community safety concerns, all of this history has contributed to a mistrust of the police. As a result, the most marginalized of communities have been denied access to justice.

Justice Epstein's independent review showed the damaging effects of differential treatment on communities that are over-policed and underserved. Systemic discrimination contributed to the police's failings in several cases, and this ultimately cost lives.

We need to fundamentally change how our province keeps people safe. That includes reconsidering the role the police play in our communities and investing in community supports.

I call on the Solicitor General to work to implement the recommendations of this independent review, to overhaul the institutions that prevent police transparency and

accountability, and take action today to save queer and trans lives. 2SLGBTQ+ people deserve to feel safe and protected in their communities.

I want to thank Justice Epstein for her work, and offer my support to the loved ones of the victims in the report. We must never forget their names: Selim Esen, Abdulbasir Faizi, Kirushna Kumar Kanagaratnam, Majeed Kayhan, Andrew Kinsman, Dean Lisowick, Soroush Mahmudi, Skanda Navaratnam, Alloura Wells and Tess Richey.

FAREL ANDERSON

**Mr. Jim Wilson:** I rise this morning to congratulate Dr. Farel Anderson, who recently received the University of Toronto Faculty of Dentistry Alumni of Influence Award. Dr. Anderson is enjoying a well-earned retirement after having practised dentistry in Collingwood for more than 45 years. His professional life and civic engagement have had a lasting impact on the well-being of our community.

Coming from a modest family background in Jamaica, Dr. Anderson appreciates the challenges faced by those less fortunate. He never turned away a patient, often providing services at reduced fees, or without fee, for those who didn't qualify for assistance.

His charity extended to his home country, where for over 20 years, he volunteered dental services for several weeks at a time at the Foundation for International Self-Help medical-dental clinic in Jamaica.

His outreach activities helped many young people in Collingwood overcome their fear of the dentist's chair. Through the Brush-a mania Program, he visited area schools where he explained dental hygiene and demonstrated the tools used in his practice.

Dr. Anderson has volunteered with numerous organizations, including the E3 community living organization, which seeks to serve the needs of vulnerable Collingwood residents.

Farel Anderson was the first Black candidate to be elected to Collingwood town council in the 1970s. He served as chair of the police services board and helped lead the development of a modern fire department. His contributions to country and community have earned him many well-deserved accolades and awards, including the Order of Collingwood and the Queen Elizabeth jubilee award.

Dr. Farel Anderson is a Collingwood treasure. Our community is grateful for his lifelong commitment to his fellow citizens and to his profession, and I am proud to have supported his nomination for the Alumni of Influence awards.

MENTAL HEALTH AND  
ADDICTION SERVICES

**Ms. Christine Hogarth:** This week is Mental Health Week in Ontario. Every year during the first week of May, we work to raise awareness about the importance of mental health.

Mental health is health, Mr. Speaker, and this year, the COVID-19 pandemic has highlighted the fact that now,

more than ever, we need to give time and attention to the work done by organizations across Ontario.

Last week, I hosted a virtual town hall to discuss mental health issues. We were very pleased to have as our special guest Ontario's very first Minister of Mental Health and Addictions, the Honourable Michael Tibollo, who contributed his time, his expertise and his compassion to the event. It certainly went over time, because the dialogue was wonderful.

Etobicoke–Lakeshore residents who joined us at the virtual meeting were eager to discuss mental health services for children and youth, the importance of providing COVID-19 vaccines to people suffering from mental health issues and raising awareness regarding supports that are available, including Ontario's online programs, like BounceBack, designed to help them overcome symptoms of anxiety and gain new skills to regain positive mental health.

I encourage residents across Ontario to take time this week to learn more about how they can support positive mental health for themselves and their loved ones. Please remember you are not alone and help is available.

#### COVID-19 IMMUNIZATION

**Mr. Tom Rakocevic:** I continue to work with our incredible local health teams in establishing pop-up and mobile vaccinations to fill in the gaps of the vaccine rollout.

In just an hour from now, our next pop-up vaccination clinic is set to start daily until Thursday at Habitat Arena on Weston Road. I will be joining them later today. This Friday, we'll be running another pop-up at Grandravine community centre until Sunday.

Through this ongoing work, we have quickly doubled the vaccination rates of neighbourhoods throughout our riding of Humber River–Black Creek. I want to thank Cheryl Prescod, Michelle Westin, Joesi Nelson and the entire Black Creek Community Health Centre team who are there right now at Habitat Arena. They continue to work tirelessly to improve the health of our community and have been a shining star during this pandemic.

I also want to thank the University Health Network and GlobalMedic, who have been instrumental in delivering this ongoing local vaccination network.

My NDP colleagues and I have been calling for an equitable distribution of vaccines, meaning more supply to hot-spot communities and prioritizing front-line essential workers. I want to thank the team at our local Humber River Hospital, who chose to offer pop-up vaccination opportunities to my community rather than wait untold weeks before the central booking line would make vaccines available to all of those 18-plus. Thank you, Sudha Kutty and Ruben Rodriguez, whose team has been working so hard in vaccinating people door-to-door within high-rise apartment buildings within my community.

I welcomed the news yesterday to finally open the central booking line to those 18-plus in hot-spot communities like mine. We have been calling for this for

quite some time now. To keep things moving, it is so important to secure enough vaccine supply so people can get vaccinated as soon as possible. We must ensure that the vaccine rollout is an equitable one.

#### PORT PERRY

**Ms. Lindsey Park:** Speaker, 2021 marks Port Perry's sesquicentennial. In June 1871, 150 years ago, the county of Ontario passed a bylaw to incorporate the village of Port Perry, officially separating it from Reach township.

During a time when the traditional ways we love to gather as a community have been put on hold, the festivities this June will celebrate the power of community over 150 years, with the theme "Community Celebrating Community."

Celebrations will be held in accordance with public health guidelines, while still showcasing the town's unique history and colour. Local print shop PP Print, in conjunction with the township of Scugog, I am told, will be producing a commemorative booklet that will feature stories and pictures of local history, traditional recipes provided by local restaurants and a list of 150 things to do in Port Perry.

Speaker, there are so many things I love about Port Perry. I love the little shops and cafes, the beautiful boardwalk along Lake Scugog. I love the town's vibrant arts and culture scene—I think of Town Hall 1873—and I love the strong family-like community spirit that makes people feel welcomed and cared for.

#### 1030

The warmth of the Port Perry community has always stood out to me, and during these challenging times, the heart of Port Perry continues to shine through. On June 9, I look forward to attending the kick-off flag-raising event and celebrating one of the best little towns in Ontario.

#### BORDER SECURITY

**Mr. David Piccini:** It's an honour to rise in the House.

Canada must act now to secure our borders. Over 90% of new cases in Ontario are variants. We know these variants are concerning and are having a greater effect on younger Ontarians. These variants of concern didn't swim here, they didn't fly here; they were carried here via infected passengers, who in turn spread these variants through our communities.

Tens of thousands of international travellers land at Pearson and continue to land in our province. Don't take my word for it, Speaker. Here is what Dr. Colin Furness, epidemiologist at U of T, had to say: "Our border controls are like a sieve. We could do so much ... better.... It's not rocket science."

I agree: It isn't. Many of our closest allies got it right. The UK have banned entry into the UK for people who have been in or through over 40 countries worldwide. Australia has restricted entry to Australian nationals or nationals of New Zealand.

From day one, Premier Ford has called for increased testing. He's called to fix the loopholes at our border. It

was Premier Ford who brought antigen testing to Pearson. We continue to call on the Liberals to act now to fix the loopholes.

The good news is we have vaccinated over five million Ontarians. We want our lives back. There's light at the end of the tunnel. Over 420,000 Ontarians booked tests yesterday alone, and in the time from this morning until I delivered this today, over 150,000 Ontarians have booked again.

Let's get our lives back. My message to the Liberals is simple: Stop playing games. Do the right thing. Fix the loopholes at our land borders and secure our borders now.

## QUESTION PERIOD

### LONG-TERM CARE

**Ms. Andrea Horwath:** Speaker, I'm going to ask my first question this morning to the Minister of Long-Term Care, and I'm going to start by quoting directly from the commission report: "26 residents died due to dehydration prior to the approval of the" Canadian Armed Forces "team due to the lack of staff to care for them. They died when all they needed was 'water and a wipe-down.'"

Yesterday, this minister repeatedly refused to answer a basic question: When did this minister responsible for long-term care know that seniors in long-term care were dying from neglect and dehydration?

**Hon. Merrilee Fullerton:** Any loss of life in these circumstances during this pandemic has been tragic. The reason we called in the military, the Canadian Armed Forces, was because all the measures that had been taken were not sufficient to address the growing demand. That is why they were called upon.

We know that the staffing collapse in these homes, from multiple reasons, is what necessitated calling in the military. It still took time to get them into the home, and COVID was a very rapid threat.

I've said before that I am committed to making sure that long-term care is a better place to live, a better place to work. These lives lost cannot be in vain. We will improve these conditions, and that is currently what we're doing with the staffing, the new capacity, the IPAC measures. We are working to make sure that these lives were not lost—

**The Speaker (Hon. Ted Arnott):** Thank you very much. Supplementary question?

**Ms. Andrea Horwath:** Well, Speaker, the minister is still not responding to the question. The Minister of Health hasn't responded to questions. Nobody on that side of the House is taking any responsibility. They're not being accountable for what happened to long-term care with COVID-19. In fact, it's clear that government ministers knew exactly what was going on in long-term care. In fact, the CEO of RNAO, Doris Grinspun, gave testimony to the commission that says the minister of the Treasury Board and finance was calling her to try to get help for Orchard Villa, and I quote from the commission's report from

Doris's testimony, "So I got the phone call at about 11:00 p.m. one day, and in that phone call was the minister telling me, can I help with Orchard Villa before things were public, that it was a disaster what had happened with the residents."

Speaker, did this Minister of Long-Term Care receive the same kind of panicked calls from the Minister of Finance with the same kind of information and the same kind of request for help?

**Hon. Merrilee Fullerton:** I have said time and time again that I take responsibility for this, for the well-being of the residents, for the staff and for the families. In fact, that is why I came to politics in the first place, out of concern for the issues surrounding the neglect of long-term care, having witnessed it personally with my family members. I know how hard it is on families, having witnessed it as a physician for almost 30 years. There is no doubt that I have a sense of responsibility for this, and I have said it repeatedly. I do not know why this does not seem to register with the member opposite, the Leader of the Opposition. She does not seem to want to acknowledge that for some reason.

We are taking responsibility for a broken system. COVID moved so fast—we heard this time and time again. A home would be fine at the beginning of the week and within days it was a war zone. I have said that repeatedly. So speed was of the essence, to work with our medical officers of health, the Chief Medical Officer of Health, Ontario Health, the acute care sector to bring to bear on these homes the support that they needed. And we can—

**The Speaker (Hon. Ted Arnott):** Thank you. Final supplementary?

**Ms. Andrea Horwath:** Speaker, what's clear is the ministers in this government were protecting each other and worried about things going public instead of protecting seniors and worrying about them. In fact, on March 30, 2020, this minister stood with the Premier and claimed that there was going to be an iron ring put around long-term care, which we all know never happened. On March 31, the next day, the minister's own staff were pleading for more PPE in long-term care, and then of course, in early April, a few days later, the Minister of Finance is begging the RNAO to send nurses into Orchard Villa, pleading for help.

I ask this minister one more time, Speaker: When did she know that seniors in long-term-care homes in Ontario were dying of neglect and dehydration?

**Hon. Merrilee Fullerton:** I've told the member opposite repeatedly that the reason we called in the military was because the speed with which COVID moved in some homes made the homes into a war zone. It happened very quickly.

The premise of your question is bordering on obscene, and the reason why is because all of the ministry, public health, medical officers of health, thousands of people have been working to shore up these homes, and they were no match for COVID-19. So to impugn that there was any attempt in terms of what you have just said is inaccurate, not based on any fact and unfounded.

What we were doing, 24 hours a day, was trying to get support to those homes. With an unknown virus that wasn't fully understood, with a shortage of supplies globally, we were taking every measure and working collaboratively with all the partners to solve this problem. And I reject the—

**The Speaker (Hon. Ted Arnott):** Thank you. The next question.

#### LONG-TERM CARE

**Ms. Andrea Horwath:** My next question is also for the Minister of Long-Term Care. But I can assure her, what is obscene and what Ontarians think is obscene is 4,000 seniors dying from COVID-19 in long-term care, because they didn't do their jobs.

But look, the Canadian Armed Forces—again to the minister—arrived on April 29. They started to go into the homes, and of course their report was released on May 29. Certainly, in between the time they arrived and the time the report was made public, this minister would have received some kind of updates as to what was happening in these long-term-care homes, yet on May 19, the minister told this House, “Our government has acted quickly and responsibly” and will “continue to take more action at a rapid pace until this pandemic is over”—which we all know never happened. There was never any rapidity.

1040

What does this minister say to families? What does she say to the families who she was supposed to be protecting when she wasn't doing so, when the Armed Forces found those people pleading for water? Let's face it: This minister needs to resign. Will she do so?

**Hon. Merrilee Fullerton:** It is devastating to families, there's no doubt about that. I have taken responsibility for their well-being and their welfare, and it is devastating to all the people who have been working around the clock: the staff, the public service, the front-line providers, the emergency services, the funeral homes, everyone who has come together to try to provide the support in a time of a global pandemic, a 100-year pandemic—100 years since the world has ever seen anything like this.

I want to acknowledge all of the people who have worked so hard to provide the care to these homes. When that fails—that is what we had to do, was to call in the military. I understood the need to get them in swiftly, but even the military took a number of days to come in. So when we look at the speed with which COVID moves, we need to understand the learning process that the whole world was going through and all the people who were working so hard to support these homes, the residents, staff and families.

**The Speaker (Hon. Ted Arnott):** Supplementary question?

**Ms. Andrea Horwath:** For over a year, this minister denied the crisis in long-term care instead of stopping it. She refused to support seniors in long-term care. She stood by the Premier's fallacy of an iron ring around long-term care. She actually said in this House that they were moving

quickly and reasonably, literally while the Canadian Armed Forces were finding people dying of neglect in long-term-care homes. This minister has tried to save the Ford government and save her own reputation instead of saving people in long-term care.

How can anybody expect that this minister can fix things when she can't even admit to her mistakes? Will she resign today and take ministerial accountability for the things she was supposed to do and didn't do to protect seniors in long-term care?

**Hon. Merrilee Fullerton:** If the Leader of the Opposition had done her job during the time that the previous government neglected long-term care, if you had been a voice, if you had taken the opportunity that you had—years and years of runway that you wasted, that the Leader of the Opposition closed her eyes to. Go back to the Hansard. Look at how many times she even bothered to mention the words “long-term care.” Look at your failure.

I was left to pick up the pieces from a devastating 15 years of neglect. I will not be spoken to that way by the Leader of the Opposition, who neglected this sector, and the opposition at the time neglected this sector—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Order. Order.

Just a second. I'm going to remind all members to make their comments through the Chair, not directly across the floor at each other.

This is the final supplementary.

**Ms. Andrea Horwath:** Speaker, this minister has not even committed to implementing the recommendations of the commission. It is unfathomable that she didn't simply say, “Yes, we're going to implement every one of those recommendations.” Instead, what we saw were staff literally being abandoned by their minister during this crisis. Many of them have now left the sector, and understandably so. We now have an immediate staffing crisis that is worse than when COVID-19 hit Ontario in the first place.

The commissioner said clearly that staff need higher wages right now. Staff need full-time work right now. We need more staff right now, not three years from now, not two years from now—right now.

Five days later, the minister still refuses to apologize and still, as you just saw, will not admit to her failure. This minister needs to resign. Will she finally do what she should do and resign from her position?

**Hon. Merrilee Fullerton:** You know, I really don't know where the Leader of the Opposition is coming up with this distortion. Our government has addressed on a continuing basis, even as I became the Minister of Long-Term Care, looking at the staffing, looking at the capacity-building, and we've been doing this all throughout the pandemic with a sense of urgency, understanding the need for this sector.

In the first wave, with the pandemic pay, we were able to hire 8,600 and more staff into long-term care. We began before that with a staffing expert panel to inform us on what we could do to improve the staffing. We have created capacity in our public colleges for over 8,000 students to be trained by the fall. We have another program with

career colleges and district school boards. We have an Ontario reserve seniors support system that we arranged in the first wave.

I do not understand where you're getting this information from. We've been very clear: We're building the capacity, we're building the staffing, we're building the IPAC. We're doing all these recommendations and working on them, some of them—

**The Speaker (Hon. Ted Arnott):** Thank you. The next question.

#### LONG-TERM CARE

**Ms. Andrea Horwath:** My next question this morning is to the Minister of Health. The CEO of the registered nurses said that the Minister of Finance called her about the crisis unfolding in his riding, in Orchard Villa, and I'm going to again quote from her testimony:

“So I got the phone call at about 11:00 p.m. one day, and in that phone call was the minister telling me, ‘Can I help with Orchard Villa’ before things were public, that it was a disaster what had happened with the residents and that he was excruciatingly in pain.”

So the government knew what was unfolding in long-term care. Ministers knew what was happening in the long-term-care sector. They knew the staffing problems were serious and that people were losing their lives, that people were abandoned in their rooms. Did the Minister of Health receive the same phone call with the same information and the same plea from the Minister of Finance?

**The Speaker (Hon. Ted Arnott):** To reply, the government House leader.

**Hon. Paul Calandra:** Again, Mr. Speaker, as the Leader of the Opposition will know—and I would certainly hope that members opposite were doing the same thing that members on this side of the House were doing: We were engaging with our community members, whether it was long-term care, retirement homes, individuals in community support groups. We were all engaging and we were all working very hard to see how we could help. I don't see how the member opposite, the Leader of the Opposition opposite, can suggest that members of Parliament shouldn't be doing that on a daily basis, especially given the fact that this is a global health and economic pandemic.

But the Minister of Long-Term Care is quite correct: Many of the issues that we faced were issues that we inherited after decades of neglect in the sector. We have made a commitment to make them better. We inherited a system that was woefully underfunded. We inherited a system that had not been built out, that did not have spaces. I had a 118-year waiting list in my riding before this government was elected. We're making changes to make lives better for people in long-term care. It's a responsibility we all have—all of us, on both sides of the House—and we all will get the job done for seniors.

**The Speaker (Hon. Ted Arnott):** The Leader of the Opposition.

**Ms. Andrea Horwath:** Speaker, what this minister forgot to mention is that the Ford government was cutting

long-term care in 2019's budget, and in 2018, one of the first things they did was cancel the comprehensive resident quality inspections, so they really do have a problem with their own history.

But look, the same minister—the same minister who denied more funding for long-term care in February—knew that there was a disaster unfolding. He wouldn't cough up the money. The disaster continued to unfold. The entire Ford cabinet knew what was going on, and yet they all continued to claim there was an iron ring around long-term care. How is that possible?

The Minister of Long-Term Care, the Minister of Health, the Minister of Finance and now the government House leader: None of them will take any responsibility for 4,000 seniors losing their lives in long-term care because they wouldn't spend the money and they wouldn't act quickly enough to save those lives. They all need to take some responsibility. When will they?

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Members will please take their seats. Government House leader.

1050

**Hon. Paul Calandra:** Let's be very clear, Mr. Speaker: We will accept responsibility for the things that fall under our watch, and that's why we are making significant investments. But to be clear, all Legislatures for a number of years share the responsibility of the woeful inadequacy in this sector—woeful inadequacy of this sector, a sector that had not been invested in for decades. We immediately moved to make investments in long-term care. Before the election, we talked about ending hallway health care. That is why the Minister of Health brought forward Ontario health teams, a blanket of care that included long-term care, included acute care, included ICUs, home care for communities. We made those investments. We're adding homes every single day—the largest build-out of long-term care in the history of this province.

What happened is completely unacceptable. We accept responsibility for those things, but to be clear, generations of parliamentarians who have sat in this place have failed seniors. We will make sure that that stops, and we started to make sure it stopped in—

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Order. The opposition, come to order.

The next question.

#### BORDER SECURITY

**Mr. Amarjot Sandhu:** My question is for the Associate Minister of Small Business and Red Tape Reduction. For weeks now, on this side of the House, we have been calling on the federal government to secure our international borders and stop the flow of COVID-19 variants into our country. Minister Blair and Minister Hajdu don't think this is a serious concern, but since February thousands of international travellers have tested positive for COVID-19 variants of interest and variants of concern.

Mr. Speaker, does our government recognize the seriousness of variants of concern flying in through our airports and driving in over land borders? What is the government doing to address this?

**Hon. Prabmeet Singh Sarkaria:** More than 5,000 air-travel passengers have tested positive for COVID-19 since February. The Premier and this government have constantly been asking for the federal government to secure our borders and keep Ontarians safe. But the federal government has dragged their feet.

We now have confirmed cases of the B1617 variant in Ontario, in Quebec, in British Columbia. We needed stronger action like in countries like the UK and Australia, which were able to secure their borders and keep their communities safe.

Mr. Speaker, we will continue to call on the federal government to close all the loopholes. You can still take a connecting flight into Ontario and carry one of these deadly variants into the province. We need to protect Ontarians, we need to keep Canadians safe and we need to ensure that the federal government takes stronger actions on our borders.

**The Speaker (Hon. Ted Arnott):** Supplementary question.

**Mr. Amarjot Sandhu:** More than 90% of new cases in Ontario are variants. The B117 variant, first found in the United Kingdom, is now the dominant form of COVID-19 here in Ontario. The federal government does not think securing our borders is a priority, but if they had taken action before it was too late, we may have been able to avoid this third wave.

Mr. Speaker, it is still better late than never. Will the minister call upon the federal government to finally take action to secure our borders?

**Hon. Prabmeet Singh Sarkaria:** We know the significant impact that these variants are having across Ontario through the third wave. We know that 90% of current cases are from variants. We now have confirmed cases of the B1617 variant in Ontario, Quebec and British Columbia. We need stronger actions.

Premier Ford led the country in implementing testing at our airports before the federal government was able to do anything. We have secured our land borders. We have put OPP patrols at our land borders in Manitoba and Quebec.

Currently, people are flying to the United States to avoid quarantining and crossing and walking over our federal borders in New York and Windsor and other places. We need the federal government to act now to secure Ontarians, to keep Canadians safe. We're calling on the federal government once again to address the borders and secure Ontario.

#### GOVERNMENT ACCOUNTABILITY

**Mr. Peter Tabuns:** My question is to the Premier. Last year, a shadowy group called Vaughan Working Families spent hundreds of thousands of dollars on ads attacking teachers, while at the same time, this government attacked teachers every day during their contract talks. The

Vaughan Working Families group is a front for a company called Vaughan Health Campus of Care, who are long-time big donors to the PCs.

We wrote to Elections Ontario about the attack ads, as they may be considered illegal under election laws. And now, a full year later after the ads ran, we've received confirmation the RCMP is now investigating.

Now that the RCMP is involved, is there anything else this Premier or his Minister of Education would like to tell Ontarians about what they know about these attack ads against teachers?

**The Speaker (Hon. Ted Arnott):** To reply, the government House leader.

**Hon. Paul Calandra:** Speaker, I guess, unlike the member opposite, I have full faith in Elections Ontario to continue to do its job.

What I do know is, when it comes to whether it's education, whether it's health care, whether it's transit and transportation, the member is quite correct: We are making significant investments to keep our students safe through COVID-19. The member opposite is quite correct. We are making significant investments in transit and transportation so that we can get people moving around so that we can unleash the potential of the Ontario economy once we get through this COVID pandemic.

But obviously, in the short term, we're going to remain focused on making sure that we keep the health and safety of the people of the province of Ontario top of mind. That is why the Associate Minister of Small Business and Red Tape Reduction so effectively pointed out how important it is that the federal government step up to the plate, finally, and secure our borders.

If the member opposite wants to be helpful, he can call his federal cousins in Ottawa and ask them to push to secure the Ontario border so that we can keep these variants out of the province of Ontario.

**The Speaker (Hon. Ted Arnott):** Supplementary question?

**Mr. Peter Tabuns:** Again, to the Premier: I guess they didn't like the question.

One of the people clearly involved in the group, Quinto Annibale, is a development lawyer this Premier appointed to be vice-chair of the LCBO. He's also been a very generous donor to the PCs and supported the health minister when she ran for the party leadership.

We asked the government agencies committee to bring Mr. Annibale forward so we could ask questions, but the government blocked our attempts.

Now that the RCMP are involved in getting to the bottom of this shady group, the Vaughan Working Families, Ontarians deserve to know if the Premier is still fine with Mr. Annibale's role at the LCBO. Will the Premier now allow the government agencies committee to bring forward Mr. Annibale for questions about his involvement with Vaughan Working Families?

**Hon. Paul Calandra:** Again, to be very clear, Mr. Speaker, I am very confident that Elections Ontario has what it needs to ensure that all those who are participating, or want to participate, in elections in the province of

Ontario can do so fairly. Again, unlike the member opposite, I have confidence that Elections Ontario will do that.

At the same time, Mr. Speaker, we are going to continue to remain focused on what's important to the people of the province of Ontario. And what's important to the people of the province of Ontario right now is that we chart a path out of this COVID-19 mess. We are seeing variants of concern out of control at our borders. That's what we need to focus on. We need the assistance of the members opposite to help us to convince the federal government to secure our borders.

In the meantime, Mr. Speaker, we are doing everything we can to make sure that all Ontarians get vaccines in their arm. Over five million doses have been administered to date. That is great news for the people of the province of Ontario.

We're doing all that we can. We're attacking this virus in hot spots. There is a light at the end of the tunnel and very soon we will be able to unleash the potential of the Ontario economy and get people back to work, Mr. Speaker.

#### LONG-TERM CARE

**Mr. Jim Wilson:** My question is for the Minister of Long-Term Care. Some 36% of people living in Wasaga Beach are seniors. The town is one of the top 10 postal codes in all of Canada for its high percentage of senior citizens, and that number is rapidly growing. Surprisingly, Wasaga Beach has no long-term-care beds, despite years of my asking for them. Residents are forced to leave their community to access care.

My constituents are perplexed that last month's budget made no mention of long-term care in Wasaga Beach. We were hoping for some beds. Can the minister give my constituents an explanation?

**Hon. Merrilee Fullerton:** Thank you to the member from Simcoe–Grey for the question. Wasaga Beach is a community, like so many, that the previous government neglected with respect to long-term care. The previous Liberal government only built 611 new spaces between 2011 and 2018, and they failed to meet the needs of communities across the province like Wasaga Beach.

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Our government is making up for lost time. Along with building new homes, we're taking innovative approaches to solve long-standing problems. In November of last year, our government announced the expansion of community paramedicine programs. This initiative will help seniors stay safe while living in the comfort of their own home. Both Simcoe and Grey counties were offered places in our government's expanded community paramedicine program.

**The Speaker (Hon. Ted Arnott):** The supplementary.

**Mr. Jim Wilson:** Thank you for that answer. The minister may know, Speaker, that at least two companies are prepared to fill the void for long-term-care beds in Wasaga Beach. Primacare applied two years ago for a 160-

bed facility in the community, and Jarlette Health Services hopes to locate a greenfield facility there, providing for 96 seniors. Both of these are reputable companies with a proven track record. They have the resources, the experience and the commitment to deliver the urgently needed support that my constituents need and deserve.

Speaker, I certainly appreciate the pressure on the government and on the minister in terms of the need for long-term-care beds across the province. As a former Minister of Health, I kept track of this issue quite clearly over the years. I was astounded for 15 years that the previous government built no beds. They took credit for 6,000 beds that Mike Harris had put in place, of the 15,000 that he built, during the first part of the McGuinty government, but they built no net new beds over 15 years. So I know there's a backlog.

I just want you to consider Wasaga Beach, in the top 10 postal codes in Canada for senior citizens who need beds. Minister, will you give them serious consideration in the next round of allocations?

**Hon. Merrilee Fullerton:** Again, thank you to the member from Simcoe–Grey for his question. The most recent group of allocations prioritized upgrading older homes in response to the lessons learned around improved infection prevention and control measures, particularly the elimination of three- and four-bed ward rooms. This was also addressing the growing needs of diverse groups, including francophone and Indigenous communities, and promoting campuses of care to better address the specialized care needs of residents.

Applications that have not received an allocation in this round will be kept and considered for future potential allocations. In addition to the 750 existing spaces at nine homes in Simcoe–Grey, there are currently three projects in the development pipeline that will build 121 new spaces and upgrade another 169 spaces to modern design standards.

I thank the member opposite for his question.

#### INTERNATIONAL STUDENTS

**Mr. Amarjot Sandhu:** My question is for the Minister of Colleges and Universities. Speaker, in addition to inadequate and ineffective border measures that have been challenging our provincial public health response by bringing variants of concern into the province, on Friday Prime Minister Trudeau once again confused Canadians with his message that Ontarians had requested a ban on international students.

Speaker, this came as a surprise to me. Our government has always been very clear on the protocols for students and residents coming or returning to Ontario and the public health guidelines they must abide by to help in our efforts to reduce the spread of COVID-19. Would the minister please help to clear up the confusion that the Prime Minister created?

**The Speaker (Hon. Ted Arnott):** The member for Northumberland–Peterborough South and parliamentary assistant.

**Mr. David Piccini:** Thank you to the member for that important question and for all of his work advocating for a better post-secondary future in his community of Brampton. Mr. Speaker, he is right that there was a lot of confusion caused by the Prime Minister's remarks, so perhaps we could take this as a learning lesson for all of us and set the record straight. What this government has called for, and what we've been very clear on in four letters to the federal government, is to take stricter measures at the border to prevent variants of concern from entering this country. We've called for a ban on all non-essential travel. We've called for mandatory PCR testing for interprovincial travellers. We've called to close the loophole at our land borders, and we've called for proper enforcement of hotel quarantining.

Mr. Speaker, we continue to be very clear—crystal clear—to the federal government. We're imploring them to take stricter measures at the border. We know that 90% of variants of concern are entering through our improperly enforced borders. Now is not the time for division. Now is not the time for the sort of division that the Prime Minister's remarks create. Now is the time to work together. We again call on the federal government to get strict, get real at our borders.

**The Speaker (Hon. Ted Arnott):** And the supplementary?

**Mr. Amarjot Sandhu:** I want to thank the parliamentary assistant for clarifying the confusing and incorrect statement that the Prime Minister made on Friday.

I know that many international students and post-secondary institutions were concerned about what these measures would mean and were looking to their provincial government to once again step up when their federal government would not. This has been the case for paid sick leave, imposing strong but necessary restrictions to reduce the spread of COVID-19 and, now, standing up for our international students.

Speaker, would the parliamentary assistant please elaborate on what our government is doing to ensure that international students entering into Ontario are doing so in a safe way that does not pose a risk to themselves, their classmates and all Ontarians?

**Mr. David Piccini:** Thank you to the member for that important question.

Let me be clear again: What we are calling for from the federal government is strict border measures, adequate screening and properly enforced quarantine. What we have done with our post-secondary institutions and with our designated learning institutes in the province of Ontario is we've worked actively with each of them and their local public health officers to develop individually tailored solutions for proper quarantining and measures for arriving students. We've done it to ensure the safety of those communities, to ensure safety on campus and to ensure the safety of those students arriving.

While I'm at it, when we've worked collaboratively together with our institutions, we've increased mental health supports on our campuses. When we've worked collaboratively with our institutions, we've supported them

with micro-credentials. When we've worked collaboratively, we've launched free PSW training to tackle the health professions backlog.

Mr. Speaker, when we work together, we can accomplish anything. That's why we're calling on the federal government: Work with us. Listen to the municipalities—

**The Speaker (Hon. Ted Arnott):** Thank you. The next question.

#### HOSPITAL FUNDING

**Mr. Jeff Burch:** To the Minister of Health: This government's failure to prepare for the third wave has left our hospitals on the verge of collapse. This means that while ICU beds are overflowing, thousands of essential surgeries have had to be delayed. Tragically, we're now hearing stories of cancer patients who have lost their lives after cancelled surgeries.

This government's failure to provide hospitals with the support they need is only going to make stories like these more common. What is the minister's plan to address the hospital capacity issue, and will she make the necessary investments now to save lives in Ontario's hospitals?

**Hon. Christine Elliott:** I thank the member for the question. In fact, we have invested over \$5 billion in our hospitals since the start of this pandemic. We've created over 3,400 new beds, the equivalent of six large community hospitals. We've created several hundred new intensive care spaces because of the increasing volumes of COVID-19 patients we knew were going to be coming into our hospitals. We have prepared for that throughout. We are preparing to deal with expanding our capacity yet again and making sure that we have the health human resources in order to operate in those situations.

As for the surgical backlogs, it is unfortunate that it's necessary for us to pause some of these surgeries because of the influx of COVID patients. However, despite that, we were able to do over 420,000 surgeries since the start of the pandemic for people who required surgery for cardiac, cancer or for other reasons. As soon as the numbers start going down, both in terms of the number of cases and the number of people in hospitals, we will get back to that as quickly as we can, because we know many people have been waiting for surgeries for a long period of time. That is a priority for us, to make sure they get the surgeries that they need.

**The Speaker (Hon. Ted Arnott):** And the supplementary question.

**Mr. Jeff Burch:** Well, I guess that means there is no plan, Speaker.

This government is now patting themselves on the back for telling hospitals that they might be able to avoid the worst of their triage protocols. To be clear, people are already dying because of hospital capacity. They're dying because they have had life-saving surgeries cancelled. They're dying in hospitals hundreds of kilometres away from their homes and families. And even if we avoid the province's worst-case scenario, this has already been the

worst-case scenario for many Ontario families and for the doctors and nurses working on the front lines.

My question again to the health minister: Will she take responsibility for the capacity crisis, and what is she doing now to save the lives of patients in our hospital system?

**Hon. Christine Elliott:** I would say to the member, through you, Mr. Speaker, that we have been creating capacity. We have been dealing with this since the beginning of this pandemic. We've been creating more space in our hospitals.

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As far as dealing with the surgical backlog: Previously, we invested over \$500 million in order to expand the operating hours in our hospitals to evenings and weekends, and to make sure that we took a regional look at our regional waiting lists so that we could expand our surgeries into all of our hospitals. This is something that we will continue once the crisis of this pandemic is over, because it makes use of all of those spaces and gets people into operating rooms and surgeries to have their necessary work done as soon as possible.

There are many steps that we have taken and that we will continue to take to make sure the people in our hospitals—our front-line health care heroes, who have been at this for over a year now. We can never thank them enough for the work they're doing. We're truly grateful for all of that.

We have been working alongside our health care workers, beside our hospitals to make sure that we have the capacity we need so that anyone coming into our hospitals—

**The Speaker (Hon. Ted Arnott):** Thank you. The next question.

#### LONG-TERM CARE

**Ms. Mitzie Hunter:** My question is to the Minister of Long-Term Care.

I wrote to the minister and her government about the state of long-term care and the government's slow response to COVID-19. And yet, despite many calls, especially from families, to protect residents and staff, her government was slow to respond and even took a summer break.

On page 129 of the commission's report, it's titled "Slow, Late and Reactive: The Early Provincial Response."

Can you tell this House what you did in the months of July and August to prepare for the second wave of the pandemic in long-term care, to protect vulnerable seniors and to remedy the staffing that the Canadian Armed Forces, the FAO, labour unions, members of the opposition, the media and families were calling on you to do?

Will you accept and act on the 85 recommendations that make up the recommendations of this report, and make them public, as is requested in recommendation 85, on an annual basis to this Legislature, on your progress?

**Hon. Merrilee Fullerton:** Since we asked for the commission to be set up for long-term care, we've been

very clear about our intent to make the report public, which we have done.

We've also been very clear about making sure that we address the recommendations in that report: to understand what we've already implemented, what needs to be implemented. We are completely open to addressing all of those 85 recommendations as soon as we understand what has already been done and what is in progress and what needs to be done.

The difference is that our government is taking action. Reports really littered the political landscape under the previous Liberal government, supported by the NDP—report after report after report on four hours of direct care, on the capacity issues. The member opposite from Ottawa South knew full well that the ward rooms posed a threat.

In terms of looking at preparedness, absolutely, we worked around the clock with many, many partners, the Chief Medical Officer of Health, Public Health Ontario. We created a—

**The Speaker (Hon. Ted Arnott):** Thank you. The supplementary question.

**Ms. Mitzie Hunter:** If the minister knew the threat, why were you slow to act? That's really the question and the substance of this report.

I will send you the letter I wrote to you on March 27 and again on May 19.

My question was, specifically, what did you do over the summer to prepare for that second wave? There were more deaths in long-term care in the second wave than in the first. I've been listening to the response, and it doesn't go far enough.

This report is devastating. It's devastating to the families, to the staff and to the people who are closest impacted.

Minister—through you, Speaker—will you apologize today to these families? If you can't bring yourself to apologize, you must resign.

**The Speaker (Hon. Ted Arnott):** I remind members to make their comments through the Chair.

Minister of Long-Term Care.

**Hon. Merrilee Fullerton:** The report is very insightful, and I thank the commissioners for their insights. I really think that it was intended to provide us with guidance, and that is what it has done.

*Interjections.*

**The Speaker (Hon. Ted Arnott):** Order.

**Hon. Merrilee Fullerton:** In late June—

*Interjection.*

**The Speaker (Hon. Ted Arnott):** The member for Ottawa Centre come to order.

**Hon. Merrilee Fullerton:** If the member opposite would choose to listen, I will give her the information she's looking for.

In late June 2019, our government created the first stand-alone Ministry of Long-Term Care to address the systemic challenges—and the commission is very clear in the report on these long-standing systemic issues, numerous times throughout the report. Just a few months later, COVID-19 struck our province.

Our government has consistently relied on the Chief Medical Officer of Health, Ontario Health, Public Health Ontario and countless medical experts. Last summer, preparedness assessments were carried out across the province to help long-term-care homes with emergency and outbreak prevention. This was in addition to shoring up the staffing in the homes, using resident support aides and hiring 8,600-plus hires into long-term care with the pandemic pay. Homes were encouraged to work with their hospital partners, and Ontario Health assisted with that.

This was a collaborative, co-operative effort. Absolutely, we must take responsibility for repairing this long-neglected system, and we will continue to do—

*Interjection.*

**The Speaker (Hon. Ted Arnott):** Order. Member for Ottawa South, come to order.

The next question.

#### PUBLIC TRANSIT

**Mr. Amarjot Sandhu:** My question is for the Minister of Infrastructure. Last month, I had the pleasure of joining our federal and municipal partners and representing our government to announce infrastructure investments that will improve the local public transit system in the city of Brampton.

Mr. Speaker, I was thrilled to see that our government has invested over \$58.2 million for the latest Brampton transit project. This funding will help ensure that Brampton's residents and visitors will be able to access more efficient and safe transit services, getting people where they want to go when they want to get there.

I'm proud that our government is working with our municipal partners and federal counterparts to get these projects built, and I know my constituents are looking forward to a faster and more reliable commuting experience. Can the minister tell us how she is working with the federal government and our municipal partners to make meaningful investments for the people of Brampton?

**The Speaker (Hon. Ted Arnott):** The parliamentary assistant, the member for Oakville.

**Mr. Stephen Crawford:** I would like to thank the member for this important question and for his continued advocacy on behalf of the people of Brampton.

We have now nominated over 760 projects to the federal government for ICIP approval. This includes 140 road, bridge, air and marine infrastructure projects, for a total provincial investment of more than \$115 million in over 200 public transit infrastructure projects through the outside-GTHA public transit stream.

Let me tell you, Mr. Speaker, although COVID-19 has forced the world to slow down, we have not stopped building. Since January, we have made nearly 60 joint virtual events, like the one the member mentioned, delivering exciting news about infrastructure funding in partnership with the federal government, non-profits and municipalities. These projects can finally go from shovel-ready to shovels moving, to get much-needed infrastructure projects built.

**The Speaker (Hon. Ted Arnott):** Supplementary question?

**Mr. Amarjot Sandhu:** We have heard both the minister and the Premier say that our government is investing \$145 billion in Ontario's infrastructure over 10 years for broadband connectivity, transit and highways, schools, and hospitals. We know that this is a record-level infrastructure investment.

Part of this investment includes the project I announced on behalf of the Minister of Infrastructure last month. This project includes the construction of a nearly 400,000-square-foot transit maintenance and storage facility. This facility will accommodate about 250 buses and will help improve the quality, capacity and safety of transit infrastructure in Brampton. It will also support future installation of infrastructure to service electric buses, and that will mean cleaner, more efficient transportation for all Bramptonians. This was very welcome news to my community.

Can the parliamentary assistant explain when we can expect more infrastructure investments like the one recently announced?

**Mr. Stephen Crawford:** As you know, the project announced in the city of Brampton is part of more than 200 public transit projects we've submitted for review and recently received approval on from the federal government. This multi-government collaboration is a primary example of how everyone can benefit when governments work together.

Our ministry will continue to work with our federal counterparts to secure timely project approvals and much-needed funding to fill the infrastructure deficit left by the previous Liberal government for communities like yours in Brampton.

We know there is more work to be done, but we can't do it alone. That's why the Premier and the Minister of Infrastructure continue to work with the federal government, seeking an additional \$10 billion per year over 10 years to get shovels in the ground for infrastructure projects. Through strategic investments, we can continue to help improve the quality of life for everyone in Ontario.

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#### LAND USE PLANNING

**Ms. Jennifer K. French:** My question is to the Premier. Yesterday, the federal government announced that it would take over the environmental assessment process for the Highway 413 megaproject that would cut through the greenbelt. Just last week, the Minister of Transportation claimed there was a "strong case" for this highway project, even though the most recent review found that this \$6-billion highway project would only save drivers maybe 30 to 60 seconds per trip—maybe. In fact, the only people who still think there is any case for this project are the well-connected speculators who own land along the corridor, whose political donations have filled the coffers of the PC Party and who are doggedly clinging to their hopes for this highway.

Will the Premier reverse course on the 413 and cancel this wasteful and destructive gift to his friends and donors?

**The Speaker (Hon. Ted Arnott):** Minister of Transportation.

**Hon. Caroline Mulroney:** I thank the member opposite for the question. It's unclear at this time what this federal designation means for this project. We don't know what the scope of the federal impact assessment would be or whether a full federal impact will be sought. We look forward to receiving more information from the federal government, which has already acknowledged how robust Ontario's individual EA process is. The Impact Assessment Agency of Canada has concluded that concerns surrounding environmental impact are "expected to be addressed through federal and provincial regulatory processes" that already exist.

As recently as March 2020, the experts at the Impact Assessment Agency of Canada reviewed the evidence and declined to take further action against the GTA West project. The agency stated at the time that the GTA West does not fit the criteria for a project to be considered under the Impact Assessment Act.

The goal of this project has always been to address congestion and population growth for the people of Ontario. The federal government is seeking additional information, and the province of Ontario will collaborate with the federal government.

**The Speaker (Hon. Ted Arnott):** The supplementary question? The member for Hamilton West—Ancaster—Dundas.

**Ms. Sandy Shaw:** Unfortunately, the federal government has also excluded the Bradford bypass from its environmental assessment, but like Highway 413, the Bradford bypass would cut through the greenbelt and, like Highway 413, it runs along land owned by well-connected developers who are donors to the PC Party.

Despite the obvious risk to Ontario's irreplaceable farmland, like the Holland Marsh, this Conservative government is still rushing to begin construction on this highway. Why, when so many people are still suffering during the pandemic, is the Premier instead focused on paving over the greenbelt and paving over farmland on behalf of his friends and his political donors?

**Hon. Caroline Mulroney:** As I've said, the goal of our government and of these projects has always been to address congestion and population growth in the greater Golden Horseshoe. A population boom is coming to the greater Golden Horseshoe and there's no getting around it. Our government believes that expanding the highway network must be part of the solution so that we can get people and goods moving and create good jobs. We cannot rely on transit alone.

The opposition is taking a pass on addressing congestion in this rapidly growing area. If you're a union member who works in road construction, the opposition is not on your side. If you're a parent living in York region who drives to work, the opposition is not on your side.

Ontario is investing \$82 billion in transportation over the next 10 years: \$21 billion in highways and bridges and

\$61 billion in transit, Mr. Speaker. Our government will explore all options to build transportation links, whether it's transit or roads.

#### ANTI-RACISM ACTIVITIES

**Mr. Michael Coteau:** My question is to the minister responsible for anti-racism. Since the beginning of this pandemic, there's been an alarming rise in anti-Asian racism here in Ontario; more specifically, a 40% increase in hate incidents here in the province.

Minister, you recently put out an update to the anti-racism strategy in the middle of this pandemic. To my surprise, the 30-page document that the minister put forward failed to mention any form of anti-Asian hate or racism. In fact, it failed to even mention the word "Asian" once.

My question to the minister: Why did the minister think it was okay to put forward an update to the anti-racism strategy and fail to address the issue of anti-Asian racism, especially considering it's one of the fastest-rising forms of hate in this country?

**The Speaker (Hon. Ted Arnott):** To reply, the Solicitor General.

**Hon. Sylvia Jones:** Thank you for raising this critically important issue. It is disturbing when we see rises in any form of hate speech, but particularly when we're dealing with a pandemic and to now see that individuals are using this opportunity to deal and spread vile, hateful messages about people. It's, frankly, why we as a government have invested and partnered with our communities to now offer Anti-Racism and Anti-Hate Grants.

We all appreciate and understand that zero tolerance is critical, but we need to provide some assistance to those organizations. To do that, we have established a new Anti-Racism and Anti-Hate Grant. This program, through a collaborative approach with community partners, can ensure we advance the most effective solutions in the fight against racism and hate. And I will—

**The Speaker (Hon. Ted Arnott):** Thank you. The supplementary question.

**Mr. Michael Coteau:** Thank you to the minister for the answer. Asian Canadians should not have to bear the racist effects of this pandemic, and the government really needs to step up and include anti-Asian hate within their strategy.

But, Speaker, racialized Ontarians are not only being targeted outside the walls of this Legislature, they're being targeted within the walls of this government as well. The government's decision to have people stopped by the police randomly and to provide their name and address, otherwise known as carding, was impulsive and poorly thought out.

Minister, you have the privilege and the duty to protect racialized Ontarians here in the province of Ontario. But not only did the minister announce this new policy, from what I hear, she was the one who actually championed this decision. What was the minister thinking? As the minister responsible for anti-racism, why didn't the minister stand up and do her job and stand up for racialized Ontarians and

put a stop to this backward decision here in the province of Ontario?

**Hon. Sylvia Jones:** As I mentioned, I would like to highlight some of the investments that our government has been doing, working collaboratively with our community organizations, including a \$3-million Anti-Racism and Anti-Hate Grant to support community organizations and their important work across Ontario, a new Anti-Racism and Anti-Hate Grant program through a collaborative approach with community partners. This new granting program, \$1.6 million in total funding, will be accessible to communities throughout Ontario and will provide investments to community-based projects that address systemic racism and hate, focusing on anti-Black, anti-Indigenous, anti-Semitic and Islamophobia.

Finally, the new investments build on our investment of \$1.7 million through the Safer and Vital Communities Grant, funding 26 new community-based programs to combat hate-motivated crimes throughout partnerships with organizations and local police services.

We will continue to do our work with community agencies. Thank you for raising this issue, because it does disturb me when we hear about individuals who are using a pandemic as an opportunity to highlight and raise false suggestions about individuals within our society.

#### COVID-19 IMMUNIZATION

**Ms. Teresa J. Armstrong:** My question is to the Minister of Health. Speaker, I want to read what a London constituent, Christopher, wrote to me: “I am advocating for my brother who is 69 and has been diagnosed with stage 4 pancreatic/liver cancer and has been given a window of three to six months.

“Currently his access has been good concerning appointments but things are now starting to be postponed and I am seeing a decline in his strength since being diagnosed three weeks ago ...

“When he received his first vaccination, he produced the letter” from his doctor “and was told, ‘Not good enough. We need a letter from a medical oncologist. You get your next shot in August.’” Speaker, he says his brother could be dead by then.

He’s not alone. Barb MacQuarrie, a London resident undergoing cancer treatment, told CBC News that she also had to jump through hoops and still hasn’t gotten the second dose.

Will this government work with public health units, pharmacies and vaccine teams to ensure that cancer patients can seamlessly access their second shots?

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**Hon. Christine Elliott:** Thank you to the member for the question. I’m very sorry that your constituents are having such a difficult time obtaining their second shot. We have been taking advice on who should receive the second shot earlier from our medical experts, based on the clinical evidence. We know that people who are in long-term-care homes or over the age of 80 need to have them within a period of time and that there are certain types of

cancer where people do need to receive their second shots earlier.

There are several types that have been identified to us, but certainly we would be happy to work with you to bring your constituents’ issues before the medical experts to see what can be done to accelerate their second shot.

**The Speaker (Hon. Ted Arnott):** The supplementary.

**Ms. Teresa J. Armstrong:** I’m glad to hear that, Speaker, but also, we’ve heard from advocates and they say that the guidelines for exceptions in Ontario aren’t clear. Many patients are still waiting weeks and sometimes months for their second dose.

Martine Elias, the executive director of Myeloma Canada said:

“When Ontario came out with these guidelines, no one on the ground knew what they were, and patients were going to their appointments for their first vaccine and were still getting booked” for their second dose “four months later.

“Now what we’re seeing is that the hospitals are providing recommendations to patients about the second dose, but it’s not happening everywhere, it really depends on where you live.”

Many cancer patients have had their diagnosis or treatment delayed, which is a very stressful experience. On top of that, they have to navigate this incredibly complex system. Will this government work across the province to ensure equity in exempting cancer patients from delayed second doses of the vaccine?

**Hon. Christine Elliott:** Of course I would agree that equity is very important across the province for all cancer patients, to make sure that if they require the second dose in an accelerated manner, they will get that.

We do have a table on the vaccine task force headed by Dr. Dirk Huyer, who is consulting with other medical experts to understand who needs to have the second shot accelerated. We know that transplant patients do and people with certain types of cancer, but we’re learning more every day.

I can certainly refer this. If you can provide me with the information regarding your constituents, I will absolutely provide it to the medical experts to see what can be done for them.

#### GREENBELT

**M<sup>me</sup> Lucille Collard:** I want to ask my question to the Minister of Municipal Affairs and Housing, but the Premier says that I should direct my question to the Minister of the Environment.

While he was Minister of the Environment, the new chair of the Greenbelt Council voted against its creation, concerned it would be difficult to remove land from the protected area. I have no doubt that Mr. Sterling will support the government’s priorities, but I’m afraid those priorities do not support the environment.

My question is: Has the government not taken into account Mr. Sterling’s previous stance and actions on the matter, or did the government hope that people were not paying attention?

**The Speaker (Hon. Ted Arnott):** To reply, the Minister of Municipal Affairs and Housing.

**Hon. Steve Clark:** I want to thank the honourable member for the question. I do find the question strange coming from this party, given the fact that they carved up the greenbelt 17 times and removed 370 acres from it.

I've said many times that Mr. Sterling shares my vision of growing the greenbelt. We're in the middle of a consultation, as members know, and I believe we have a great opportunity to grow the greenbelt in a very significant way since its creation in 2005.

But don't take my word for it; take a former Minister of the Environment for the Ontario Liberal Party, Jim Bradley, who said:

"Here's an individual, Norm Sterling, who was responsible for the Niagara Escarpment plan, an enduring legacy for him...."

"His initiatives in legislative reform will endure for many years and through many Parliaments."

Speaker, I agree with Jim Bradley. I look forward to working with Norm Sterling on growing the greenbelt.

**The Speaker (Hon. Ted Arnott):** That concludes our question period for this morning.

## DEFERRED VOTES

ADVANCING OVERSIGHT  
AND PLANNING IN ONTARIO'S  
HEALTH SYSTEM ACT, 2021  
LOI DE 2021 VISANT À FAIRE  
PROGRESSER LA SURVEILLANCE  
ET LA PLANIFICATION DANS  
LE CADRE DU SYSTÈME  
DE SANTÉ DE L'ONTARIO

Deferred vote on the motion that the question now be put on the motion for second reading of the following bill:

Bill 283, An Act to amend and enact various Acts with respect to the health system / Projet de loi 283, Loi visant à modifier et à édicter diverses lois en ce qui concerne le système de santé.

**The Speaker (Hon. Ted Arnott):** Next, we have a deferred vote on a motion for closure on the motion for second reading of Bill 283, An Act to amend and enact various Acts with respect to the health system.

On April 29, 2021, Ms. Elliott moved second reading of Bill 283. On May 4, 2021, Mr. McNaughton moved that the question be now put.

The bells will ring for 30 minutes, during which time members may cast their votes on Mr. McNaughton's motion that the question be now put. I'll ask the Clerks to prepare the lobbies.

*The division bells rang from 1136 to 1206.*

**The Speaker (Hon. Ted Arnott):** The vote on the motion for closure on the motion for second reading of Bill 283, An Act to amend and enact various Acts with respect to the health system, has been held.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 34; the nays are 18.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

Ms. Elliott has moved second reading of Bill 283, An Act to amend and enact various Acts with respect to the health system. Is it the pleasure of the House that the motion carry? I heard a no.

All those in favour of the motion will please say "aye."

All those opposed will please say "nay."

In my opinion, the ayes have it.

**Interjection:** Same vote.

**The Speaker (Hon. Ted Arnott):** Same vote? I heard a no.

The bells will ring for 15 minutes, during which time members may cast their votes. I'll ask the Clerks to prepare the lobbies.

*The division bells rang from 1209 to 1224.*

**The Speaker (Hon. Ted Arnott):** The vote on the motion for second reading of Bill 283, an Act to amend and enact various Acts with respect to the health system, has taken place.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 37; the nays are 14.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

*Second reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Shall the bill be ordered for third reading?

**Interjection:** No.

**Hon. Paul Calandra:** Referred to the Standing Committee on Social Policy.

**The Speaker (Hon. Ted Arnott):** The government House leader is referring the bill to the Standing Committee on Social Policy.

EXECUTIVE COUNCIL  
AMENDMENT ACT, 2021  
LOI DE 2021 MODIFIANT LA LOI  
SUR LE CONSEIL EXÉCUTIF

Deferred vote on the motion for third reading of the following bill:

Bill 265, An Act to amend the Executive Council Act in respect of attendance at Question Period / Projet de loi 265, Loi modifiant la Loi sur le Conseil exécutif à l'égard de la présence à la période des questions.

**The Speaker (Hon. Ted Arnott):** The bells will now ring for 15 minutes, during which time members may cast their votes. Once again, I'll ask the Clerks to please prepare the lobbies.

*The division bells rang from 1226 to 1241.*

**The Speaker (Hon. Ted Arnott):** The vote on the motion for third reading of Bill 265, An Act to amend the Executive Council Act in respect of attendance at Question Period, has taken place.

**The Clerk of the Assembly (Mr. Todd Decker):** The ayes are 32; the nays are 15.

**The Speaker (Hon. Ted Arnott):** I declare the motion carried.

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

*Third reading agreed to.*

**The Speaker (Hon. Ted Arnott):** There being no further business this morning, this House stands in recess until 3 p.m.

*The House recessed from 1242 to 1500.*

## REPORTS BY COMMITTEES

### STANDING COMMITTEE ON GOVERNMENT AGENCIES

**The Speaker (Hon. Ted Arnott):** I beg to inform the House that today the Clerk received the report on intended appointments dated May 4, 2021, of the Standing Committee on Government Agencies. Pursuant to standing order 111(f)(9), the report is deemed to be adopted by the House.

*Report deemed adopted.*

## INTRODUCTION OF BILLS

### HAWKE-LEA HOLDINGS LTD. ACT, 2021

Ms. Hogarth moved first reading of the following bill: Bill Pr42, An Act to revive Hawke-Lea Holdings Ltd.

**The Speaker (Hon. Ted Arnott):** Is it the pleasure of the House that the motion carry? Carried.

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Pursuant to standing order 89, this bill stands referred to the Standing Committee on Regulations and Private Bills.

### EQUITY EDUCATION FOR YOUNG ONTARIANS ACT, 2021

### LOI DE 2021 SUR L'ÉDUCATION EN ÉQUITÉ POUR LES JEUNES DE L'ONTARIO

Madame Collard moved first reading of the following bill:

Bill 287, An Act to amend the Education Act with respect to equity education and the Education Equity Secretariat Initiatives Branch / Projet de loi 287, Loi modifiant la Loi sur l'éducation en ce qui concerne l'éducation en équité et la Direction des initiatives du Secrétariat de l'équité en matière d'éducation.

**The Speaker (Hon. Ted Arnott):** Is it the pleasure of the House that the motion carry? Carried.

*First reading agreed to.*

**The Speaker (Hon. Ted Arnott):** Would the member care to briefly explain her bill?

**M<sup>me</sup> Lucille Collard:** The bill amends the Education Act. It requires the Minister of Education to ensure that information on a number of topics is included in the curriculum for junior kindergarten through grade 12 in an age-appropriate manner. These topics include the history of colonization and its impact on the rights of Indigenous and racialized people, the ongoing racial and social inequities in Ontario and how students can contribute to building an inclusive and equitable Ontario.

## MOTIONS

### COMMITTEE SITTINGS

**Hon. Paul Calandra:** I move that, in addition to its regularly scheduled meeting times, the Standing Committee on Public Accounts be authorized to meet during the week of May 24, 2021.

**The Speaker (Hon. Ted Arnott):** The government House leader has moved that, in addition to its regularly scheduled meeting times, the Standing Committee on Public Accounts be authorized to meet during the week of May 24, 2021.

Is it the pleasure of the House that the motion carry? Carried.

*Motion agreed to.*

## PETITIONS

### LAND USE PLANNING

**Mr. Jeff Burch:** I'm pleased to introduce this petition from a very impressive group of university students from Pickering.

"Revoke the MZO for the Lower Duffins Creek Wetland.

"To the Legislative Assembly of Ontario:

"Whereas Ontario permitted the MZO on a provincially significant wetland it knew was of critical importance to habitat and biodiversity, ecosystem function, and ecological services...;

"Whereas over 85% of existing naturally formed wetlands have already been lost in the greater Toronto area;

"Whereas the MZO undemocratically removes the period of public consultation and bypasses the planning process needed to correctly address this development;

"Whereas this development unnecessarily contradicts the federal government's commitment to reducing nationwide emissions by 30% before the year 2030, as indicated in the 2016 Paris Agreement;

"Whereas the destruction of this wetland reduces available green spaces used increasingly by citizens through the COVID-19 pandemic to improve mental and physical health/well-being;

“Therefore, we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“Revoke the MZO that allows for the destruction of the Lower Duffins Creek Wetland and ensure its protection for years to come.”

I’ll add my signature to the petition.

#### OPTOMETRY SERVICES

**Ms. Jennifer K. French:** I have a petition here to save eye care in Ontario.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas the government only covers an average of 55% of the cost of an OHIP-insured visit, the lowest rate in Canada; and

“Whereas optometrists must absorb the other 45% for the over four million services delivered annually under OHIP; and

“Whereas optometrists have never been given a formal negotiation process with the government; and

“Whereas the government’s continued neglect resulted in 96% of Ontario optometrists voting to withdraw OHIP services beginning September 1, 2021;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To instruct the Ontario government to immediately commit to legally binding, formal negotiations to ensure any future OHIP-insured optometry services are, at a minimum, funded at the cost of delivery.”

I support this. I will affix my signature and will send it with an usher.

#### WATER EXTRACTION

**Ms. Peggy Sattler:** This petition is to the Legislative Assembly of Ontario, and it is entitled “Protect Water as a Public Good.” I’m grateful to all of the residents of London who signed the petition.

“Whereas groundwater is a public good, not a commodity; and

“Whereas the United Nations recognizes access to clean drinking water as a human right; and

“Whereas local ecosystems must be preserved for the well-being of future generations; and

“Whereas the duty to consult Indigenous communities regarding water-taking within traditional territories is often neglected, resulting in a disproportionate burden on systemically marginalized communities during a period of reconciliation; and

“Whereas a poll commissioned by the Wellington Water Watchers found that two thirds of respondents support phasing out bottled water in Ontario over the course of a decade; and

“Whereas a trend towards prioritizing the expansion of for-profit water bottling corporations over the needs of municipalities will negatively impact Ontario’s growing communities;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario to direct the Ministry of the Environment, Conservation and Parks to prioritize public ownership and control of water over corporate interests.”

I fully support this petition. I will affix my name and send it to the table.

#### CAREGIVERS

**Mr. Joel Harden:** I have a petition to present to the House entitled “Stop Banning Concerned Family Members Visiting Seniors and People with Disabilities.

“To the Legislative Assembly of Ontario:

“Whereas some retirement homes, group homes and long-term-care operators have banned family members from visiting using the Trespass to Property Act;

“Whereas these bans have been issued when family members have raised concerns about their loved ones’ living conditions;

“Whereas it’s cruel and unfair to punish seniors, people with disabilities and their loved ones for speaking out on their behalf;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“The Ford government should provide clear direction to operators that the Trespass to Property Act does not permit them to issue trespass notices to exclude substitute decision-makers and guests of the occupants of retirement homes, long-term-care homes, and other congregate care accommodations when they raise concerns about their loved ones’ living conditions.”

I want to thank the great Maria Sardelis for giving me this petition. I will be signing it and sending it to the Clerks’ table.

1510

#### OPTOMETRY SERVICES

**Mr. Jeff Burch:** This petition is from some citizens in Welland.

“Petition to Save Eye Care in Ontario.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario government has underfunded optometric eye care for 30 years; and

“Whereas optometrists now subsidize the delivery of OHIP-covered eye care by \$173 million a year; and

“Whereas COVID-19 forced optometrists to close their doors, resulting in a 75%-plus drop in revenue; and

“Whereas optometrists will see patient volumes reduced between 40% and 60%, resulting in more than two million comprehensive eye exams being wiped out over the next 12 months; and

“Whereas communities across Ontario are in danger of losing access to optometric care;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To instruct the Ontario government to immediately establish a timetable and a process for renewed negotiations concerning optometry fees.”

I affix my signature and hand it to the usher.

## WASTE REDUCTION

**Ms. Peggy Sattler:** I have a petition from residents of London West, and it is entitled “Ban Single-use Consumer Plastics.

“To the Legislative Assembly of Ontario:

“Whereas Ontario is known around the world for its iconic, pure and pristine waters;

“Whereas 85% of marine litter affecting beaches and waterways worldwide is made up of plastic waste material. Plastics are also littering Ontario’s beaches and waterways, polluting our ecosystems and fisheries, affecting our health, tourism and industry;

“Whereas throwaway single-use plastics, including foam food containers, plastic bags, cigarette butts, plastic beverage bottles, plastic straws and stirrers, plastic packaging and wrappers, and plastic bottle caps, are by and large the most frequently polluted items found littering our beaches, rivers and waterways;

“Whereas the amount of plastic debris that litters our shorelines has increased drastically in recent decades and efforts thus far have failed to curb pollution;

“Whereas throwaway plastics like plastic straws, stir sticks etc. are used once then sent to landfills;

“We, the undersigned, petition the Legislative Assembly of Ontario to develop consumption reduction targets, establish life cycle obligations for producers, and ultimately implement a complete ban on consumer single-use plastics by 2024.”

I support this petition. I will affix my signature and send it to the table.

## CAREGIVERS

**Mr. Joel Harden:** It’s a pleasure to rise again to present this petition, which is entitled “Stop Banning Concerned Family Members Visiting Seniors and People with Disabilities.” I want to thank Ray Fortin from Nepean for presenting me with this particular version.

“To the Legislative Assembly of Ontario:

“Whereas some retirement homes, group homes and long-term-care operators have banned family members from visiting using the Trespass to Property Act;

“Whereas these bans have been issued when family members have raised concerns about their loved ones’ living conditions;

“Whereas it’s cruel and unfair to punish seniors, people with disabilities and their loved ones for speaking out on their behalf;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“The Ford government should provide clear direction to operators that the Trespass to Property Act does not permit them to issue trespass notices to exclude substitute decision-makers and guests of the occupants of retirement homes, long-term-care homes, and other congregate care accommodations when they raise concerns about their loved ones’ living conditions.”

I’ll sign it and send it to the Clerks’ table.

## ORDERS OF THE DAY

EXTENSION OF EMERGENCY  
DECLARATION

**Hon. Sylvia Jones:** I move:

Whereas an emergency was declared by order in council 213/2021 (O. Reg. 264/21) on April 7, 2021, pursuant to section 7.0.1 of the Emergency Management and Civil Protection Act; and

Whereas the emergency was extended past the end of April 21, 2021, for a further period of 14 days by O. Reg. 291/21 on April 16, 2021, pursuant to subsection 7.0.7(2) of the act; and

Whereas the period of an emergency may be further extended only by resolution of the Legislative Assembly of Ontario, pursuant to subsection 7.0.7(3) of the act; and

Whereas the Premier has recommended that the period of the emergency be extended for 28 days;

Therefore, the Legislative Assembly of Ontario hereby declares that the period of the emergency is extended past the end of May 5, 2021, for a further period of 28 days.

**The Speaker (Hon. Ted Arnott):** Ms. Jones has moved government notice of motion number 109. I assume the Solicitor General would like to lead off the debate. I’m pleased to recognize her.

**Hon. Sylvia Jones:** I would. Thank you, Speaker.

Before I begin, I’d like to take the opportunity, as I try to every chance I get when discussing COVID-19, to thank the many staff at the Legislative Assembly for their continued dedication over this last year to ensuring that members can safely assemble here to continue the important work conducted in our assembly. Your work is appreciated by all of us.

Typically, when a member of this House stands to speak on a matter, they begin by saying that they are pleased to rise to discuss the topic at hand. I’m not sure that any of us from government or opposition are pleased to speak to this motion before the House. And yet, as legislators, it is our duty to confront the realities of the world around us, no matter how difficult or challenging they may be. The reality Ontario faces is an emergency that continues to threaten the health and well-being of our citizens.

When I spoke in this House regarding the extension of Ontario’s first declaration of emergency in May 2020, I said that the COVID-19 pandemic is the greatest threat that our province, our country and, indeed, the world has seen in many decades. Although much has changed since that time, both for Ontario and the world, that fact remains true.

On the one hand, the development of not just one but a whole suite of vaccines to combat the effects of COVID-19 speaks to incredible feats of science and medicine as well as the dedication of so many around the world to do their part in the fight against this virus. On the other hand, the emergence of not just one but many COVID-19 variants that are in some cases more transmissible and

more deadly speaks to the fact that this pandemic continues to pose significant new challenges to that fight. So while we can and should look ahead to the future with hope, the reality of the third wave, fuelled by those variants, necessitates the continued extension of the provincial emergency for an additional 28 days.

This third wave has required decisive action to augment the public health requirements established through reopening Ontario act orders. This includes a province-wide stay-at-home order as well as a residential eviction moratorium while the stay-at-home order remains in effect.

This also includes the closure of Ontario's land and water borders with our neighbouring provinces of Manitoba and Quebec, and additional measures to ensure that Ontario's health system capacity is maintained under pressure while ensuring that patients receive the most appropriate care.

These are bold steps. Our government has never hesitated to take whatever action is necessary to stop the spread of COVID-19 and keep the people of this province safe—not last year, when we first extended the first declaration of emergency, and not now.

But let us be definitive on this point: These measures are necessary because the virus we battle now is not the same one we fought a year ago.

Every case of a COVID-19 variant originated from outside of Canada. Had they not entered our province, some of the tragic impacts that this third wave has caused, such as in one long-term-care home last January, may have, could have been avoided. Yet the reality is that these variants are here. While we continue to push our federal counterparts for stronger measures at our border to stop the next potential variant from entering Ontario, we continue to take every action necessary to stop the spread, which brings us back to the motion before us.

**1520**

Some members may feel that a 28-day extension is a long time, but it is important to take an appropriately long view of this pandemic. Unlike many emergencies faced by our province, such as forest fire or flood, which have clear ending points, a pandemic is not so clear.

On March 11, 2020, 420 days ago, the World Health Organization categorized COVID-19 as a pandemic.

Six days later, on March 17, 2020, Premier Ford declared the first provincial emergency in response to the pandemic.

On July 24, 2020, 285 days ago, the reopening Ontario act received royal assent, in recognition of the reality that COVID-19 would continue to pose a threat to Ontarians for some time to come.

On December 9, 2020, 147 days ago, Health Canada authorized the Pfizer-BioNTech vaccine for use in Canada, the first of currently four vaccines that provide protection against COVID-19.

Five days later, on December 14, 2020, the first vaccine was administered to an Ontario resident—the first in a campaign that, to date, has exceeded more than five million vaccines administered, with millions more expected this month.

Two weeks later, on December 26, 2020, Ontario reported its first case of a COVID-19 variant of concern.

On January 12, 2021, 113 days ago, Ontario declared a second provincial emergency in response to the second wave of COVID-19.

On April 7, 2021, only 28 days ago, Ontario declared a third provincial emergency in response to this third wave of COVID-19.

Each of these data points is a reminder of how much this pandemic can change over time, to demonstrate both how far we've come and the work still remaining to do.

With over 40% of Ontarians and counting having received their first dose of the vaccine, the proverbial light at the end of the tunnel grows stronger every day.

But with the third wave still impacting the health and well-being of Ontarians through continued infections and, tragically, deaths, it is clear that these measures must remain in place a little longer while we continue to vaccinate more and more Ontarians.

It is for this reason I ask legislators to extend the declaration for an additional 28 days past its expiry of May 5, 2021.

Finally, Speaker, I will close as I opened, by calling back to May 2020, when I stood this House on this very same topic. I noted that all Ontarians had endured extraordinary moments in their lives during this crisis, and that while we all would no doubt make the necessary adjustments to combat COVID-19, we must not lose sight of what we are all collectively fighting for. At the time, that day was an extraordinary sitting of the Legislature, but one day became another, and soon it was a new COVID-19 normal for us legislators. So, too, have all Ontarians adapted to the challenges of the pandemic as we collectively work to find some normalcy. But through that normalcy, we must not lose sight of the fact that this pandemic will end, and working together, we will overcome COVID-19.

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

**Ms. Peggy Sattler:** I rise today, as the official opposition House leader, to contribute some comments to the debate on motion 109. This is a motion that calls on the Legislative Assembly to approve an extension of the current state of emergency in this province until June 2, an additional 28 days from tomorrow.

As the minister pointed out, this is the third state of emergency in the province of Ontario. It was declared on April 7, and we are still in the thick of a very dangerous and deadly third wave that continues to threaten to overwhelm our health care system and that also is having deadly consequences for essential workers in the province of Ontario.

This third wave has seen victims of COVID-19, people falling ill to COVID-19, who are much younger than in the first and second waves. They tend to be working in workplaces that bring together large numbers of workers, where transmission is rampant. In some cases, these essential workers are going home and taking the infection to their families. ICU doctors talk about the fact that they are seeing entire families coming into emergency rooms with COVID-19.

I listened to the minister talk about the fact that we wouldn't be in this state of emergency if it wasn't for the lack of restrictions at the border. Respectfully, I have to disagree. I have to point out that we are in this situation today in this province because of decisions that this government made—actions that this government chose not to take, and advice from experts that this government chose not to listen to.

I want to say some words about health care workers in the province of Ontario, who are battling on the front lines of this unprecedented health care emergency. They are exhausted. They are traumatized. They are living through something that they never expected to confront in their professional careers.

They are also looking at the very real prospect of the implementation of a triage protocol that will ask health care professionals to make decisions about who can be saved in an ICU and who can be comforted with other measures. We've heard ICU physicians talk about the moral distress that this creates for health care providers, who are being asked to do things that feel completely contrary to the Hippocratic oath, to the reason they got into the health care profession, which is to help people. When they know that there is the medical intervention that could help save someone's life, but they can't access it because there aren't enough ICU beds to go around—you can imagine the impact that would have on a health care professional.

I want to say, from the bottom of my heart, on behalf of our caucus and on behalf of all Ontarians, how incredibly grateful we are to the front-line health care workers who have been supporting us from the very beginning, since the first state of emergency that was declared back in March 2020.

I also want to say thank you to the essential workers who have been working on the front lines of this pandemic right from the very beginning, when we became aware of this virus and the consequences for our province and for our health care system back in January. These are the essential workers who have been working as grocery store clerks, working as food preparation workers, working in factories, working in warehouses and distribution centres, delivering our packages and takeout meals. They have been the glue that has kept us going throughout these last painful, painful 14 months in our province's history and throughout the three states of emergency we have been living through.

**1530**

Speaker, I want to turn to providing a bit of a chronology about how we got to this place in the province, when we are looking at extending this third state of emergency into the beginning of June.

The first state of emergency was declared on March 17. Just three days after that first state of emergency was declared, a COVID-19 outbreak was confirmed at Pinecrest Nursing Home in Bobcaygeon. That was an outbreak that, within a couple of weeks, would leave 29 residents plus one spouse of a resident dead. They succumbed to COVID-19 as that virus ripped through that

nursing home in that community. That really gave Ontarians a sense of how deadly this virus can be and, in particular, how deadly it was in long-term-care settings like Pinecrest.

I think today, as we are looking at approving the extension of the state of emergency, what's important to reflect on is how we can learn from everything that we have experienced since that first state of emergency was declared. As I said, just three days after it was declared, we saw the ravages of COVID-19 in a long-term-care setting. And yet, in the second state of emergency, we saw COVID-19 take even more lives of long-term-care residents than it did in the first, because this government failed to learn the lessons, to watch what had happened under the first state of emergency, when it had extraordinary powers at its disposal authorized by the Legislative Assembly. It had extraordinary powers to deal with the real needs that had been identified, particularly at that time in long-term-care homes, and yet the government chose not to implement the measures that many long-term-care advocates, geriatricians and other medical experts were calling on the government to move forward with.

How do we know this, Speaker? Well, most recently, we know it because of the report that came out from the long-term-care commission. That report is a scathing indictment of this government's lack of action; its negligence, frankly, in applying lessons from the first wave to help prevent the same kind of death toll in long-term-care homes that we saw in the second wave.

In particular, the long-term-care commission reports a long list of findings that really highlight the failure of this government to use its extraordinary powers under a state of emergency and protect residents in long-term-care homes. The long-term-care commission report highlights the fact that the government was not prepared for a pandemic going in. Certainly, you can say that about the first wave. But this government knew how COVID-19 impacts residents of long-term-care homes; they saw it in the first wave. They could have applied those lessons in the second wave.

The long-term-care commission notes that the Ford government ignored warnings about the risks COVID-19 posed to long-term care. They said that there were ample warnings that the virus posed a risk to long-term care residents. Alarm bells should have been ringing loudly in Ontario. Yet in early March 2020, just before they declared that first state of emergency, the government continued to publicly assert that the threat of the virus was low and was related to travel—astonishingly, that's exactly what we just heard from the minister—despite mounting evidence to the contrary.

The commission notes that staff were abandoned throughout the first and second waves of COVID-19. The report indicates that there were calls for additional staff to care for a population that suffered from more dementia and other complex medical issues than in prior generations. And yet, there was no plan to provide a surge of workers to replace those who inevitably could not or would not come to work in a pandemic. In most of the homes badly

hit by COVID-19, the staffing collapsed. There were too few staff to take care of the residents. Those who continued to work there were overwhelmed and overworked.

We also know from some of the research that has been done by the Ontario Nursing Association, which conducted a survey of nurses who had worked in long-term-care homes during COVID-19, that a majority of these front-line nurses left that experience with PTSD. They talked about their experience working in a long-term-care home as being similar to being in a war zone. They were traumatized. Many are really questioning whether they can remain in their profession. They are going to have to live with the impact of working in nursing homes, in long-term-care homes, where the resources and the support that they should have expected from this government were simply not there.

The long-term-care commission also found that staff were not trained in infection control. Much of the workforce lacked crucial training in infectious disease prevention and control and was also missing the leadership that was needed to guide them through these difficult times.

An interesting observation of the report is the failure to apply the precautionary principle. The Chief Medical Officer of Health was warned on March 18, the day after that first state of emergency was declared, that when community transmission is evident or can be assumed, all health care workers should be assumed to be posing potential risk to other health care workers and to patients, and therefore that all health care workers should wear surgical masks from the time they enter the facility to the time that they leave. And yet, it took three weeks before the Chief Medical Officer of Health ordered universal masking in health care settings during the pandemic. As the commissioners for the long-term-care commission point out, in a pandemic, days make a difference. Delay is deadly.

The commission also found that restrictions on visitors left residents vulnerable. They said that as a result of staff shortages, and with no family members to help, residents were confined to their rooms for extended periods without access to recreation programs or visitors—another reality of the first wave that was ignored by this government during the second wave, as we've all heard. We all recall hearing throughout the fall and into the first few months of this year the appeals from family members with loved ones in long-term care—the appeals that we got to our office to allow them to visit their loved ones in the long-term-care facilities.

But the most damning indictment of this government in the long-term-care commission report is that the government did not prepare adequately for the second COVID-19 wave, despite the crisis of the first wave. They note that even with the lessons learned during the first wave, preparations for the second wave were not enough to prevent it from being worse. Once hospitals handed oversight of management back to the homes, there was concern that the problems that had given rise to these crises were not resolved.

#### 1540

It took until February, just a few short months ago, that we finally saw this government come forward with some plans to hire more PSWs. But we have yet to see them come forward with a plan to bring some stability, some longer-term—make PSW jobs jobs that workers want to stay in.

It's one thing to bring new PSWs into the sector, but if you can't retain them, if you can't ensure that they will have decent working conditions, that they will be compensated in a way that enables them to support a family, you're not going to be able to keep them in the profession. You're going to continue to see those very, very high rates of turnover that have had such negative consequences for long-term care and home and community care. Trying to get enough PSWs in the sector has remained an ongoing challenge without commitment from the government to make those PSW jobs good jobs.

I went into some detail about the findings of the long-term-care commission report, because it really is a case study in what governments should do when they declare states of emergency. When they declare consecutive states of emergency, they should study what happened in the first state of emergency, learn lessons about what not to do, and then apply those lessons to subsequent states of emergency.

That is, I think, the most frustrating thing that we hear from people we represent—about this government continuing to make the same mistakes.

We saw, in the first state of emergency, that by summer things were starting to look good. There were the first reopenings of the economy under way by May. And by August, pretty much the entire province had reopened, in stage 3 of the provincial reopening plan.

But just a month later, by the end of September, cases were on the rise again. The Ontario Hospital Association, on September 28, called on the government to pull back and to return to phase 2 of its provincial reopening strategy. And yet, this government resisted those calls. This government questioned the projections, the modelling that was brought forward to show that our province was facing a very significant health care crisis, as noted by the Ontario Hospital Association, if stronger measures were not taken.

In fact, on October 5, there was a call on the government to close indoor dining facilities. The Premier, at the time, said that there was not enough evidence to make that decision, and so he refused to proceed with a measure that health care experts were saying was necessary to get through the second wave.

So this was an example: Between the first wave and the second wave, reopening was happening, and the province moved too quickly. This is exactly what we have seen between the second wave and the third wave. We saw a process of provincial reopening that moved too quickly and therefore compromised Ontario's ability to make it through this pandemic and has brought us to this place where we are now, where we're talking about extending the third declaration of emergency in Ontario.

Similarly, the government ignored the increasing calls of the Ontario Hospital Association and other medical

experts to implement that second provincial lockdown. There were calls throughout the late fall. On December 17, the Ontario Hospital Association made that formal plea for a four-week lockdown. It was, finally, the following week, on December 21, that the Premier agreed that the province would move back to shutdown again—but it wouldn't happen until Boxing Day; it wouldn't happen until five days later so that people could continue to shop until they dropped, get their Christmas shopping done, continue to gather in malls and places with large numbers of people, where there were very real risks of transmission.

After that shutdown was imposed on December 26, the province, a couple of weeks later, declared the second state of emergency on January 12. Again, this is a similar pattern that we saw repeated, just earlier in April—where the province moves in some very incremental ways toward doing what is necessary to actually get the pandemic under control.

On January 23, there was, I think, somewhat of a wake-up call for the province in terms of what we were really looking at with the third wave. That was when 19-year-old Yassin Dabeh, a London resident who worked as a contract cleaner in a long-term-care home, died as a result of COVID-19. I raise Yassin's tragic death as a reminder of what that was signifying to all of us at the time: that what we were staring at with the third wave was a virus with variants of concern, which were affecting much, much younger people and people who worked in essential workplaces or in essential occupations, like cleaners.

I've heard comments that, in particular, the story of COVID-19's third wave is a story of work. As you may recall, December was when we saw for the first time that workplaces overtook long-term-care homes—briefly, for a period in December—as the most common source of COVID-19 infection. Workplaces moved down a little bit on the list as the second wave continued to claim more and more lives in long-term-care homes. But as we moved into the new year, into 2021, we saw workplaces become the dominant sites of COVID-19 transmission.

On March 12, a couple of months ago, that was another milestone, when the Amazon facility in Brampton closed. There had been 600 cases associated with that facility between October and March, and the order was made that the facility had to be entirely closed down.

**1550**

That is significant because what it highlighted was the risk that Amazon workers were taking as they went into work every day. Let's think about who these Amazon workers are. Who works at the Amazon facility in Brampton? Many of these workers are racialized workers; they are immigrant workers; they take public transit to get to their job. They live in densely populated neighbourhoods, often in households that have multiple generations. They are at high risk of COVID-19 transmission, just because of the reality of their lives: the reality of the work that they do, the reality of their living conditions, the reality of their socio-economic status. That has become the most important thing about the current crisis that we are now in. We must address those very real conditions facing

workers, like those who worked in the Amazon facility in Brampton, if we are to have any hope of bringing this third wave under control.

Speaker, I have to say that what has happened recently with the science advisory table offers very valuable insight into the decision-making process this government has followed throughout the course of COVID-19 and throughout the course of those three states of emergency.

In April, what we were seeing across the province were increasingly urgent calls, especially from health care workers, for the government to do something to curb the spread of COVID-19. On April 1, a group of physicians working in intensive care units in hospitals across the whole province wrote a letter to the Premier, where they said that they "believe new public health measures are required immediately in order to regain control of the pandemic and save lives." And they pointed out the facts that I shared earlier. They said:

"We are seeing younger patients on ventilators—many are parents of school-aged children. We are seeing entire families end up in our ICUs. We are caring for people who have contracted COVID-19 at work, or who have followed all the rules and only gone out for groceries. The impact of this virus has been disproportionate, infecting those with highest exposure risk, commonly from lower income and racialized communities. The current measures and framework are not working to control the spread of this virus."

That letter was written on April 1. At that time, there was an announcement from this government that an emergency brake, as they called it, would be applied across the province for four weeks, beginning on April 3. It took another four days, until April 7, when the state of emergency was declared. The following day, a stay-at-home order was implemented. But there were still a lot of questions about what this government was doing and why they had to be dragged into making the decisions that they were making.

We know on April 16 there was a presentation from Dr. Steini Brown, who is one of the co-chairs of the science advisory table. He made a presentation with the updated modelling projections on the third wave of COVID-19 in the province. He apparently had made some recommendations to the cabinet about the measures that urgently needed to be taken to help flatten the curve of COVID-19. Dr. Steini Brown talked about his astonishment, his anger, his concern, along with many, many other health care experts. Dr. Jüni, also from the science advisory table, was equally dismayed by the government's announcement the following day, on April 17, of the new measures that they were going to be implementing to deal with the pandemic, prevent the collapse of our health care system and, hopefully, save lives. Those measures, unfortunately, however, as we later learned, were not the measures that had been recommended by the science table.

The April 16 announcement included enhanced police powers—really, a return to carding, allowing police to stop and question anyone who was leaving their home, under the terms of the stay-at-home order. There were

increased restrictions, the closure of some non-essential workplaces. But just as we had seen during the earlier phases of COVID-19, the so-called closure of all non-essential businesses left a lot of loopholes. It left a lot of workplaces open, where workers could continue to contract and transmit COVID-19. Other restrictions included the closure of outdoor recreational amenities, including playgrounds. There were travel restrictions. And there were some measures dealing with vaccinations.

Reaction to these measures that were announced on April 16 was swift and, in many cases, harsh. Police forces pushed back against the enhanced police powers, and there was a partial walk-back of those by the government, by the end of that weekend. Families and residents across Ontario pushed back against the closure of outdoor recreational amenities. Within a day, there was a reversal of the decision to close playgrounds, with the closure of other outdoor amenities remaining in effect.

The interesting thing is that, just a couple of days after that, on April 20, we learned from the science table exactly what they had recommended to the Ford government that led to the announcement on April 16. What they had told the government was some very simple advice on what will work to help reduce transmission of COVID-19 and what will not work. What they said very clearly is that what will work is to keep only workplaces that are truly essential open—so to pare down that list of essential workplaces as much as possible. That had been the advice all along to this government. Twice, the government had decided to have a very expansive list of non-essential workplaces, which compromises the province's ability to reduce transmission.

The science table said that what else will work is paying essential workers to stay home when they are sick, exposed or need time to get vaccinated.

**1600**

Speaker, as you know, this is something that I had been working on for a number of months prior to the science table's recommendation, when I tabled my Stay Home If You Are Sick Act back in early December, which was, as I mentioned earlier, at a time when workplaces were starting to become the major sites of COVID-19 transmission. It really was quite surprising, in a way—the kind of support that mobilized behind my Stay Home If You Are Sick Act. Prior to introducing the bill, there had been calls from mayors and municipal councillors and health care advocates to the government to take some action on paid sick days—but after I introduced my bill, the bill garnered quite remarkable support from a variety of sectors across the province, including a statement of support from the Ontario Chamber of Commerce; including support from the Better Way Alliance, which is a network of thousands of small businesses in Ontario, who stated very clearly that this cycle of state of emergency, lockdown, reopening too early, new state of emergency, new lockdown, reopening too early, new state of emergency, new lockdown—that is not good for a business cycle. That is not helpful to businesses in this province that are seeking to maintain their competitiveness and, basically, just to survive through COVID-19.

So paid sick days had been long recognized as an essential measure to ensure that workers can stay home if they are sick, to reduce the number of cases, and to get COVID-19 under control. That had been the recommendation from the science table prior to the government's April 16 announcement, and the April 16 announcement did not include anything about paid sick days.

The science table made a number of other recommendations about what will work. They specifically pointed out that what won't work are policies that discourage safe outdoor activity. They said that those kinds of policies will not control COVID-19 and will disproportionately harm children and those who do not have access to their own green space, especially those living in crowded conditions.

So it's ironic that of the list of things the science table had advised the government will work and the list of things that they said won't work—the government ignored some of their essential recommendations on what will work and proceeded with recommendations on what won't work. This is another example of this government's failure to learn from the powers that it is granted under the state of emergency to help protect workers and people in this province.

I want to talk a little bit about the impact of this government's failure on people in my community, in London West.

I checked the statistics today for London Health Sciences Centre. London Health Sciences Centre is caring for 92 patients with COVID-19; 37 of them are in critical care and ICU. Out of those 92 patients, 34 have been transferred from another region in this province.

We know the pressures on GTA hospitals because of essential workers in Brampton, Scarborough, Mississauga and Peel. The pressure on those hospitals is intense. The pressure on those ICU beds is intense. As a result, patients are being transferred to other communities across the province, including my community of London.

To enable these patient transfers, to enable an increase in capacity in the critical care unit in London Health Sciences Centre, they did several things. They added hospital beds or ICU beds. They added 18 beds earlier this year; another seven beds were added, including three beds at the Children's Hospital pediatric critical care unit. This is a first-time thing that has ever happened in London—when they've had to open up bed space at the Children's Hospital, the PCCU, in order to potentially accommodate adult patients with COVID-19.

There has been, across the province, an emergency order to move alternate-level-of-care patients, without their consent, into long-term-care homes as another way of freeing up beds at hospitals like London Health Sciences Centre. You can imagine, Speaker, how it would feel to have a family member who is an alternate-level-of-care patient at the hospital suddenly moved from London Health Sciences Centre, told that there is a bed that has opened up at Pincrest Nursing Home in Bobcaygeon—the nursing home I mentioned earlier—and they are transferred there without their consent. How did we get to this place? How did we get to a moment in Ontario's

history when that is a possibility—that families will see their loved ones moved to a long-term-care home, anywhere across the province, without their consent?

The increase in ICU beds in London and the increase in capacity to care for COVID-19 patients has also been accomplished by reducing, postponing or cancelling surgical procedures. Prior to COVID-19, when the Liberals were in government, I continually talked about the waitlists for surgery at London Health Sciences Centre. We know that in the aftermath of this pandemic, all of those additional surgical cancellations, those lengthy delays for patients in accessing the surgery they need, are going to put ongoing pressure on our health care system for many, many months ahead.

The process of adding capacity at hospitals like London Health Sciences Centre has also come with challenges around adding staff. We often hear the Minister of Health talk about increasing ICU beds. But what she fails to acknowledge is the fact that an ICU bed, without trained staff to support the patient who's in that bed, is not going to get us very further ahead. We know that critical care nursing staff are highly trained. They have very specialized skills in dealing with ICU patients. Despite the government's emergency order allowing the redeployment of health care staff, you can't easily replicate those highly specialized skills that a critical care nurse would have by bringing in other health care workers who work in other parts of the system.

Speaker, I want to talk a little bit about vaccinations, because vaccinations was another recommendation made by the science table to this government. We know that this government has, to a great extent, hung its hat on vaccination as the strategy to get us through COVID-19, which, in large part, explains their resistance to taking any of those actions that health care workers had identified as being effective in helping to reduce COVID-19 transmission.

**1610**

Certainly, in my community of London—as I'm sure all members are hearing from their communities—there have been huge concerns about what's going on with the vaccination rollout, right from the very start, back in December. We all recall, I'm sure, when there was that break over the holidays in terms of the initial distribution of vaccines, and people thought, "What is this government thinking, taking a break in the vaccination rollout over the holidays"—when this government has, as I said, made vaccination its primary measure to get the province through COVID-19.

We are continuing to hear from constituents about the confusing process of signing up for vaccines. In London, the Middlesex-London Health Unit has its own web system online and phone system, where people can access vaccines at the mass vaccination clinics. If they want a pharmacy vaccination, they have to pre-register on the provincial online system. Those two systems don't talk to each other. So I hear from many constituents who are frustrated about the fact that they pre-register for a pharmacy vaccine and don't hear a word back, then

Vaccine Hunters puts out a tweet saying that the Shoppers at Commissioners and Highbury has additional vaccines—200 shots—available at the end of the day, and all of a sudden, there are a thousand people who show up, trying to get access to those vaccines. People are emailing and calling, saying, "I'm following the direction from the province. I'm doing what the province is asking me to do: pre-register with the pharmacy and wait until I'm contacted about getting a vaccine. Meanwhile, it feels like other people are jumping the queue. They've got insider intelligence about where vaccines are available, and they have the ability to go, stand in line, wait and, hopefully, get a vaccine."

Also, there's lots and lots of concern and confusion about some of the people who are not deemed eligible for a vaccine.

I just wrote a letter on behalf of a constituent who has a child with very, very complex medical needs. Right now, the provincial prioritization guidelines say that only one caregiver of a child with complex medical needs can get access to a vaccine. That child's external caregivers—the PSWs and the other community nurses who come in to support that child—have been vaccinated, one of the child's parents has been vaccinated, but the father is deemed not eligible for vaccination. So the father quite legitimately asked me why he is not entitled, not eligible to access the vaccine.

There's also significant concern among people about the four-month dose interval between vaccinations.

I wrote a letter on behalf of a constituent who has a type of muscular sclerosis that requires a drug treatment every six months, and the administration of that drug treatment has to be very carefully timed with the administration of the vaccine, because the drug treatment can affect the effectiveness of the vaccine. That constituent has requested an exemption to the four-month interval between the vaccines, because it doesn't work with the six-month interval of her treatments for muscular sclerosis. I understand that that is a problem for many patients with muscular sclerosis who are on that particular form of drug therapy and who are facing those similar timing challenges around the second dose of the vaccine.

I want to thank my colleague the member for London—Fanshawe, who raised concerns this morning on behalf of cancer patients in London who are also experiencing barriers in accessing the second dose of their vaccine.

In particular, I want to talk about one Londoner, Barb MacQuarrie, who has a form of cancer that makes her eligible to get the second dose within the 21 days. She got the first dose at a pharmacy, and the pharmacy's online system is not allowing it to administer the second dose in less than the four-month interval that is recommended by the province. If she was to go to a mass-vaccination clinic that's run by the Middlesex-London Health Unit, she would be able to get her second dose in 21 days, because the health unit is implementing the provincial guidelines—but the online system at the pharmacies is not able to integrate that provincial directive in terms of allowing those patients who have specific cancers to get their

vaccine in the recommended 21 days. Barb MacQuarrie has pointed out that all this requires is just clarity of communication from the Ministry of Health to the pharmacies that are administering vaccines—that patients who got their AstraZeneca shot at a pharmacy and are eligible for an exemption from the four-month interval should be able to get their second dose in 21 days, and pharmacies should be able to make that happen. So far, this is a concern that has been raised by many cancer patients across the province, and it has yet to be addressed by this government.

These are the kinds of lessons that the government has the opportunity to learn each time it declares a state of emergency or extends a state of emergency.

I want to conclude, in the few minutes I have left, by returning to paid sick days.

I really do hope that the government listens to some of the feedback that it has already received and the growing feedback that it will inevitably receive with regard to its new worker income protection program. That was this government's response to the ongoing calls for a provincial paid sick days program that would address all of the shortcomings of the federal sickness benefit.

This government decided to give workers three days of paid sick days that they could access seamlessly from their employer and that would reimburse them at their regular rate of pay. That is definitely a step forward, Speaker, because that had always been identified as a major gap with the federal program: It's a retroactive program. A worker had to be off sick for 50% of their regular work week before they could apply, and then they had to wait. And when they finally—if they were eligible—got reimbursed, it was only at a rate of \$450 a week. The federal program is a weekly benefit, which is a problem for workers who only need a day or two days or three days, and not consecutive days. But it really lacked the flexibility that workers need, especially during a pandemic.

**1620**

We appreciate that the government brought in a program that would ensure that workers don't have to take a leave from their employment, that they can be off sick and still collect their salary from their employer, to a maximum of \$200 a day, and that employers can be reimbursed by WSIB. But one of the major, major gaps in the government's proposal—or not proposal; the program is now up and ready to be accessed. But one of the major gaps in this new program is for low-income workers, minimum wage workers. Ironically, Speaker, those are the workers who were at the very centre of those early calls for a paid sick days program, because they are the workers who are least likely to have access to paid sick days from their employer.

But the reality of the government's new program is that workers can only claim three days of paid sick days from this new provincial program. They can be reimbursed for three days of paid sick days. Certainly, that will be a help to somebody who needs time off to vaccinate. It will be a help to somebody who doesn't feel great after they get vaccinated, who needs a day to recover before they return

to work. But it won't do much good, Speaker, for a worker who actually contracts COVID-19 or is forced to self-isolate for 14 days at the direction of a health unit. They now have three days paid for their employer, but they have a 14-day period when they have to self-isolate. And once they use up those three paid days, they will have to go through that very flawed process of trying to apply for and access the federal Canada Recovery Sickness Benefit.

And so, Speaker, there are real concerns about the limitations of this government's program, but in particular, workers can't receive the provincial program and the federal program in the same week. A minimum wage worker will be able to access \$100 a day, which is the equivalent of minimum wage, for three days. So that's \$300. If they're off for a week, that's all they can access. They can't apply for the federal program until the following week. So they will, in fact, be worse off. The minimum wage workers will be worse off under the government's program.

That is a lesson that I hope this government pays attention to. It is a lesson that they can move on right away and fix the new sickness benefit program that they have introduced so that it doesn't continue to disadvantage minimum wage workers, often those essential workers that we have relied on so much during COVID-19.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mrs. Belinda C. Karahalios:** As the sole MPP for the New Blue Party of Ontario, I'm happy to speak against government notice of motion number 109. We've got the PC government spending the last six months blaming the feds about variants coming in at the border. Where were they last year, when we should have closed that border to prevent people from coming in and testing positive with COVID-19?

This government has all the power, thanks to Bill 195, the Reopening Ontario Act—that I voted against last July, which resulted in my expulsion. Really, the bill takes away our power as MPPs, our job to vote and debate and discuss. There's no use for us anymore after Bill 195 when it comes to COVID and emergency measures because they have all the power, they have all the money, and they've done nothing to prevent spread or to increase treatment on protecting long-term-care homes. All the money that was spent didn't do a thing: a \$186-billion spending plan in the last budget, leaving Ontario taxpayers with a \$38.5-billion deficit. Long-term care: 3,771 deaths since last year. They've done nothing.

Paying a six-figure salary to Rick Hillier for vaccine distribution—talk to the pharmacists, Mr. Speaker. What are they saying? It's chaos: not enough vaccines; no one knows who's eligible; extended wait times for people who are immunosuppressed—four months' wait; cancer patients, as we heard one of the NDP mention this morning, waiting to get their second dose.

Another failure: hypocrisy. "Stay home and save lives." How many times have we heard the government benches say that? How much money have they spent in advertising to have that message spread over the radio and the television—

**The Acting Speaker (Mr. Percy Hatfield):** I'm sorry to interrupt. I think there was a word there that was unparliamentary. I would ask you to withdraw, if I heard what I thought I heard.

**Mrs. Belinda C. Karahalios:** Withdraw.

"Stay home, save lives"—well, except for the lives lost to suicide or domestic violence. "We're all in this together," except we're not, because there are those being paid by the public purse and there are those who aren't and are being forced to close their doors and shutter their businesses. We're not all in this together.

Bamlanivimab—that's a drug, and I'm going to read from the CTV News from yesterday, May 3: "Bamlanivimab has been approved and used around the world in more than 400,000 patients, but the treatment is contentious due to recent concerns from the FDA and Health Canada regarding its effectiveness." Okay. But it goes on to say, "'We think that Canadians deserve every option that's available to them as far as care for severe COVID, or mild COVID for that matter,' Dr. Anand Kumar, an intensive care specialist and an associate professor with the University of Manitoba, told CTV News. 'This is a product that is available, it's on the shelf. And it's not being utilized.'

"He pointed out that with the current burden on ICUs, more focus needs to be on how to keep COVID-19 patients out of hospital.

"Given the incredibly high level of stress that the ICUs are under, I think that everything and anything that we can do that can decrease the chance of patients progressing to the point that they need ICU care is warranted, right now," he said.

"The risk of its use is low, the potential benefit is high, and we're in a critical situation when it comes to capacity for severely ill patients."

Why is the government leaving this drug, this treatment, on shelves?

Police threatening parents by calling the Children's Aid Society, as I mentioned earlier this week; a year to ramp up ICU capacity. Nothing has happened. There's no school. They call themselves Conservative, and they're the most authoritarian and undemocratic, incompetent government in the history of this province—anti-democratic, anti-taxpayer.

The Premier's brother, Rob Ford, God rest his soul, said that he'd fight the gravy train, and now this government, led by his brother, is the architect of the gravy train. COVID did not cause havoc; this government and their draconian restrictions did.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Ms. Teresa J. Armstrong:** I'm happy to stand and contribute to the emergency motion that the government brought forward today to extend the proceedings in Ontario.

Over the weekend, Ontario hit another COVID-19 milestone: 900 patients in the ICU. Hospitals are overrun and health care workers are exhausted. Between cancelling their vaccinations, redeploying them to different

wards, pushing them to make heartbreaking triage decisions, requiring them to practise beyond their scope and leaving them to have to fight for PPE, this government has forced Ontario's health care workers to bear the burden of their mismanagement.

This could have been prevented. This third wave was predictable. Experts across the province warned that we would be in this situation if the restrictions were lifted quickly and if things didn't get more controlled earlier in 2021. Yet the Premier and his Conservative MPPs continued to march us right into the third wave, and then continued to mismanage the rise in cases.

**1630**

In London, despite N6A once having the highest positivity rate in the province, it was never included in the list of hot spots. My London MPP colleagues and I have yet to hear a response from the Premier to the letter we wrote calling for N6A to be included.

In London, with rising local cases and more out-of-town COVID-19 patient transfers, the London Health Sciences Centre reduced its operating room capacity from about 95% to as low as 70% in the next week and opened 18 new critical care beds. This has meant delayed and cancelled surgeries.

As I talked about today, the effects of delays of surgery are devastating for people who are looking for cancer treatments or the second dose if they are compromised in a health concern. The delayed and cancelled surgeries are truly a problem in this province. This hasn't been the case since the beginning of the first wave, when we were bracing for a surge in cases. Even at the peak of the second wave, in late December and early January, when the province required hospitals to reserve some beds for a potential surge of COVID-19 patients, London Health Sciences Centre was still able to complete many non-urgent surgeries.

Cancelling surgeries negatively impacts our constituents' quality of life. There's a backlog of a quarter of a million Ontarians who are in pain, waiting for surgeries and procedures because of delays. People have been waiting for their surgery for a long time. Some of them have a date, and many of them live in pain, and now they don't know when the surgery or the procedure will take place. This erodes people's trust in the health care system. With no end in sight for their pain, they get depressed. They lose faith.

Speaker, let me read an excerpt from a TVO article: "Since 2017," Mélo die's "doctor has monitored a tumour in" her "thyroid with annual ultrasounds. After her February 2020 appointment," Mélo die "was told that the tumour had 'suspicious cancerous features,' and she was booked for a biopsy at the end of March.

"On March 19, 2020, the province called for non-essential and elective services to be reduced to" a minimum "to create capacity for a possible influx of COVID-19 patients. The day before" Mélo die's "biopsy, her procedure was cancelled. 'I was just dropped; that's what it felt like.'" This is Mélo die's voice. "'I was so angry and upset,' she says. For the past year," Mélo die, "24, has

routinely” had her neck checked “and lymph nodes for any changes.” She says, “‘I was uncomfortable knowing I had it in my body. It was very worrisome....’

“Laszlo Radvanyi, president and scientific director of the Ontario Institute for Cancer Research,” told TVO that “the decrease in preventive screening for major illnesses, such as diabetes, heart disease, and cancer, will have serious consequences.” I quote again, Speaker: “‘Our tremendous preoccupation with COVID-19 has shifted health resources away from other critical or chronic medical problems, which will come back to haunt us. We need to be prepared for that.... This will cause a ripple effect, with a surge of cancer cases or people coming to the clinic with later stages of cancer because it was not detected earlier. These will be much more difficult to treat, because therapy has been delayed.’”

That is somebody, Dr. Laszlo Radvanyi, speaking on his expertise in cancer, giving this province a signal that we are getting into very, very muddy waters when we’re put in these kinds of positions. And like he said, it’s haunting us and many people at this time.

Early detection is key for the most lethal cancers, which are often caught too late. And yet there’s nothing in this year’s budget or no proposed legislation so far that suggests the government is aware of or planning for these consequences.

The Premier was able to do the safe thing. Once he was exposed to COVID, he got tested and self-isolated. He was able to seamlessly access his paid sick days. All he had to do was take them off and he faced little to no consequences for taking them. Meanwhile, in Ontario, 60% of workers do not have paid sick leave.

In the year it took this government to get around to legislating paid sick days, 455,000 people were infected and nearly 8,000 died of COVID. It took us bringing up sick days to a vote over 25 times to get this government to do the right thing, and also, thousands of Ontarians calling and emailing and petitioning their MPPs, countless experts coming forward and too many workplace outbreaks for this government to finally legislate three days.

I have to say, Speaker, it was discouraging when we’d ask the question in the Legislature and more than one minister would say, “Here’s the number to call: 1-800 federal sick days,” saying that that was the program that was the best option, that that’s where they should go. And in the end, with all that public pressure and all the pressure from Ontarians, they did the right thing. Again, it’s not up to snuff; people have said it’s not enough, but that was their response.

This was too late to stop COVID-19 from getting out of control and too late for workers who already got sick. Recovery can take a couple of weeks. Even getting a test and results can take several days. Three sick days is not enough.

When Dr. Brown was asked if a three-paid-sick-days leave was compatible with best-case scenarios for getting COVID-19 numbers down in Ontario, he said simply “no,” because the table is advising two weeks of paid sick leave. Paid sick leave will reduce overall cases, protect

communities from the burden of COVID-19 and keep businesses open.

According to the Ontario science advisory table, in Canada, most people without paid sick days earn less than \$50,000 in annual income, and more than 60% of seasonal, casual or contract workers have no paid sick leave at all. In Ontario, the highest proportion of COVID infections are in neighbourhoods with the highest proportion of essential workers. Financial support that enables Ontario workers to follow public health measures can limit COVID transmission, reduce COVID-19 illness and minimize economic loss. The intersection between the absence of paid sick leave and lower or inconsistent levels of incomes creates a situation where essential workers face tension between meeting basic needs, like food and rent, and following public health measures, like self-isolation, quarantine, testing and vaccination.

Speaker, in the United States, the introduction of a temporary paid sick leave, the Families First Coronavirus Response Act, resulted in an estimated 50% reduction in the number of COVID cases per state per day. Simply put, paid sick days save lives.

This government’s refusal to legislate paid sick days and then to only legislate three days, the bare minimum, is an affront to workers, particularly racialized and low-income workers. These are the same workers who have been essential throughout the pandemic, the same workers this government repeatedly calls heroes.

The Decent Work and Health Network has flagged that workers could end up with less. They said: “Govt has clarified workers won’t be able to access WIPB & CRSB in same week.

“If a minimum wage worker takes 3 #PaidSickDays under WIPB = ~\$300/wk. Then, rest of week is unpaid. AND, they have to forego \$500 of CRSB that week.

“Low-wage workers are now worse off!?!?!?”

I was contacted by a constituent who said her husband was told explicitly by his boss that he would not get time off to get his vaccine as it ate into his work schedule.

We need 14 paid sick days. We need paid vaccination time. It needs to be seamless and accessible. Given the government’s track record with compensation, small businesses are also skeptical of its ability to actually reimburse businesses in a timely and effective manner.

**1640**

I also now turn to long-term care. Long-term care has been a long-standing issue in this Legislature. It should be noted that we have been bringing up this issue time and time again in this Legislature—gosh, long before I believe Howard Hampton was in this Legislature. There’s so many things that we needed to prepare for before the pandemic happened, and this government, when it was in opposition, was very aware of what those things were. The legislation that we’ve proposed—the Time to Care Act, the essential caregivers’ act, the Seniors’ Advocate Act and Jamie West’s bill about wages. That is how we’re going to attract and incentivize workers to the field and actually keep them there and make careers for PSWs.

Yes, the gesture of paying tuition is a good step forward to get them into the education field, but what can happen

is, once they get into the workplace and realize the conditions and the wages aren't equitable to the work, to the level of care they have to provide to residents, people will leave. It's been happening previous to the pandemic. We heard that people who graduated from those courses, or even took co-op courses when they were going through their classes, turned around, they didn't finish, or they didn't go back.

The job that we're asking them to do is so important. The people who live in long-term-care homes are so vulnerable and precious. They come in all shapes and different sizes, with different medical reasons that they're there, and all of them deserve quality of care. So if we don't pay attention, going forward, to the future—we need to look ahead and do these things now, because putting four hours as an average in 2025 is just not good enough. It's just not going to make it better. It needs to be done right away. It needed to be done in 2018. I tabled my bill back then, and I just debated it, I think, this October.

This government can be pushed into doings things that they're required to do, as we saw. But sometimes what happens is, when we look at the sick days, it's not solving the problem. It's just really putting a Band-Aid on the issue. If we keep on just not acknowledging the real issues, how to really invest into long-term care and make sure that it's a place where people have dignity, it's a place where people can get a hot meal—when you have a call bell and you need your incontinence product changed, you get that; when you need a bath. That's not asking a lot. As we age in our lives, that is not asking a lot.

There's been report after report; the Canadian Armed Forces—that was scathing. The commission is strongly recommending many of the proposals that the NDP official opposition has put on this table in this Legislature. So when you hear the government say, "Oh, you're just 'Oppose, oppose'"—there has been lots of "propose, propose." The thing is, you can't pick and choose. In this case, in long-term care, when you're talking about legislation, you can't pick and choose the cheap options. You've got to invest fully into long-term care.

If your intent is to change the trajectory of long-term care—if the long-term-care minister, who stands in her place many times and says, "We're going to make these changes. It's not our fault," then you know what? Take what you're saying right now and make sure that 10 years down the road, another government is not going to go back in the rear-view mirror and say, "Well, you know it was the Conservatives. The Minister of Long-Term Care didn't put in the full recommendations that were required under the commission, the full legislation that the NDP brought forward, the Time to Care Act and four hours." Legislate it so that it's enshrined in legislation and the long-term-care homes have to be accountable to deliver that. And take the profits out of long-term care and put that money into the front lines so that the residents get the care.

We talk about how there wasn't redevelopment and renovations made in long-term care, and I think about all those for-profit companies who could have taken that money and put it into those renovations and decommissioned those wards. But instead they took that money and

they put it to their shareholders. And now the government is financing these for-profit long-term-care homes to decommission their wards.

Where are our priorities when we talk about investment? The priorities of for-profit homes are not to upgrade their home when they have the cash; it's to put the profits in the pockets of their investors, their shareholders, their board chairs, and that's just wrong. We know that now. We always knew that on this side of the House, but now it's very clear. The commission—every long-term-care home, and we say, "Well, you know, they were older homes. It wasn't their fault." They were older homes, for-profit homes. The statistics show that the higher rates of death and infection were in there. Those homes should have been putting their profits into redeveloping their homes on their own, knowing that infections happened, rather than keeping squeezing people into wards and siphoning off those profits so that their shareholders could—get rich, really.

So when I hear the government saying that it's going to build more beds—and that's good. I would love to see it restructured, though, not just institutionalization of long-term care. But when they say they're going to be building these new beds and they're financing this, who are they financing? They're financing these for-profit long-term-care homes that didn't take the money from their shareholders and put it into the investment of where the people live, and that's not right. That makes me kind of miffed about this whole piece where you can't—

*Interjection.*

**Ms. Teresa J. Armstrong:** Yes, I'm miffed, because you can't say that these poor long-term-care for-profit homes were put in this situation, that nobody had an idea, that they didn't have the resources. They had the resources; they chose to put them somewhere else instead of in the residences that they were in charge of.

I hope this government is going to do better. There's an opportunity for them to continually change their course, put in the full implementation of what the recommendations are, the legislation that's brought forward, instead of—I don't know—just putting in half-baked things and looking like they're doing something and making it look like they want to change things. Everybody knows now what's going on in long-term care. There are no surprises. If your changes don't work, maybe you won't be in office, but you'll have another long-term-care minister saying, "Well, it wasn't my fault. It was the government before me that did all this." That's just wrong. Let's just fix long-term care.

I can tell you, Speaker, if the people of Ontario want long-term care fixed and home care fixed, look at the NDP Ontario seniors platform. It is exactly, almost verbatim to the changes that commission has told them to make: better pay for PSWs, full-time jobs, restructure what the long-term-care home looks like, have culturally appropriate homes and ongoing training, and make sure that we respect our seniors. So if you want change to long-term care that's really going to make change and really going to improve what seniors and the most vulnerable have to look forward to in 15 or 20 years, vote for an NDP government.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. Mike Schreiner:** I rise to speak to the government's motion on the state of emergency, a debate that I don't think anyone wants us to have to participate in, but here we are. If I have one take-home message for the government, moving forward, it is to listen to the advice of the science advisory table and act on that advice, because I believe if the government had done that in the preceding year, we wouldn't be in the situation we're in today.

Speaker, I just want to highlight some reasons why I think this is such a vital message. First of all, COVID has revealed the inequities that exist in our society, and it has shown that if you don't follow the advice of scientists, those inequities only get worse and the crisis only gets worse. We got a first hint of this over the summer when public health experts said, "Reduce class sizes to 15," and the government did not do that. We got a hint of it over the summer when public health experts said, "Increase testing capacity and lab capacity, because we know more people are going to want to get tested, and we know testing and contact tracing are vital to containing the spread of COVID," and our systems were overwhelmed because the proper investments hadn't been made. Then, to add insult to injury, we later learned that the government was sitting on \$12 billion that could have been invested over the summer to follow the advice of public health experts and scientists.

1650

We got the next hint of it when, first of all in the summer, the government's staffing commission said, "Hire more staff in long-term care." It was actually the first question I asked when we came back in the fall. Then the long-term-care commission put forward an interim report saying, "Hire more staff for long-term care." The minister's response was, "You can't snap your fingers and hire more staff." Quebec and BC were able to do it, but for whatever reason, Ontario couldn't—and the actual second wave in long-term care was worse than the humanitarian crisis we saw in the first wave.

We got the next hint on November 3 when the government brought forward a new colour-coded framework, and health experts almost immediately said, "If you implement this, it's going to lead to a disaster." It took the government about seven days to finally listen and revise that colour-coded framework.

Everyone said, "Have a vaccine task force ready." As a matter of fact, the federal government was saying, "Have a plan in place by the end of December so you're ready to go," but the government didn't even introduce their vaccine task force until a few days before the first vaccines arrived in Ontario. Little wonder we couldn't have a vaccine portal ready for March 1 when we needed it, when even General Hillier said he wished that he'd had it. No wonder we delayed giving vaccines in long-term care over the holidays, at a time when every day delayed was a life lost.

Speaker, we had another hint of it on February 11, when the co-chair of the science advisory table, when questioned

by media—"It sounds like you're describing a disaster"—responded, "Yes. If the government eases restrictions, we are headed to a disaster." So what did the government do? They eased restrictions, and the disaster is now here.

It didn't even work for businesses, because businesses need clear, consistent communications and guidelines. So when you do things like the government did on March 20, saying patios can reopen, and then closing them less than two weeks later, in the case of the restaurant industry, that cost them over \$100 million that was spent ramping up staffing and buying inventory, and then not being able to utilize it.

Let's go back to April 1, when 153 ICU doctors said that we are headed to a disaster and that it was completely unethical to allow the virus to spread uncontrolled in the way the government had decided to. So on April 3, the emergency brake was pulled, which of course wasn't enough of a brake.

Then we had the infamous April 11 "Schools will be open," and then the next day, on April 12, "Actually, they're going to be closed," adding even more confusion for people.

Then, the now-infamous press conference on April 16, when the government announced a police state, the reintroduction of carding and the closing of playgrounds. They backed down on playgrounds the next day. Police forces across the province said, "We don't want these enhanced powers," and they partially backed down on that, but they need to fully back down on it, Speaker.

The science table finally released what their recommendations were on April 20, and the three things they said absolutely not to do—focusing a burden on racialized communities, closing outdoor activities and not being transparent with the science advice—are exactly what the government did.

Then, we had a tearful press conference that said that we would have the best sick day program in North America. Speaker, we don't even have the best sick day program in Canada. The science advisory table released information on that.

Speaker, I'm telling this government, I'm pleading with this government: Start being transparent. Follow and listen to the advice of the science advisory table, so we can put this pandemic behind us.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Ms. Sara Singh:** It's always an honour to rise here in the House and contribute to the debate. Today we've heard the government bring forward a motion to extend the emergency declaration here in the province of Ontario. I know that for many across Ontario, they're very worried about the current state of the province and the government's response to the pandemic. While we are all rowing in this boat here to try to get through COVID-19, it appears, as many members here today have alluded to, that the government simply isn't following the advice of public health experts—I mean, its own science table—to help us get through this pandemic and actually protect our com-

munities. Now we find ourselves extending another emergency declaration, while the government hasn't provided the supports that we need in our communities.

Members have spoken at length about what has happened in long-term care since the start of this pandemic. Last week, the Auditor General released her report; this week, we heard from the long-term-care commission and their report that the government did not act in a timely manner to protect life, to ensure that our seniors and elders were being treated with dignity in long-term care. In fact, their failure to act contributed to nearly 4,000 deaths in long-term care and 11 staff members losing their lives tragically. When we know that actions could have been taken to prevent these deaths, to protect these seniors, it really, I think, is disheartening and heartbreaking for many people to learn that the government did not do what they were supposed to do to protect people in our communities.

I come from a hot spot community, Speaker, that at the start of this pandemic was really at the forefront of the COVID-19 crisis. Peel region, Brampton Centre and all of the Brampton ridings, frankly, are all dealing with this ongoing crisis without adequate supports from the government. It has been disheartening to know that the government could have, all summer long, made the investments we needed in our communities to potentially prevent the third wave that we're facing, but we know that the government did not do what its own science table recommended they do: implement paid sick days, for example, for those workers.

And now, at the eleventh hour, a year later, after countless people have lost their lives, the government comes up with some pithy program that really doesn't do much for community members who are risking their lives, frankly, every single day, going into our essential workplaces, not only maybe getting sick themselves but potentially spreading COVID-19 to their entire families. That's what we're hearing from doctors and nurses on the front lines who are battling COVID-19 in our ICUs; that it is, in fact, entire families of essential workers who are getting sick, who are losing their lives.

A few weeks ago, we learned of the unfortunate passing of a young girl at 13 years old, Emily. She should have never had to lose her life because this government failed to provide her parents with supports that they needed, like paid sick days. And so her father, an essential worker in our warehouses, was forced to go into work. He contracted COVID-19. It spread to the entire family.

These are the calls that I'm getting in my office. I don't know about what some of the members on the other side of the aisle here are hearing, but I know my office is dealing with a lot of calls, and they're really hard to listen to. It's hard to find the words to help people understand why the government isn't doing what it's supposed to be doing, why it isn't implementing public health measures that are needed to protect community members when we know what could help prevent deaths: paid sick days, access to vaccines. It's hard to explain to them that the government refuses to implement these measures—and that when it does, it feels it needs a pat on the back, when they act a year later.

They continue to thank front-line workers, but they don't actually support them. This weekend alone, we had educators, doctors, essential workers, medical experts protesting in Peel because Conservative MPPs are not listening to them and protecting our community. They've started a group and an online petition called #SavePeel, because they are feeling that the government is simply not listening to their concerns.

**1700**

As New Democrats, we have been advocating throughout this pandemic to this government, putting proposals on the table to help provide the support that our communities need. Paid sick days, for example, which we know will help save lives—to only provide workers three paid sick days really does not do any justice to people in the community, a parent who maybe needs to take time off to care for their loved ones. Three days is approximately how long it takes to get a test. It takes 14-plus days to isolate and recover from COVID-19, but the government seems to think that three days are sufficient for essential workers.

What is happening is that many of those essential workers are not able to access the programs that are made available to them because they don't qualify, they're very cumbersome, they're not fast enough. As a result of this, they are still going into work sick, even though they don't want to, because they're having to make a very difficult choice between their paycheck and their health.

I know that essential workers in communities like Brampton, in communities like the one I live in, are going into work to help ensure that this province doesn't come to a grinding halt. If they weren't going into work, we would see supply chains interrupted. These are folks working in warehouses, manufacturing, food processing, transportation. These are our taxi drivers, our grocery store clerks, the folks driving our buses. These folks deserve better. They deserve a government that's going to listen to them and actually act on the best evidence and advice, which we haven't seen this government do throughout this pandemic.

I think, with the first wave, we all knew that there were going to be lessons learned and that it was an unprecedented time. What is disappointing is that the lessons that should have been learned weren't learned by this government, and people paid the price for this government's inaction.

In Brampton, we have some of the highest positivity rates, not only in the province, but in the country. The L6Y postal code, which is where I live with my family, is one of the hardest-hit communities, because that community is comprised of many essential workers who are taking the 511 bus to the Amazon fulfillment centre—so that people across this province can continue to receive their packages—without any protections, without access to paid sick days. A bus driver, Dael, someone I knew personally—he actually helped on my election campaign—tragically lost his life because he was going into work on the 511 route, driving essential workers who were potentially sick. It wasn't until our medical officer of health stepped in that those bus routes stopped, Amazon

was shut down—and that action was taken to stop these outbreaks.

Nearly 600 workers in that Amazon facility have tested positive for COVID-19. And yet, with the numbers, with the evidence very clearly indicating that outbreaks were happening in workplaces, the government chose to ignore that problem, chose not to provide the supports those workers needed, like paid sick days.

Vaccines in the province of Ontario continue to be like *The Hunger Games*, in terms of people trying to get access to a vaccine. Why are people in racialized communities being forced to line up for hours and hours in the snow and the rain to access the vaccine? Why is this happening? In other communities that are not hot spots—more affluent communities—people can easily book their vaccine appointment, go in within a matter of 15 minutes, get their vaccine and carry on working from home. And yet, essential workers in communities like Peel and Scarborough have to wait hours to potentially get a vaccine?

This government failed to plan effectively, and the outcomes are being felt across our province. The vaccine rollout was slow and sloppy from the start. We saw with phase 1 that folks in long-term care were struggling to get their vaccines in a timely fashion. Essential workers were not prioritized in phase 2. It really makes you wonder what is guiding the decision-making process on the government side. It doesn't appear to be science. It doesn't appear to be evidence. Perhaps it's something else.

Not only do we hear from essential workers in our community, but I consistently hear from small business owners who are struggling, on the brink of bankruptcy. Last week, I held a small business forum and spoke to many small businesses owners in Brampton who are at their wits' end, frankly, with the government's inadequate response. They are struggling to get the financial supports they need. They have applied for the small business grant. Many are not even receiving a response. It has been six-plus weeks for many of them. They have no idea if they're going to get the supports that they need.

It makes a very difficult situation even harder for people in our communities when the government fails to do what it can and should be doing. That's what's happening right now in many communities, where people are struggling with lockdown after lockdown after lockdown. One minute, the government is saying, "We're ready to reopen, everyone. It's safe to go out there, be on patios, and be with your loved ones"—and then, literally within the same breath, they are closing those businesses down the next day.

What about those businesses that made investments? They purchased supplies. Restaurants bought produce and food that now is going to go to waste. They've sent the bill to the government, but the government doesn't feel that it's their responsibility to cover that—with their mixed messaging and chaotic communications.

During a pandemic, from an emergency response perspective, what people need is clear, direct communication, and they have not seen that from this government—and that is contributing to more fear and more anxiety than it needs to.

That's another thing I continue to hear—the mental health impacts these lockdowns are having on our community, on those business owners, on families in long-term care, on our young people, on our essential workers, on doctors. These folks are facing this crisis, trying to navigate it. It is having serious impacts on their health and well-being—not only because of COVID-19, but because this government isn't acting in a timely manner to provide them with supports that they need.

A few weeks ago, we heard the government announce again, in another chaotic way, that they were going to all of a sudden increase police powers and shut down playgrounds. No one asked for that. Then, literally 24 hours later, they were reversing track. It's really disappointing. It creates confusion.

I had constituents calling me to ask if they were going to get stopped on the street on their way to work, because of this government's announcement on extending police powers and bringing carding back, frankly, to the province of Ontario—something that no one asked for. Not even the police wanted this power.

**1710**

Speaker, I want to encourage the government, as we all navigate this global pandemic together, to start listening to the experts, to start listening to public health, to start listening to workers, to start listening to the people who need to be protected, to start implementing the measures that will help keep our communities safe, and to actually come up with a real paid sick days program that will provide workers the protection they need.

Our colleague from London West has a bill that the government could support, that has the support of business, as well. The government hasn't supported that bill.

We know that there is a growing call to ensure that essential workers are vaccinated in a timely manner.

We know that there is a call to help protect our students and our education system, and that there is a growing need to help protect our seniors in long-term care.

So I want to encourage this government to listen to the experts—not their pollsters—and help us truly get through this pandemic, help us save lives, and help us protect people across Ontario.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Mr. John Fraser:** It's a pleasure to speak after the member from Brampton Centre, who made it a very personal debate. It's good to know that things we do in here have an impact on real people outside. It's hard to know that sometimes.

For the most part, we're going to end up supporting this motion, because we have to—the circumstances and the disease tell us that—but it can't be interpreted as an agreement for having any confidence in what the government has done so far. I think that's clear.

The member from Guelph gave a litany—for those who are Orthodox or Catholic, you know what a litany is. It's a constant stream of things where we get responses—it's generally the same thing. He laid it out pretty well. What it really comes down to is three things: inability to make a

decision, delayed action, failure to communicate. You can take that and apply that to almost everything in this pandemic—everything. It's incredible.

I don't know who it was that talked about vaccinations over Christmas—but they said they took a pause. It was a holiday. We didn't actually vaccinate people in long-term care while other provinces were—we failed to move the vaccine.

In this pandemic, we're talking about an emergency debate, but there's no sense of urgency. Decisions take forever. With all due respect, what do you do in nine hours of cabinet meeting? You come out and you say, "Here are new measures. It's carding and closing playgrounds." Really? I know there was a fundraiser wedged in there somewhere—but what do you do? How does that breed confidence in people? That's just simply not right.

The police said, "We want to help people. We don't want to hinder them. The people who are going to be moving around a lot, actually, are the essential workers—the ones who aren't getting the vaccines, the ones who are taking all the risks. They're the ones we might end up having to stop." Did anyone talk to them? And playgrounds—well, I don't have to explain that.

Last March, we worked together in this Legislature—in April and in May. We wouldn't be having this kind of debate on this; we would just get it done because there was trust. But at the end of June last year, it went back to business as usual. We weren't ready for the second wave, because it went back to business as usual, because there were other priorities that were more important.

The priority right now is, "Let's take some of our party's money and let's have a fight with the federal government over borders." I wish as much effort would be put into public health measures.

It's about stopping the spread. It's about acting quickly. It's about listening to expert advice that has repeatedly, time and time and time again, told you what you needed to do, what the risks are, and what would happen if you didn't do it. I don't know why you can't listen to the science.

With all due respect, two weeks ago, there was an epiphany—I know; I'm being pretty Catholic about this today: "There's a gap. People need paid sick days." Four hundred days—not 40 days; 400 days. We're all supposed to jump for joy because we passed the legislation. Do you know what? People are protected, not nearly enough—and that unanimous consent that was given? That was for them. That wasn't a vote of confidence—and I know that you know, that you don't think it was. For 400 days, people had to make the decision between putting food on the table or going to work sick—and we can't count in this place how many times somebody got sick or how many times they infected somebody else. We can't count that, because we can't see it. But it's our job, even though we can't see it from here, to protect people from that and take some responsibility for it.

It's not just some political game, where you can go out and buy some ads and have a fight with another government. We're in the middle of a third wave, when we haven't vaccinated everybody, when we haven't taken

the public health measures that we needed to—and now we're in a situation where we're over 4,000 cases a day. Do you know what? People may not take it seriously, but the failure to act has dire consequences, and we don't see it—

**Hon. Monte McNaughton:** The borders.

**Mr. John Fraser:** Do you know what? It's about 2% at the border—

*Interjection.*

**The Acting Speaker (Mr. Percy Hatfield):** Order, please—through the Chair.

**Mr. John Fraser:** —and I agree: It has to be tighter. But what I haven't heard from the government is—

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Excuse me.

Minister, come to order. We'll have order in the House—and through the Chair with your comments, not back and forth across the aisle. Thank you.

Back to the member from Ottawa South.

**Mr. John Fraser:** I wish they had put as much effort into public health measures and listening to the science table as they are on this.

It would be interesting if they mentioned all the truckers who come across the border. Do you know what this is? This whole border thing—you're not building a wall, but you're doing the same thing. That's exactly what it is—fear the other. It's also to distract from the things that we're not doing—that's what's happening—which is listening to the science table, which is taking public health measures. Do you know how many vaccines we did? And we had enough vaccines, more than a few hundred thousand. We did 53,000 on Sunday—not even close.

*Interjection.*

**Mr. John Fraser:** Yes, you guys can chirp all you want on the other side.

It's very clear: You're not listening to the science table, you're not moving quickly, and it's all about the politics right now.

Four days ago, the long-term-care commission delivered its report. The Premier commented before the report. The minister took a couple of questions, took some questions in question period, but really hasn't taken any responsibility—none—because she won't be talked to like that. But do you know what? Let's forget that part. Four days—four days—and the person who built that iron ring has yet to respond. Do you know why? The iron ring never appeared. The only place that it appeared was around the treasury, because when it came to investing in things like PSW wages—which, of course, are going to be okay until the end of June; we're on three-month increments now—heck of an iron ring.

The Premier has a duty and a responsibility to respond to that report, to all Ontarians, but more importantly, to respond to all those families—the 4,000 families who are looking for justice, who are looking for answers, who are looking for somebody to take responsibility, and they're not getting it from the government at all.

1720

Speaker, I'll vote in support of this motion. It's not a vote of confidence.

My last word is, the Premier has to respond to the long-term-care commission. It has been four days—four days too long. Families are waiting to hear from him. He needs to do it now.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Hon. Paul Calandra:** I appreciate the opportunity to rise and speak to this important debate—certainly, after the speech we just heard from the member from the Liberal Party, who seems to be a member in a dramatic sense of denial and not wanting to live up to the responsibility that his party had in putting us in the position we are in right now.

Let me just say at the outset that, of course, we heard the Minister of Long-Term Care and other members of the government accept responsibility for the tragedy that happened in long-term care. She came right out and said that in question period on a number of occasions.

As I said earlier today in question period, I think that we all, as legislators—those who have served in this place for a number of Parliaments—share in a level of responsibility for what has occurred. To hear the member from the Liberal Party get up in his place and completely reject any responsibility that he and his party might share in that—I again say very clearly to all of those who are listening at home, to all of those who may be hearing this, this is not about me getting up in this chamber today and saying that there is not a responsibility of this government to ensure that the people of the province of Ontario, those in long-term-care homes, those small businesses, those essential workers—it is our responsibility to ensure that they are safe and that they are taken care of. We are in government, and it's our responsibility to make sure that we do our best to protect them. Where we have failed—as may be the case and may be highlighted in the long-term-care commission report or by the Auditor General—it is our responsibility to make sure that we take steps to change and to address those issues.

But let's look at where we were when we assumed office. We were faced with a position in long-term care—not just in long-term care. Let's take a step back and look at where we were on health care, because you can't talk about long-term care unless you talk about health care. Let's look at where we were—

*Interjections.*

**The Acting Speaker (Mr. Percy Hatfield):** Opposition members, come to order, please.

**Hon. Paul Calandra:** I hear the member opposite already chirping because he doesn't want to talk about it. I will get to the NDP's responsibility a little bit later on in my words, so he can wait and he can listen.

Let's take a look at where we were on health care. We inherited a system of health care in this province that had not been modified for—

*Interjection.*

**Hon. Paul Calandra:** I would encourage the honourable member for Niagara Falls—if he wants to get up on a point of order and put his words, I would yield the floor to him for a point of order, but I doubt that he has the courage to do that. He'd rather sit silently and criticize—because that's what they do.

We inherited a system of health care that had not been modified for generations. What did we do? We said we were going to tackle hallway health care. Why? Because we knew we had to do that if we were going to reform long-term care. We knew we had to reform our ICU capacity. We knew we had to change how the system worked. And what did we do? We brought in the Ontario health teams. This was before the pandemic hit.

We brought in the concept of Ontario health teams—and what was that about?

Well, as we took office, we knew that we had to build long-term-care beds, so we started on the road of 15,000 long-term-care beds. Immediately, we started down that road.

We immediately started on a staffing strategy, because we understood PSWs were not staying in the system, and we had to find out why that was the case. You couldn't build 15,000 long-term-care beds and upgrade others unless you had the PSWs to support them. So we began a study on that.

But we knew the first step was reforming health care and bringing in Ontario health teams—a blanket of care—because what we heard from people was this: If you could get into the health care system, then it was one of the best in the world, but people had frustration accessing their health care system in the province of Ontario, and that just was not right.

We heard from people who required home care how difficult it was for them to access home care—from the hospital to the home. It was a challenge for them. Our seniors should not have to go through such challenges. So we brought in Ontario health teams to address that level of disconnection in the system. We made that transition immediately. I know my region was moving towards that.

I was also part of a federal government that was transferring, at the same time—just to go back, because I said we'd go back. I was part of a federal government that was transferring 6% a year for health care to the province of Ontario for 10 years—increases in health care. And there was not one year in that 10-year transition, that increase in funding from the federal government, that the previous Liberal government ever made an investment of 6% in health care. In fact, what did they leave us with? They left us with one of the lowest ICU capacities in North America. What does that lead to? It leads to hallway health care. It means reduced surgeries.

We've all heard of reduced essential surgeries, whether it's cardiac—whether it's the non-essentials, I suppose, depending on how you look at it. We've heard a number of members here talk about knee replacements and hip replacements. I've heard in my riding how important it is, how life-changing it is.

The lack of ICU capacity and the lack of any strategy to deal with it led to hallway health care—a previous

government that did absolutely nothing in long-term care. Our seniors, who fought so hard to build and make this country one of the best countries in the world, were staying in hospitals because they had nowhere else to go. So our acute-care system was put under tremendous pressure because the previous Liberal government didn't think it was a priority to focus on long-term care. The results? The previous Wynne government—and the member who just spoke was a parliamentary assistant to the Minister of Health. Did he stand up in his place and apologize—that under his term, 400 beds were built in the province of Ontario? That is the legacy of failure of the previous Liberal government.

What did we do? When we were elected in 2018, we immediately set out to change that, and we started building the 15,000 long-term-care beds. We knew we had to do more, but there were so many other things that we had to, whether it was a disjointed health care system—we went after that.

Procurement in the province of Ontario was a complete mess—there was no such thing. The members opposite talk about, “What took so long?” We were dealing with a system that was still working on Excel spreadsheets. That's what we inherited here—and not one system of procurement; hundreds of systems of procurement, so that agencies in the province of Ontario were fighting each other for the limited PPE that was needed to go to our long-term-care homes, to our retirement homes, to our hospitals. Why? Because the system was based on an Excel spreadsheet. When you called, you would have to have somebody go through a bunch of sheets to figure out where it was. We had started on that, as well. The future state modernization that this government started was all about that. It was about making it easier for people to access their government, centralizing it. The members opposite laughed when we talked about getting rid of fax machines in offices that hadn't been used for years. The legacy of that is not the NDP's; it's the Liberals'. We were able to get rid of thousands of land lines in the province of Ontario that had not been used, because they never thought it was a priority to get rid of them. Why is that important? Because that's what led to the procurement crisis that we had initially in the province of Ontario.

We inherited a lab system with the ability to do 5,000 tests a day. So while the federal government that I was a part of—and the government that replaced us continued to do it, to their credit—was transferring billions of extra dollars for health care, the previous Liberal government was directing it to anything but health care.

So the crisis started, and we were able to do 5,000 tests a day for COVID-19. That's why we were so desperate for rapid tests at the beginning of this crisis—which the federal Liberal government could not seem to get off their backside to get to us to approve. We had to build up the testing, the lab capacity in the province of Ontario. We were able to do that in record time. Up to 75,000 tests a day can be accomplished in the province of Ontario. That didn't exist before. Why? Because that Liberal government, that Liberal leader, the new Liberal leader,

who sat at a cabinet table and made the deliberate decisions not to invest in ICU capacity; made the deliberate decisions not to invest in long-term care; made the deliberate decisions not to invest in the procurement strategy for PPE; made the deliberate decisions not to make the investments that would have gotten us through this pandemic quicker at the start—we had to make up for that, and we moved as quickly as we possibly could to do that.

**1730**

You look at the Ontario health teams—to get back to the Ontario health teams—and why it was so important. In my riding, we've heard of Participation House. The workers at Participation House faced an enormous challenge at the beginning. The concept of the Ontario health team, which we started before the pandemic, is what took over for Participation House, and for a number of other long-term-care homes across the province—where the hospitals in those regions helped. They took over, and the results were dramatic.

That's the concept that we put in place before the pandemic—because we knew that's what had to happen, whether it was in retirement homes or whether it was in congregate-care settings. It had to be a blanket of care. If we were to transition the health system that had been so brutally neglected by the previous Liberal government, we had to make changes—and we started that before the pandemic.

So when members talk about why it took so long, I want them to think about that—procurement, globally, across the world. Governments were competing against each other when this hit last March, April and May. Shipments were being stolen from governments at different airports because people were so desperate to get their hands on supplies. It wasn't a failing of the province of Ontario. Where the province of Ontario failed was not changing procurement in the decade and a half before.

Mr. Speaker, guess what happened in the mid-1990s? Computers started to make their way into the province of Ontario, into offices. With computers, you could centralize how things were done—but not with the previous Liberal government.

So imagine when I would ask, “Does my local long-term care or my local hospital—who needs what PPE?”, and I had to get a response back, “Let me check the Excel spreadsheets,” and I heard somebody rifling through paper. That's what happened in the province of Ontario to start. Do I accept responsibility for that? Absolutely, because we're in government, and we were transitioning, but we hadn't gotten it done in time, before the pandemic hit. So I accept responsibility for that, and I accept responsibility if we don't fix it—but we have. We're starting to transition, and we have centralized and refocused PPE in the province.

We've made significant investments in long-term care, historic investments in long-term care. We are making an investment in care, to ensure that every single resident has four hours of care, and in order to do that, you have to ensure that you have the staffing available to do that.

In advance of the pandemic, we knew that we needed staffing. We also turned to the federal government at that time and said, “We will need some additional help in terms of immigration to help us fill in some of the gaps until we train Ontarians to do these jobs,” and were rebuffed at that time. But we’re changing it.

We’re putting funding in place. We should all be proud of this. All members, I know, would appreciate the fact that funding is in place to bring in 27,000 additional PSWs, to ensure that we get the four hours of care. I’m sure that members, when they hear the announcements of long-term-care facilities in their ridings, are very happy about it. There’s still more to do—but this is over decades.

When the member opposite talks about the border and it not being an issue, when the Liberal Party members talk about the border and it not being an issue—to hear him scream across, “Well, it’s only 2%”—we are faced right now with the challenge of variants. That’s what this is about.

Ontarians defeated the original COVID-19 virus, full stop. Ontarians, by the things that we did—not as a government, but Ontarians as a whole, we defeated it. The sacrifices that the people of this province made for months helped us defeat the original COVID-19 virus.

But we have heard for months that there were variants coming and that we needed to protect our borders. For months, nothing was done by the federal Liberal government to protect our borders. They had to be dragged, kicking and screaming to bring in quarantine hotels. It was really the provincial government that started to set up quarantine hotels in advance, and they, after many months of hesitation, decided to help. I commend them for that—but it was many months later.

Testing at our airports: It wasn’t the federal government that decided to do testing; it was the provincial government that said we have to do testing for people who are coming into our airports. There’s only a number of airports—Toronto, Calgary, Vancouver, Montreal. Those are the airports that are accepting international passengers. The federal government has a responsibility—being responsible for our airports, they have a responsibility to assist us.

When we tell you that variants are a very real danger to the people of the province of Ontario, representing, I think, over 70% of the cases that we are having now, the UK variant—

**Hon. Monte McNaughton:** Ninety per cent.

**Hon. Paul Calandra:** Ninety per cent, I’m told.

To hear the member opposite from the Liberal Party saying it’s not a big deal—let me tell you, Mr. Speaker, it is a big deal. It’s a big deal for every one of those businesses in this province. For the city of Toronto, which has been in lockdown since November fighting this, it is a big deal. It’s a big deal for the people of the province of Ontario who want to be beyond this but can’t be.

When we talk about vaccine distribution—we have been saying for months that it was a problem, that we needed to get more vaccines and a steadier supply of vaccines, and it didn’t come. But we’re getting there now.

I’m proud of the fact that Ontarians now, through their hard work—it’s their money, it’s their hard work—have seen over five million doses in people’s arms. Let’s hope that the federal government does a better job in securing the second doses than they have on the first.

There is a lot of work to be done, and I very clearly say to the people, it is our responsibility. We are in government. It is our job to fix the problems, and where we have failed and where we have made mistakes, we accept responsibility.

But to hear the member opposite wash his hands of 15 years of Liberal neglect—I wasn’t going to speak to this motion today because I thought it was just an extension of what we’ve all done together for many, many months. I accept the fact that members want to get on the record the things that have troubled them the most about this. I accept the fact that a member for Peel wants to get up to talk about her community, or that many of the other members have had a desire to highlight what they thought were deficiencies in the response of the government. That’s their job. But I would have expected a member who represented a party that governed this province for 15 years to also stand in his place, on behalf of himself and on behalf of his leader, who sat at a cabinet table for many of those years, and accept a little bit of the responsibility for the condition that they left this province in. I would have expected a little bit of humility from the Liberals on that—not a suggestion from the member opposite that we not talk about our borders and our airports and the fact that the variants are out of control because thousands of people are coming in every single day with one of these variants. I would have expected the member opposite to stand in this place and say, “I’m going to go to Ottawa, and I’m going to ask the federal government to listen to the province of Ontario, listen to all of us, and close down those airports.”

Instead, what did I hear? Washing his hands, Mr. Speaker. I would have expected him to get up and say, “For 15 years we failed the people of the province of Ontario.” The Liberals sat at cabinet tables and did nothing for long-term care. I would have expected him to say they could have done better, but he chose not to do that. I would have expected him to get up in his place and suggest that he should have put 6% into health care as opposed to diverting it to other places, that he could have done better on ICU capacity for the people of the province of Ontario, that they could have focused on ending hallway health care decades before, that they could have done better on testing, so we didn’t have lab tests of only 5,000.

**1740**

Instead, he chose to get up and wash his hands and do what Liberals do best, Mr. Speaker: never accept responsibility. Because for the Liberals, it’s always about one thing. It’s about getting on this side of the House—never accomplishing anything when you’re on this side of the House, when you’re given the great responsibility by the people of the province of Ontario. But this side, this government, we accept that responsibility gratefully, and we will do better, because that’s our job, Mr. Speaker.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate?

**Ms. Jennifer K. French:** I am pleased to be able to add my voice and some of the voices from folks in my community as we are discussing the need to further the period of emergency, which can only be extended by us here in this House, which is why we're having this debate. Certainly, I am not debating the fact that there is indeed an emergency in the province. But what I'd like to take the opportunity to do is focus on some of the ways that we could improve measures, actions that we could be taking to ensure that we diminish the spread of COVID-19, that we support those who are on the front lines, that we hear the voices of folks across communities who are indeed struggling or who are sick and trying to stay well—or those who are grieving their loved ones who have died of COVID-19.

We're here having this conversation today. We look back at recent decisions that the government had made. Let's take us back to that now, I'll say, infamous weekend. But on that Friday, April 16, when the government had announced a series of measures that didn't seem to reflect the advice from the government's science table, some of those measures needed to be walked back. Police officers and other provincial offences officers were given an authority to require any individual to provide their home address and purpose for not being at their residence. The police said, "We don't want this power." I can't assume what the government thought in that moment, but I imagine that the Premier was probably quite surprised to see that the police rejected that. But that speaks to, where was the need for this and where was the drive coming from? How are decisions made on the government benches or in cabinet?

In the afternoon, the government said that they would provide that statement. Everyone was up in arms, understandably, about the restrictions on parks for families and folks. Really, anything that we've heard from the scientists, from the advisory table about outside versus inside, about how this virus spreads—we would like to have more reassurance from this government that they are indeed listening to the advice of those who are qualified to give it, frankly.

When we're looking at vaccination, and earlier today—was it today or was it yesterday? I'm losing track of days. They're all blending together because we're all so busy and trying to keep up. But the conversation in Bill 283 about vaccinations and data collection: There should be a strategic targeting of communities at risk. We had talked about the need—and we didn't see it in the bill, which has now passed—to collect race-based data. Now, I'll say that if you don't measure, then, yes, I guess if the government is not measuring and they don't have to point to a measured need, then they don't have to come up with a targeted intervention to fix it.

When we look at communities with racialized community members, essential workers who are getting COVID at higher rates—and we see that when we look at our ICUs, we see that when we hear from health care

professionals. We see that, but we're not measuring it. This bill that talks about the need to collect data and report data—no argument here on that as a goal, but be specific so that we can have targeted interventions and make sure that those hot spots, the communities at risk and at need, get what it is that they need and deserve to keep themselves, their families and the broader community safe from the spread. A way that the government could easily improve things is to start collecting that race-based data. We did hear some talk of it in debate, but we didn't see it in the legislation. A lot of it is, "Just trust us. Wait till regulations." I hope we do see it there, because that has to happen in order to address the needs in the community.

**Health care priorities:** We talked about paid sick days. We need what is recommended. If it's during a pandemic, the NDP has said 14 days when there is an infectious disease. That's what is needed for isolation; that's what is recommended. It takes longer than the three days this government has brought forward for some people to get their test. So again, we need the intervention or the strategy to meet the need.

We should have workers have paid time off to get a vaccine. We've had conversations in here around some employers that are good about it and some that are garbage about letting their employees go to get vaccines. We're hearing on a case-by-case basis that an employer will tell someone that they can't leave their shift, or to reschedule their vaccine appointment. That is allowed to happen, though I would say no one in this room wants that to happen. I see the Minister of Labour; there's no way that he wants that to be the case in workplaces. But it's happening. Anything we can do to protect essential workers, we have to do, and we have to anticipate that there are going to be situations like that, where workers don't have what they need.

We have spoken at length about paid sick days. I'm on the record about that, so I won't belabour that today, but that is a missing piece to this puzzle to keep people well.

**The shutdown of non-essential workplaces:** As the critic for infrastructure, transportation and highways, I took a careful look at that list of construction sites and construction workplaces that were deemed essential and didn't have to close. There are a lot of questions about those lists. The government is getting criticism about that, to try to justify it, because a lot of it looks like the decisions were not driven by the advice from medical experts. So perhaps the government can better answer that.

We also keep hearing over and over that one of the ways that this government has—not intentionally—failed is in supporting small business. I say "not intentionally failed" because the Ontario Small Business Support Grant—everyone in this room was grateful to hear that many of their small businesses were applying and being accepted and that they were being promised money. I feel like every single MPP in this House—I think it's all parties, because we have been talking about it—have businesses that have yet to receive their first payment or have some sort of weird, complicating issue that should have been resolved how many months later.

We've had the minister, we've had the associate minister, we've had folks explain that they've hired more people to deal with it. I will tell you honestly that when I checked in with my staff before this debate to find out if all of those same businesses that had reached out to us a month or two ago and hadn't received their money—had any of them gotten their payments? Were they all still in limbo? Some are still in limbo, some have received their money, some have gotten both payments at once and some are relieved that they're getting called back when they hadn't been; it had been silence for weeks. So there's still a mix, but more and more of the businesses in my community are at least able to reach a real, live human, or my office is able to connect them.

For me to say, "Okay, we're working in the right direction"—those businesses still can't wait for that money. That's something that—I don't know what went wrong. I'm not going to pick a fight with the government House leader around fax machines or landlines; I won't be the one to do it. But I will say that there still is a communications breakdown, because if MPPs' offices, regardless of stripe, are unable to reach the ministry liaison folks or are not able to connect with people to try and solve these problems, we're still having a communications breakdown. So I'm not saying to hook up the fax machines, but maybe the occasional phone could be plugged back in so that we could reach them. I don't know.

**1750**

And I don't mean to mock it, but I do want to highlight that these businesses are still in limbo. They don't have answers for the bill collectors. There's a business in my riding, Hair Kandi; she is, unfortunately, still waiting for her first payment of \$10,000. But she got a letter that says:

"Thank you for submitting your application for the Ontario Small Business Support Grant (OSBSG).

"As you know, your application was approved under the business category" of personal services "and you have received an OSBSG payment." No, she hasn't, Speaker.

And this is to tell her that the "province of Ontario is currently in the process of a post-payment audit of applications that have previously received OSBSG funding."

So she was audited for money that they told her she got but that she has not—which is not comical, but it's more than trying their patience there. None of it makes sense.

Unfortunately, there are still businesses left behind. Here's a residential contractor that was never eligible for the OSBSG. He had reached out to our office, and we've kept him in the loop with the work that our office has been doing. He said:

"This program has upset me from the beginning. It seems to include every other business that offers services to people required to shut down except small contractors, painters, tillers, etc. I notice that the Ontario application website now specifically states it excludes those groups.

"I really don't understand why. My business has been shut down for the third time. I'm a small residential contractor. I have leases on commercial vehicles, tools, and a space to store them. I do qualify for the CERB. It is

\$2,000 a month. My house mortgage is \$1,500. So the cost of running my home is more than \$2,000 a month. I also have two dependents in university. So clearly the CERB can't support my household. On top of that I have the cost of my business leases, insurances, etc. I just keep running further into debt. I just don't understand why we are specifically excluded for the grant."

There are folks out there that don't see themselves reflected in any of the legislation we've brought forward or the initiatives.

I'm going to switch gears here and I'm going to make this differently personal. This is from a community member named Joannie. Joannie, from time to time, sends me direct messages on Twitter. Joannie spends a lot of time online, trying to make sense of the pandemic, following along at home and hoping to see interventions that will help her in her day to day. Joannie—and I'm sorry; I said she was from my community. No, she's not, Speaker. In fact, I'll read:

"Thank you from Windsor for raising up about ODSP and OW. Please tell the Premier and the rest of the government that people are suffering. We were given \$100 pandemic pay last May June July. That was cancelled by the PC government in July 2020. Rising prices in food, no PPE, no cleaning supplies makes it very difficult. I'm on a special diet that I cannot even follow. With cancelled surgeries, my surgeries and procedures are put on hold once again. I'm physically disabled and a cancer patient and so frustrated. I've had to have Instacart since March 13, 2020. I desperately need masks the blue kind ... and cleaning supplies but cannot afford this. I don't want to die." I'm sorry; this is real. "I don't want to die. I would like to see more years of my life but the government believes in MAID over social supports.... When Mr. Ford gets angry at people he forgets there are so many people like me and their families being so careful because if we the disabled or immune compromised get COVID, we will be dead. I've watched both levels of government every day since day one. And we are continually forgotten. What is the ... government going to do with all the people who have had COVID and now coming out with long-term disabilities. We have been living below the poverty line for years 40% below the poverty. It's unfair and inhumane the way we have been treated. It's difficult to know their forms don't include different diets for all people with disabilities. I'm asking you as an Ontarian to just care. Please care. Please redo your budget, allowing people with disabilities the dignity to have healthy food, pay bills on time, purchase meds not covered, buy PPE, buy cleaning supplies each month. COVID didn't stop in July 2020, you are letting us suffer so much. I'm fighting to live. I pray for Ontario every day. I pray for every party every day. Please stop policing the most vulnerable and let us live. I don't know how much time I have. I just want to live not worrying every single day. I know you know all of this but there must be a way to stop Ford from doing this. Please help people with disabilities living below the poverty line please. Thank you and the NDP for your continued hard work. I'm so grateful."

That's from someone that I've never met, but I hope to. Her name is Joannie. She's in Windsor—and I hope that she can stay safe. Speaker, I'm always glad to share letters from community members, but sometimes it's really challenging.

I have another letter here, and this is from someone who has signed it, "A concerned daughter of a mother in LTC." She said that she is "writing about the recent announcement the ... government has made regarding transferring patients from the hospital to long-term"—sorry; okay, I'm going to paraphrase this first bit: regarding transferring patients from the hospital to long-term care or a retirement residence to free up hospital space. She has concerns, and she has reached out to my office.

She says, "I have a parent in Hillsdale Estates and they are already short-staffed as I am sure they all are so I am very concerned how they will be able to care for the vulnerable residents already there with not enough staff and then add to this problem?"

"Once again nothing has been done to protect our most vulnerable and I am very concerned. The problem needs to be fixed as Bonnie Lysyk said, not added to and this will definitely make things worse..."

"Please speak up on behalf of our seniors. They have been ignored for far too long."

That is from Lynn, who is a concerned daughter of a mother in long-term care. That was in response to the recent Auditor General's report on long-term care, and that was before the long-term-care commission came out. As we've talked about in this House, the Premier has yet to comment.

Not to split hairs around who owes what apology and who will or won't take responsibility for what; the people of Ontario need to know that there is leadership in this space, in this place, that is sincere and wanting to keep people safe and well, and that is willing to hold themselves to account as needed, or agencies. When the priority of this government has been to protect the for-profits, or if that's how it's perceived, that's a problem. We hear the government say all the time that they have people's backs, but people don't see that. They don't feel that.

Living in the Durham region, with Orchard Villa and the terrible tragedy, a lot of people are marking the one-year anniversary since their loved one passed. From that, I've been doing work with families, and will continue to, to hold this government to account, but really to change the framework in the system to allow for accountability.

When we look at the long-term-care commission, there are a number of recommendations—85—and some of them are specifically around accountability. I really do hope that the government takes a careful look at that section—and others, but that section in particular—to make sure that if things go sideways, somebody is not only held to account, but it's fixed and it can be prevented. I'm working on private member's legislation that is pretty finicky and pretty tight in the weeds there to fix some of these gaps and loopholes.

On a large scale, we need people to take responsibility. The Minister of Long-Term Care, when she said this

morning that she took responsibility for keeping people well, or for their health and wellness, did not say that she takes responsibility for the death and destruction or for the suffering and devastation, and I think that families need to know that this government acknowledges that that happened and that someone should be responsible.

Speaker, I've talked about sick leave. I talked about the need for—

**The Acting Speaker (Mr. Percy Hatfield):** I'm sorry to interrupt the member from Oshawa. The clock being at 6 o'clock, it's time to move on to private members' public business. Orders of the day?

**The Clerk-at-the-Table (Ms. Tonia Grannum):** Ballot item number 80, Mr. Gill.

**The Acting Speaker (Mr. Percy Hatfield):** The ballot item having not been moved, orders of the day?

**Hon. Paul Calandra:** Government notice of motion 109.

**The Clerk-at-the-Table (Ms. Tonia Grannum):** Resuming the debate on government notice of motion 109 adjourned earlier today.

**The Acting Speaker (Mr. Percy Hatfield):** Back to the member for Oshawa.

**Ms. Jennifer K. French:** I appreciate that. Okay, so a minute and a half: There is so much to say and it surprises no one that I have gone a little long in my remarks. I do have other things I would like to share from the community, but I think that everybody is well aware of what they're hearing through their inboxes or their fax machines or their phones.

We are hearing from people that we didn't get here by accident in terms of the history of long-term care and not supporting our health care system the way we should have, but we have a chance now to fix it. This government needs to really ensure that it is listening to the health experts, that their decisions are not based on profit margins, that they're based on patients and people, their care and wellness.

When I look in Oshawa and Lakeridge Health, they're doing a tremendous job. We used to be the hospital that was receiving transfers from other hospitals, and now our ICUs and capacity issues are such that we are now sending patients to Kingston and Ottawa. This is happening all over. So we do have to stop the spread in the community, look at things like paid sick days—not just look at them, but really invest and commit to it, protecting workers and ensuring people have access to vaccinations.

Speaker, now I will sit down on purpose, and thank you for this time.

**The Acting Speaker (Mr. Percy Hatfield):** Further debate? Further debate? Further debate?

Orders of the day?

*Interjection.*

**The Acting Speaker (Mr. Percy Hatfield):** Oh, do I have something to do here? What do I have to do? I got so wrapped up in "further debates," I forgot my place.

Ms. Jones has moved government notice of motion 109 relating to the extension of the period of emergency. Is it the pleasure of the House that the motion carry? I declare the motion carried.

*Motion agreed to.*

**The Acting Speaker (Mr. Percy Hatfield):** Orders of the day? I recognize the government House leader.

**Hon. Paul Calandra:** No further business.

**The Acting Speaker (Mr. Percy Hatfield):** There being no further business before the House, this House stands adjourned until 9 a.m. tomorrow.

*The House adjourned at 1803.*







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Peter Sibenik, William Wong  
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Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Anand, Deepak (PC)	Mississauga—Malton	
Andrew, Jill (NDP)	Toronto—St. Paul's	
Armstrong, Teresa J. (NDP)	London—Fanshawe	
<b>Arnott, Hon. / L'hon. Ted (PC)</b>	Wellington—Halton Hills	Speaker / Président de l'Assemblée législative
Arthur, Ian (NDP)	Kingston and the Islands / Kingston et les Îles	
Baber, Roman (IND)	York Centre / York-Centre	
Babikian, Aris (PC)	Scarborough—Agincourt	
Bailey, Robert (PC)	Sarnia—Lambton	
Barrett, Toby (PC)	Haldimand—Norfolk	
Begum, Doly (NDP)	Scarborough Southwest / Scarborough-Sud-Ouest	
Bell, Jessica (NDP)	University—Rosedale	
Berns-McGown, Rima (NDP)	Beaches—East York / Beaches—East York	
<b>Bethlenfalvy, Hon. / L'hon. Peter (PC)</b>	Pickering—Uxbridge	Minister of Finance / Ministre des Finances President of the Treasury Board / Président du Conseil du Trésor
Bisson, Gilles (NDP)	Timmins	
Blais, Stephen (LIB)	Orléans	
Bouma, Will (PC)	Brantford—Brant	
Bourgouin, Guy (NDP)	Mushkegowuk—James Bay / Mushkegowuk—Baie James	
Burch, Jeff (NDP)	Niagara Centre / Niagara-Centre	
<b>Calandra, Hon. / L'hon. Paul (PC)</b>	Markham—Stouffville	Minister Without Portfolio / Ministre sans portefeuille Government House Leader / Leader parlementaire du gouvernement
<b>Cho, Hon. / L'hon. Raymond Sung Joon (PC)</b>	Scarborough North / Scarborough-Nord	Minister for Seniors and Accessibility / Ministre des Services aux aînés et de l'Accessibilité
Cho, Stan (PC)	Willowdale	
<b>Clark, Hon. / L'hon. Steve (PC)</b>	Leeds—Grenville—Thousand Islands and Rideau Lakes / Leeds—Grenville—Thousand Islands et Rideau Lakes	Minister of Municipal Affairs and Housing / Ministre des Affaires municipales et du Logement
Coe, Lorne (PC)	Whitby	
Collard, Lucille (LIB)	Ottawa—Vanier	
Coteau, Michael (LIB)	Don Valley East / Don Valley-Est	
Crawford, Stephen (PC)	Oakville	
Cuzzetto, Rudy (PC)	Mississauga—Lakeshore	
<b>Downey, Hon. / L'hon. Doug (PC)</b>	Barrie—Springwater—Oro-Medonte	Attorney General / Procureur général
<b>Dunlop, Hon. / L'hon. Jill (PC)</b>	Simcoe North / Simcoe-Nord	Associate Minister of Children and Women's Issues / Ministre associée déléguée au dossier de l'Enfance et à la Condition féminine Minister Without Portfolio / Ministre sans portefeuille
<b>Elliott, Hon. / L'hon. Christine (PC)</b>	Newmarket—Aurora	Deputy Premier / Vice-première ministre Minister of Health / Ministre de la Santé
<b>Fedeli, Hon. / L'hon. Victor (PC)</b>	Nipissing	Chair of Cabinet / Président du Conseil des ministres Minister of Economic Development, Job Creation and Trade / Ministre du Développement économique, de la Création d'emplois et du Commerce
Fee, Amy (PC)	Kitchener South—Hespeler / Kitchener-Sud—Hespeler	
Fife, Catherine (NDP)	Waterloo	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Ford, Hon. / L'hon. Doug (PC)</b>	Etobicoke North / Etobicoke-Nord	Minister of Intergovernmental Affairs / Ministre des Affaires intergouvernementales Premier / Premier ministre
Fraser, John (LIB)	Ottawa South / Ottawa-Sud	
<b>French, Jennifer K. (NDP)</b>	Oshawa	Third Deputy Chair of the Committee of the Whole House / Troisième vice-présidente du comité plénier de l'Assemblée législative
<b>Fullerton, Hon. / L'hon. Merrilee (PC)</b>	Kanata—Carleton	Minister of Long-Term Care / Ministre des Soins de longue durée
Gates, Wayne (NDP)	Niagara Falls	
Gélinas, France (NDP)	Nickel Belt	
Ghamari, Goldie (PC)	Carleton	
Gill, Parm (PC)	Milton	
Glover, Chris (NDP)	Spadina—Fort York	
Gravelle, Michael (LIB)	Thunder Bay—Superior North / Thunder Bay—Supérieur-Nord	
<b>Gretzky, Lisa (NDP)</b>	Windsor West / Windsor-Ouest	First Deputy Chair of the Committee of the Whole House / Première vice-présidente du comité plénier de l'Assemblée
<b>Hardeman, Hon. / L'hon. Ernie (PC)</b>	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	
<b>Hatfield, Percy (NDP)</b>	Windsor—Tecumseh	Second Deputy Chair of the Committee of the Whole House / Deuxième vice-président du comité plénier de l'Assemblée législative
Hillier, Randy (IND)	Lanark—Frontenac—Kingston	
Hogarth, Christine (PC)	Etobicoke—Lakeshore	
Horwath, Andrea (NDP)	Hamilton Centre / Hamilton-Centre	Leader, Official Opposition / Chef de l'opposition officielle
Hunter, Mitzie (LIB)	Scarborough—Guildwood	
<b>Jones, Hon. / L'hon. Sylvia (PC)</b>	Dufferin—Caledon	Solicitor General / Solliciteuse générale
Kanapathi, Logan (PC)	Markham—Thornhill	
Karahalios, Belinda C. (NBP)	Cambridge	
Karpoche, Bhutla (NDP)	Parkdale—High Park	
Ke, Vincent (PC)	Don Valley North / Don Valley-Nord	
Kernaghan, Terence (NDP)	London North Centre / London- Centre-Nord	
Khanjin, Andrea (PC)	Barrie—Innisfil	Deputy Government House Leader / Leader parlementaire adjointe du gouvernement
Kramp, Daryl (PC)	Hastings—Lennox and Addington	
Kusendova, Natalia (PC)	Mississauga Centre / Mississauga- Centre	
<b>Lecce, Hon. / L'hon. Stephen (PC)</b>	King—Vaughan	Minister of Education / Ministre de l'Éducation
Lindo, Laura Mae (NDP)	Kitchener Centre / Kitchener-Centre	
<b>MacLeod, Hon. / L'hon. Lisa (PC)</b>	Nepean	Minister of Heritage, Sport, Tourism and Culture Industries / ministre des Industries du patrimoine, du sport, du tourisme et de la culture
Mamakwa, Sol (NDP)	Kiiwetinoong	
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	
<b>McNaughton, Hon. / L'hon. Monte (PC)</b>	Lambton—Kent—Middlesex	Minister of Labour, Training and Skills Development / Ministre du Travail, de la Formation et du Développement des compétences
Miller, Norman (PC)	Parry Sound—Muskoka	
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	
<b>Mulroney, Hon. / L'hon. Caroline (PC)</b>	York—Simcoe	Minister of Francophone Affairs / Ministre des Affaires francophones Minister of Transportation / Ministre des Transports

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Natyshak, Taras (NDP)	Essex	
<b>Nicholls, Rick (PC)</b>	Chatham-Kent—Leamington	Chair of the Committee of the Whole House / Président du comité plénier de l'Assemblée Deputy Speaker / Vice-président
Oosterhoff, Sam (PC)	Niagara West / Niagara-Ouest	
Pang, Billy (PC)	Markham—Unionville	
Park, Lindsey (PC)	Durham	
Parsa, Michael (PC)	Aurora—Oak Ridges—Richmond Hill	
Pettapiece, Randy (PC)	Perth—Wellington	
Phillips, Rod (PC)	Ajax	
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	
<b>Rickford, Hon. / L'hon. Greg (PC)</b>	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	
<b>Romano, Hon. / L'hon. Ross (PC)</b>	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	
<b>Sarkaria, Hon. / L'hon. Prabmeet Singh (PC)</b>	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	Opposition House Leader / Leader parlementaire de l'opposition officielle
Schreiner, Mike (GRN)	Guelph	
<b>Scott, Hon. / L'hon. Laurie (PC)</b>	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	Deputy Opposition House Leader / Leader parlementaire adjoint de l'opposition officielle
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	
<b>Smith, Hon. / L'hon. Todd (PC)</b>	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	
<b>Surma, Hon. / L'hon. Kinga (PC)</b>	Etobicoke Centre / Etobicoke-Centre	Associate Minister of Transportation (GTA) / Ministre associée des Transports (RGT) Minister Without Portfolio / Ministre sans portefeuille
Tabuns, Peter (NDP)	Toronto—Danforth	
Tangri, Nina (PC)	Mississauga—Streetsville	
Taylor, Monique (NDP)	Hamilton Mountain	
Thanigasalam, Vijay (PC)	Scarborough—Rouge Park	
<b>Thompson, Hon. / L'hon. Lisa M. (PC)</b>	Huron—Bruce	Minister of Government and Consumer Services / Ministre des Services gouvernementaux et des Services aux consommateurs
<b>Tibollo, Hon. / L'hon. Michael A. (PC)</b>	Vaughan—Woodbridge	Associate Minister of Mental Health and Addictions / Ministre associé délégué au dossier de la Santé mentale et de la Lutte contre les dépendances Minister Without Portfolio / Ministre sans portefeuille
Triantafilopoulos, Effie J. (PC)	Oakville North—Burlington / Oakville-Nord—Burlington	
Vanthof, John (NDP)	Timiskaming—Cochrane	Deputy Leader, Official Opposition / Chef adjoint de l'opposition officielle
Wai, Daisy (PC)	Richmond Hill	

<b>Member and Party / Député(e) et parti</b>	<b>Constituency / Circonscription</b>	<b>Other responsibilities / Autres responsabilités</b>
<b>Walker, Hon. / L'hon. Bill (PC)</b>	Bruce—Grey—Owen Sound	Associate Minister of Energy / Ministre associé de l'Énergie Minister Without Portfolio / Ministre sans portefeuille
West, Jamie (NDP)	Sudbury	
Wilson, Jim (IND)	Simcoe—Grey	
Wynne, Kathleen O. (LIB)	Don Valley West / Don Valley-Ouest	
<b>Yakubski, Hon. / L'hon. John (PC)</b>	Renfrew—Nipissing—Pembroke	Minister of Natural Resources and Forestry / Ministre des Richesses naturelles et des Forêts
Yarde, Kevin (NDP)	Brampton North / Brampton-Nord	
<b>Yurek, Hon. / L'hon. Jeff (PC)</b>	Elgin—Middlesex—London	Minister of the Environment, Conservation and Parks / Ministre de l'Environnement, de la Protection de la nature et des Parcs

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY  
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

**Standing Committee on Estimates / Comité permanent des budgets des dépenses**

Chair / Président: Peter Tabuns  
Vice-Chair / Vice-présidente: Donna Skelly  
Teresa J. Armstrong, Toby Barrett  
Lorne Coe, Rudy Cuzzetto  
Randy Hillier, Jane McKenna  
Judith Monteith-Farrell, Michael Parsa  
Randy Pettapiece, Donna Skelly  
Peter Tabuns  
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on Finance and Economic Affairs /  
Comité permanent des finances et des affaires économiques**

Chair / Président: Amarjot Sandhu  
Vice-Chair / Vice-président: Jeremy Roberts  
Ian Arthur, Stan Cho  
Catherine Fife, Mitzie Hunter  
Logan Kanapathi, Sol Mamakwa  
David Piccini, Jeremy Roberts  
Amarjot Sandhu, Dave Smith  
Vijay Thanigasalam  
Committee Clerk / Greffière: Julia Douglas

**Standing Committee on General Government / Comité  
permanent des affaires gouvernementales**

Chair / Présidente: Goldie Ghamari  
Vice-Chair / Vice-président: Mike Schreiner  
Jill Andrew, Robert Bailey  
Guy Bourgouin, Stephen Crawford  
Goldie Ghamari, Chris Glover  
Mike Harris, Sheref Sabawy  
Amarjot Sandhu, Mike Schreiner  
Daisy Wai  
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Government Agencies / Comité  
permanent des organismes gouvernementaux**

Chair / Président: Gilles Bisson  
Vice-Chair / Vice-président: Aris Babikian  
Aris Babikian, Gilles Bisson  
Will Bouma, Lorne Coe  
Wayne Gates, Robin Martin  
Norman Miller, Rick Nicholls  
Billy Pang, Amanda Simard  
Marit Stiles  
Committee Clerk / Greffier: Julia Douglas

**Standing Committee on Justice Policy / Comité permanent de  
la justice**

Chair / Président: Daryl Kramp  
Vice-Chair / Vice-présidente: Lucille Collard  
Will Bouma, Lucille Collard  
Parm Gill, Daryl Kramp  
Natalia Kusendova, Suze Morrison  
Lindsey Park, Gurratan Singh  
Nina Tangri, Effie J. Triantafilopoulos  
Kevin Yarde  
Committee Clerk / Greffière: Thushitha Kobikrishna

**Standing Committee on the Legislative Assembly / Comité  
permanent de l'Assemblée législative**

Chair / Président: Kaleed Rasheed  
Vice-Chair / Vice-président: Vijay Thanigasalam  
Rima Berns-McGown, Michael Coteau  
Faisal Hassan, Logan Kanapathi  
Michael Mantha, Jim McDonell  
Christina Maria Mitas, Sam Oosterhoff  
Kaleed Rasheed, Donna Skelly  
Vijay Thanigasalam  
Committee Clerk / Greffière: Tonia Grannum

**Standing Committee on Public Accounts / Comité permanent  
des comptes publics**

Chair / Président: Taras Natyshak  
Vice-Chair / Vice-présidente: France Gélinas  
Deepak Anand, Toby Barrett  
Jessica Bell, Stephen Blais  
Stephen Crawford, Rudy Cuzzetto  
France Gélinas, Christine Hogarth  
Daryl Kramp, Taras Natyshak  
Michael Parsa  
Committee Clerk / Greffier: Christopher Tyrell

**Standing Committee on Regulations and Private Bills / Comité  
permanent des règlements et des projets de loi d'intérêt privé**

Chair / Président: Logan Kanapathi  
Vice-Chair / Vice-président: John Fraser  
Will Bouma, John Fraser  
Logan Kanapathi, Vincent Ke  
Laura Mae Lindo, Paul Miller  
Billy Pang, Jeremy Roberts  
Dave Smith, Daisy Wai  
Jamie West  
Committee Clerk / Greffier: Isaiah Thorning

**Standing Committee on Social Policy / Comité permanent de  
la politique sociale**

Chair / Président: Deepak Anand  
Vice-Chair / Vice-présidente: Bhutila Karpoche  
Deepak Anand, Aris Babikian  
Jeff Burch, Amy Fee  
Michael Gravelle, Joel Harden  
Mike Harris, Christine Hogarth  
Belinda C. Karahalios, Bhutila Karpoche  
Natalia Kusendova  
Committee Clerk / Greffière: Tanzima Khan

**Select Committee on Emergency Management Oversight /  
Comité spécial de la surveillance de la gestion des situations  
d'urgence**

Chair / Président: Daryl Kramp  
Vice-Chair / Vice-président: Tom Rakocevic  
Robert Bailey, Gilles Bisson  
John Fraser, Christine Hogarth  
Daryl Kramp, Robin Martin  
Sam Oosterhoff, Lindsey Park  
Tom Rakocevic, Sara Singh  
Effie J. Triantafilopoulos  
Committee Clerk / Greffier: Christopher Tyrell